

PHARMACIST 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 |
|-------------------------------------|---|----------------------------|------|------------------------|---------------|-----|------------|--------------------------|
| | | | | | | | | |
| Limitations of participant movement | P&P manual | | | | 1 yr | | | |
| Immunizations (PPD yearly) | Policy # | | | | 1 yr | | | |
| Cultural respect | Self-study module | | | | 1 yr | | | |
| Latex allergy | Self-study module | | | | 1 yr | | | |
| Age specific | Self-study module | | | | 1 yr | | | |
| CPR/basic life support | Policy #, competency testing lab | | | | 2 yr | | | |
| Disaster/fire drills | Policy #, participation | | | | 1 yr | | | |
| Emergency equipment | Direct observation | | | | 1 yr | | | |
| Department manuals | Direct observation | | | | 1 yr | | | |
| Corporate compliance | Video & class | | | | 1 yr | | | |
| Emergency equipment | Direct observation | | | | 1 yr | | | |
| Infection control | Video & class | | | | 1 yr | | | |
| Mandatory training | Video & class | | | | 1 yr | | | |
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