

**Clarkson College**  
 Graduate Nurse Practitioner Student  
 Skills & Procedures Checklist  
 Cumulative Form for entire program of study

**Directions preceptor:** MD, DO & NP preceptors should place their initials in the appropriate box, indicating whether the procedure/skill was first observed, first performed & when competent to perform independently. See end of document for signature lines.

**Directions student:** Submit a copy of this form to your clinical instructor each semester when a new signature is added. One can add additional skills & procedures in the Advanced Skills page. Keep a copy for your portfolio.

Student Name:						Program: ANP or FNP (circle)	
Basic Skills & Procedure	Date First Observed	Initials	Date First Performed	Initials	Date Competent	Initials	
Anesthesia							
Topical							
Local							
Digital nerve							
Blood glucose testing							
Cerumen impaction							
Complete H&P							
Corneal abrasion evaluation							
Eye exam for foreign body							
Foreign body removal (i.e. skin, foot)							
Fungal scraping, KOH (skin)							
Incision & drainage of abscess							
Microscope use							
Pap smear							
Plantar wart, calluses tx							
Peak flow							
Scabies scraping							
Spirometry							
Splint application							
Wet mount & KOH prep							
Wood's light exam							

<b>Advanced Skills &amp; Procedures</b>	<b>Date First Observed</b>	<b>Initials</b>	<b>Date First Performed</b>	<b>Initials</b>	<b>Date Competent</b>	<b>Initials</b>	
<b>Audiometry</b>							
<b>Bartholins cyst/abscess; word catheter insertion</b>							
<b>Biopsy</b>							
<b>Excision</b>							
<b>Punch</b>							
<b>Shave</b>							
<b>Breast cyst aspiration</b>							
<b>Cast application</b>							
<b>Contraceptive implant</b>							
<b>Diagram fitting</b>							
<b>Doppler US, lower extremities</b>							
<b>Ear piercing</b>							
<b>Endometrial biopsy</b>							
<b>Ganglion cyst aspiration</b>							
<b>HPV – DNA testing cervix</b>							
<b>Ingrown toenail removal</b>							
<b>IUD insertion</b>							
<b>IUD removal</b>							
<b>Laceration repair</b>							
<b>Pilonidal cyst/abscess I&amp;D</b>							
<b>Radiologic evaluation</b>							
<b>Arm/hand</b>							
<b>Chest</b>							
<b>Leg/Ft</b>							
<b>Skin tag removal</b>							
<b>Subungual hematoma</b>							

<b>evacuation</b>							
<b>Tzanck smear, herpes</b>							
<b>Wart removal</b>							
<b>Other:</b>							

<b>Printed Name</b>	<b>Signature</b>	<b>Initials</b>