Clinical Skills Application Day  
Date: April 18th, 2012

Name: _________________________________________ Unit: ____________

Manager: ________________ Shift: ________________

<table>
<thead>
<tr>
<th>Stations</th>
<th>Evaluation Pass/Remediation needed</th>
<th>Validation Signature</th>
<th>Your Evaluation of Station*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Baxter Sigma Pump</td>
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<tr>
<td>2. Curlin Pump</td>
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<tr>
<td>3. Epidural Pump</td>
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</table>

*Please evaluate the stations above using the scale below.

5 - Excellent        4 - Good       3 - Average      2 - Needs work      1 - Not relevant

Post Test for CEUs:

Name one concept you learned at this Skills Day and how you will implement it in your work:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Recommendations for future stations: ______________________________________
________________________________________________________________________
________________________________________________________________________

(Please leave this form in the box at the door)