

**Pro Re Nata (PRN)
Healthcare Staffing**

**JCAHO/OSHA TRAINING
ACKNOWLEDGEMENT**

- Age Specific Criteria (annual) Yes No _____ Dates/Type (mo/yr)
- Bloodborne Pathogens (annual) Yes No _____ Dates/Type (mo/yr)
- Conscious Sedation Yes No _____ Dates/Type (mo/yr)
- Critically Ill Patient Recognition Yes No _____ Dates/Type (mo/yr)
- Critically Ill Patient Interpretation Yes No _____ Dates/Type (mo/yr)
- Critically Ill Patient Recording Yes No _____ Dates/Type (mo/yr)
- Domestic Violence (annual) Yes No _____ Dates/Type (mo/yr)
- Emergency/Disaster Preparation Yes No _____ Dates/Type (mo/yr)
- Fire/Electrical Safety (annual) Yes No _____ Dates/Type (mo/yr)
- Hazardous Waste (annual) Yes No _____ Dates/Type (mo/yr)
- HIV Training Yes No _____ Dates/Type (mo/yr)
- Infectious Diseases Yes No _____ Dates/Type (mo/yr)
- Need for Psychological Services Yes No _____ Dates/Type (mo/yr)
- Need for Social Services Yes No _____ Dates/Type (mo/yr)
- Needle Stick/Sharps Inquiries Yes No _____ Dates/Type (mo/yr)
- OSHA TB Mask Fit Yes No _____ Dates/Type (mo/yr)
- Parenteral Fluid Administration Yes No _____ Dates/Type (mo/yr)
- Patient Rights Yes No _____ Dates/Type (mo/yr)
- Transfer and Lifting Patients Yes No _____ Dates/Type (mo/yr)
- TB Transmission (annual) Yes No _____ Dates/Type (mo/yr)
- Universal Precautions (annual) Yes No _____ Dates/Type (mo/yr)
- Workplace Safety Yes No _____ Dates/Type (mo/yr)
- Workplace Violence (annual) Yes No _____ Dates/Type (mo/yr)
- Reviewed JCAHO National Patient safety
- Goals related to Banned Abbreviations Yes No _____ Dates/Type (mo/yr)

Signature

Date