PROVIDER EDUCATION FORM

Date:_____ Nurse Reviewer:_____

Provider(s):_____

Address:_____

Contact:_____ Title:_____ Phone:_____

Critical elements are underlined below.

YES	NO	
☐	☐	Doors/aisles egress (escape) accessible.
☐	☐	Airway management: oxygen delivery system, bulb syringe, nasal cannula or mask, Ambu bag (age appropriate) emergency medication management supplies/dosage chart/emergency log.
☐	☐	Only qualified/trained personnel retrieve, prepare or administer medications.
☐	☐	Physician review and follow-up of referral/consultation reports and diagnostic test results.
☐	☐	Office practice procedures allow timely provision and tracking (written/electronic log) of internal and external reports, consult, and diagnostic test results.
☐	☐	Drugs being dispensed to patients only by authorized persons.
☐	☐	Drugs and vaccines are prepared and drawn only prior to administration.
☐	☐	Personnel protective equipment (PPE) is readily available for staff use.
☐	☐	Needle stick safety precautions are practiced on site.
☐	☐	Blood, other potentially infectious materials and regulated wastes are placed in appropriate leak-proof, labeled containers for collection, handling, processing storage, transport or shipping.
☐	☐	Cold Chemical Sterilization- Staff demonstrate/verbalize, necessary steps/process to ensure sterility and/or high level disinfection to ensure its sterility/disinfection of equipment and documented on cold chemical log.
☐	☐	Cold Chemical Sterilization – Appropriate PPE is available, exposure control plan, MSDS and cleanup instructions, in the event of a cold chemical sterilant spill.
☐	☐	Autoclave- Spore testing of autoclave/steam sterilizer with documented results (at least monthly).
☐	☐	Autoclave – Management of positive mechanical, chemical and/or biological indicators of the sterilization process.
☐	☐	Autoclave – Sterilized packages are labeled with sterilization date, load identification information and documented on autoclave log.

☐ ☐ Site staff trained and information available on fire prevention safety and medical emergencies.

☐ ☐ Calibration of all equipment (stickers or invoice), with company name, date and technician's initials.

☐ ☐ Office personnel are wearing a nametag with name and title (with at least **18 point font**).

☐ ☐ Staff Training (see staff education training checklist).

☐ ☐ EPA approved disinfecting solution used daily and documented daily on cleaning log.

☐ ☐ Check for expired drugs/samples (inventory log), vacutainers, biologicals and culturettes checked with monthly log.

Medical Records

☐ ☐ Primary language and interpreter services needed (any language other than English) are documented.

☐ ☐ Ongoing problems/conditions listed on problem/medication list.

☐ ☐ Advanced Health Care Directive information offered (ages 18 and older) and reviewed every 5 years.

☐ ☐ Staying Healthy Assessment (SHA) completed within 120 days of enrollment.

☐ ☐ SHA completed within 120 days of enrollment and periodically with each comprehensive well visit.

☐ ☐ Dental assessment and referral given beginning at age 12 months.

☐ ☐ Documentation of dental home, dental varnish and fluoride.

☐ ☐ Blood lead assessment and testing as appropriate.

☐ ☐ Pediatric/adult/OB preventive care standards.

☐ ☐ Immunization/VIS/CAIR.

☐ ☐ Other:_____
_____
_____
_____

Nurse Reviewers Comments: _____

I acknowledge receiving education and/or forms regarding above-mentioned subjects, as indicated by check marks and written notes. If not already completed, the corrective Action Plan (CAP) will be completed along with evidence of corrections as needed.

I agree to implement these requirements in our facility by CAP due date.

_____ _____

Provider/designee signature, title Date