



**COMPETENCY EVALUATION FOR PHYSICIAN ASSOCIATED HEALTH PROFESSIONALS  
(PAHP)**

Job Description Title: Nursing Assistant

PAHP Staff Member Name: \_\_\_\_\_

The addressed employee is competent to perform the following duties and responsibilities:

\*\*If the Nursing Assistant will not be performing one of the essential functions, please mark N/A. If he or she will be performing additional responsibilities, please write in the blank spaces below. Please attach an additional sheet, if necessary.

| <b>Essential Function</b>  | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
|--|------------|-----------|------------|
| Demonstrates knowledge, judgment, and observational abilities needed to meet patient care needs under the direction of their supervising physician employer. |            |           |            |
| Provides patient care related to personal care/hygiene, ambulation, and comfort.   |            |           |            |
| Assists in preparing patients for meals, delivery of meals, feeding of patients when necessary, and providing fresh water.                                   |            |           |            |
| Accurately performs and reports vital signs.   |            |           |            |
| Assists in maintaining a clean environment for patients.   |            |           |            |
| Accountable for reporting untoward incidents.  |            |           |            |
| Accurately and efficiently reports data.   |            |           |            |
| Maintains a committed and cooperative attitude with other members of the health care team.   |            |           |            |
| Additional Responsibility:   |            |           |            |
| Additional Responsibility:   |            |           |            |
| Additional Responsibility:   |            |           |            |

Verification of Competency Evaluation (to be completed by Supervising Physician):

\_\_\_\_\_  
Physician Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Associated Health Professional Signature

\_\_\_\_\_  
Date