

Tissue Coordinator Competencies Assessment

Task Assessed	Competency	Completion Signature/Date	
Professional Communication / Interaction	<input type="checkbox"/> Competent <input type="checkbox"/> Needs Retraining <input type="checkbox"/> Not Assessed	_____	_____
		Preceptor Signature	Date
Initial Screening	<input type="checkbox"/> Competent <input type="checkbox"/> Needs Retraining <input type="checkbox"/> Not Assessed	_____	_____
		Preceptor Signature	Date
Secondary Screening	<input type="checkbox"/> Competent <input type="checkbox"/> Needs Retraining <input type="checkbox"/> Not Assessed	_____	_____
		Preceptor Signature	Date
Family or First-Person Approach / Telephone Authorization	<input type="checkbox"/> Competent <input type="checkbox"/> Needs Retraining <input type="checkbox"/> Not Assessed	_____	_____
		Preceptor Signature	Date
Donor UDRAI or Med/Soc History Questionnaire	<input type="checkbox"/> Competent <input type="checkbox"/> Needs Retraining <input type="checkbox"/> Not Assessed	_____	_____
		Preceptor Signature	Date
Case Coordination	<input type="checkbox"/> Competent <input type="checkbox"/> Needs Retraining <input type="checkbox"/> Not Assessed	_____	_____
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Coroner/ Pathologist/MAID Investigator RN	<input type="checkbox"/> Competent <input type="checkbox"/> Needs Retraining <input type="checkbox"/> Not Assessed	_____	_____
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Date:	
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