

****internal use only**** CCMA-A__ CCMA-B__ CCMA-BDU __ SPT__ SP 20__ FL 20__

MEDICAL EXTERNSHIP EVALUATION CHECK LIST

NAME OF EXTERN: _____ **DATE:** _____

NAME OF FACILITY: _____

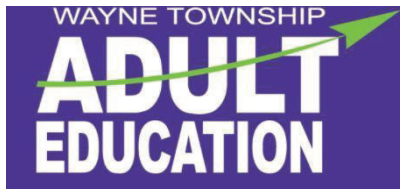
LOCATION: _____

INSTRUCTIONS: In order that our combined efforts may be efficiently employed in the training of the extern named above, your, grading on the tasks listed below desired upon completion of hours. Some tasks will not be applicable to your practice situation, therefore, please indicate by checking the column heading "N/A".

Upon completion, please give the original to extern and email a copy of this evaluation to employer.services@wayne.k12.in.us. Thank you.

STERILE PROCESSING TECHNICIAN

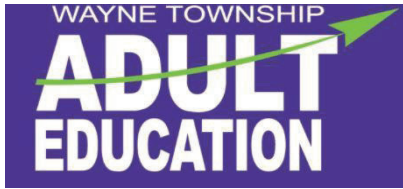
<u>TASKS</u>	<i>EXCELLENT</i>	<i>GOOD</i>	<i>AVERAGE</i>	<i>FAIR</i>	<i>POOR</i>	<i>N/A</i>	<i>COMMENTS</i>
CLEANING AND DECONTAMINATION PROCEDURES							
MEDICAL TERMINOLOGY							
STERILE STORAGE TRANSPORT							
PROPER GLOVING, PPE & HAND WASHING PROCEDURES							
SORT INSTRUMENTS							
SORT MISMATCHED SETS							
DECONTAMINATE WORK AREA & TRAYS							
DECONTAMINATE INSTRUMENTS							
IDENTIFYING BROKEN INSTRUMENTS							
LOW-TEMP STERILIZATION							
WRAPPING TRAYS							
MONITORING & RECORD KEEPING							
MISC.							



CERTIFIED CLINICAL MEDICAL ASSISTANT

<u>TASKS</u>	<i>EXCELLENT</i>	<i>GOOD</i>	<i>AVERAGE</i>	<i>FAIR</i>	<i>POOR</i>	<i>N/A</i>	<i>COMMENTS</i>
TELEPHONE HANDLING							
APPOINTMENTS							
PREPARING CHARTS							
FILING							
BASIC BOOKKEEPING							
INSURANCE FORMS CODING							
PEG BOARD/ COMPUTERS							
STERILIZATION							
ADMINISTERING MEDS. INJECTIONS							
ELECTROCARDIOGRAM							
URINALYSIS							
ROUTINE BLOOD TESTS							
VENIPUNCTURES							
CAPILLARY STICKS							
PATIENT HISTORY							
PATIENT ASSISTING							
PHYSICIAN ASSISTING							
PATIENT RELATIONS							
STAFF RELATIONS							

<u>OBSERVATIONS</u>	<i>EXCELLENT</i>	<i>GOOD</i>	<i>AVERAGE</i>	<i>FAIR</i>	<i>POOR</i>	<i>N/A</i>	<i>COMMENTS</i>
PERSONAL APPEARANCE							
PERSONAL ATTITUDE							
COOPERATION							
INITIATIVE							
PROMPTNESS							
ATTENDANCE							
MISC.							



This student can benefit from suggestions for improvement in the following areas:

THANK YOU VERY MUCH FOR OPENING YOUR FACILITY TO OUR STUDENTS!

SIGNATURE PRECEPTOR /SITE SUPERVISOR DATE

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