

MARKETING AND PLANNING COORDINATOR ANNUAL COMPETENCY ASSESSMENT

(PACE program)

Name: _____ Employee #: _____ Department: _____

Date of Hire: _____ Instructor Signature: _____

TIME FRAME:

- 3 months
- 6 months
- 1 year

Self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Standards	How standard met: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A B C D E F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs assessment
Fire safety procedure*	P&P manual, disaster manual							
Disaster plan/evacuation plan*	P&P manual, disaster manual							
Location of safety manuals*	Unit tour							
Immunizations (PPD yearly)*	Policy #							
Age specific competency	Self-study module							
Latex allergy competency	Self-study module							
Cultural sensitivity/diversity	Self-study module							