

**Competency Verification Record (CVR)**

&lt;&lt;Add Title of CVR Here, if this is Dept. Specific, write the Name of Dept. in Title&gt;&gt;

**Role <list role of individual completing CVR>**

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_ Date: \_\_\_\_\_

**Disclaimer:** Competency Verification Records (CVR) are temporarily stored in the Department's competency filing system until completion has been recorded on a permanent competency form (e.g., OCA, ACR). The CVR requires a validator's signature.

**Transfer of CVR to Permanent Record:** With this record of a validated competency, the preceptor, Dept. NEC, manager, or their designee locates the matching competency statement on the Annual Competency Record (ACR), Orientation Competency Assessment (OCA) Regional Competency Assessment (RCA), or Department Specific Competency (DSC) form. *(If the statement is not present, it can be written-in.)* The competency statement is then initialed and dated as complete.

<b>Competency Statement:</b>	<<Insert Competency Statement Here>>	
<b>Validator(s):</b>	<<Insert individual(s) who are qualified to validate this particular competency>>	
<b>Validator Documentation Instructions:</b>	Validator documents method of validation (below) and initials each skill box once completed <b>and</b> places their full name, signature, and completion date at the end of the document.	
<b>Method of Validation:</b>  (Place any required methods for this competency in bold)	DO	Direct Observation – Return demonstration or evidence of daily work.
	T	Test: Written or oral assessments, surveys or worksheets, passing grade on a CBL test.
	S	Simulation
	C	Case Study/ Scenarios: Create/share a story of a situation then ask questions that capture the nature of the competency that is being referenced.
	D	Discussion: Identify questions related to a competency and ask orientee to provide an example of their real-life experiences.
	R	Reflection: A debriefing of an actual event or a discussion of a hypothetical situation.
	QI	Quality Improvement Monitoring: Audits or compliance checks on actual work or documentation to ensure the competency is completed.
	N/A	If the specific product or process step is not used in the respective area or by the respective role, then this step is deemed N/A.
<b>Validation Instructions:</b>	<<ENTER any instructions specific to this competency, if applicable>>	

Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Validation Method	Validator's Initials
<<Place skill here using and action verb such as "describes" or "Demonstrates">> • <<If needed, place instructions below>>		
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Name of CVR: xxxxxxxxxxxxxxxx;

Date CVR Created: xxxxxxxxx Date CVR Revised: xxxxxxxxx

Subject Matter Expert(s): xxxxxxxxx



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Reference Table/Pictures if applicable: <<XXXXXX>>

Competency Verified by:

\_\_\_\_\_  
 Validator's Name (printed) Validator's signature Date: \_\_\_\_\_

References: <<Must include a reference, e.g.: Lippincott, Critical Care Procedure Manual, SOP, nursing policy, etc.>>

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