

Tender Touch
Assessment of Clinical Competency

Therapist's Name: _____

Reviewer's Name: _____

Reviewer's Title: _____

Certified Occupational Assistant Competency –page 2	Date	Met	Not Met	N/A	Reviewer's initials	FollowUp date
Therapist is aware of patient/facility emergency Procedures						
Therapist is compliant with universal precautions						
Therapist practices proper isolation and/or sterile procedures						
Therapist applies hot/cold packs correctly and is aware of precautions and Tender Touch policy and procedures						
Therapist adheres to hand washing policy						
Therapist adheres to all policies and procedures regarding appropriate billing practices						
Therapist demonstrates knowledge of Medicare, Medicaid and alternative funding sources guidelines and restrictions						
Other						
Other						
Other						