



Doctor of Nursing Practice (DNP) Program
Work Experience and Technical Skill Proficiency

Applicant Name: _____

(Last, First, Middle Initial)

Last 4 numbers of SSN

Please describe your current primary site of employment:

How many beds are in your current unit?	1-5		6-10		11-20	> 20
Approximately how many hours per week are you working?	10-20	21-30	31-40	41-50	51-60	> 60
How many beds are in the hospital in which you currently work?	1-50	51-100	101-150	151-200	201-250	>250
Type of Unit	Medical	Surgical	Cardiovascular	Neurologic	Trauma	Other
How long have you worked in the unit described above?	> 6 months	6-12 months	13-18 months	19-24 months	25-36 months	> 36 months

Please indicate your skill level in the following areas:

Technical Skills	Expert	Intermediate	Basic	No Experience
Arterial Line Monitoring				
Central Hemodynamic Invasive Monitoring				
Codes (ACLS / ATLS)				
EKG Interpretation				
Intravenous Catheter Insertion				
Mechanical Ventilation Management				
Physical Assessment				
Vasoactive Infusion Management				
Other:				