PERFORMANCE MANAGEMENT
DEPARTMENT COMPETENCIES & EDUCATIONAL REQUIREMENTS
(use to document completion of department specific competencies and educational requirements)

Employee Name: _____ **Employee ID:** _____ **Department:** _____ **Date:** _____

DEPARTMENT SPECIFIC COMPETENCIES & EDUCATIONAL REQUIREMENTS

Use this form to document department specific competencies or educational requirements. Attach documentation to support the requirement as appropriate such as a copy of a certification, diploma, etc. Confirmation that the employee has completed these requirements is documented in the employee's performance evaluation. This form and all attachments are maintained in the department.

Department Specific Competencies & Educational Requirements	Population (1) (If Applicable)	Rationale (2)	Evaluation Method (3)	Ages (if applicable)	Date/Documentation/Signature	Met	Not Met Attach Action Plan
						N/A	
						N/A	
						N/A	
						N/A	
						N/A	
						N/A	
						N/A	
						N/A	
						N/A	
						N/A	
						N/A	
						N/A	
						N/A	
						N/A	
						N/A	
						N/A	
						N/A	
						N/A	
						N/A	
						N/A	
						N/A	

Population (1): N—Neonate; P—Pediatric (2 months-12 years old); A—Adolescent (13-17 years old); AD—Adult (18-65 years old); G—Geriatric (66+ years old)
Rationale (2): LV—Low Volume; HR—High-Risk; PP—Problem Prone; N—New Equipment; ES—Essential to the Job
Evaluation Method (3): OB—Observation; SIM—Simulation; CT—Cognitive Test; RD—Review Documents