

State of California—Health and Human Services Agency Department of Health Care Services



Licensed Vocational Nurse (LVN) Skills Assessment and Training Form

Dale.			
General Information			
Provider (LVN) Name: RN Supervisor: RN National Provider Identifier (NPI) Number:	RN License Number: _		
Skills Identified		<u>(</u>	Competency Y/N
□ Ventilator: Type □ Settings	☐ Assembly of tubing	□ Alarms	
□ Tracheostomy: Type & Size □ Routine Care □ Emergency Care	☐ Suctioning		
□ Gastrostomy Tube (GT): Type & Size □ Care □ Replacement □ Feedings			
☐ Medication Administration: ☐ Oral ☐ GT	□ IM □ IV		
□ Central Line: Type □ Site Care □ Flush	Location		
☐ Urinary Catheter: Type ☐ Ca	re □ Replacement		
□ Ostomy: Type □ Care □ App	oliance Replacement		
☐ Decubitus: Location ☐ Care			
Other Skills or Training Provided:			

Integrated Systems of Care Division
Provider Enrollment Unit
1501 Capitol Ave., MS 4502
P.O. Box 997437

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