

NAME

KING FAHD ARMED FORCES HOSPITAL P.O. Box 9862, JEDDAH 21159 KINGDOM OF SAUDI ARABIA Tel. # +966-2-6653000 Fax # +966-2-6693490



DATE :

2 POSITION **APPLIED FOR :**

C.S.S.D. Checklist

AIM OF CHECKLIST:

When completing the following, please remember that this **CLINICAL CHECKLIST** is used by the reviewer to access your overall **<u>COMPETENCY/SKILLS</u>** and suitability to a particular area.

Experience Key:

- 1 None
- 2 Limited, needs practice
- 3 Frequent well skilled

	EX	EXPERIENCE		COMMENT
	1	2	3	
<u>C.S.S.D.</u>				
TRAYS:			┼──┤┝─	
- Orthopaedic				
- Cardiac				
- General				
- Dental				
MACHINES:				
- Gas Plasma				
- E.T.O.				
- Ultrasonic			╄───┤┣─	
- Steam Autoclave			╞────┤ ┝──	
- Washer / Disinfector			┼───┤ ┝─	
OTHER EXPERIENCE:				
- Charge of shift				
- other				
OTHERS:				
1. Formal training certificate:			duration: _	
2. Size of hospital:			-	
3. Unit description:				
Number of staff:				

5. Years of experience: 6. In – Kingdom experience:

Thank you for completing the above. Demonstration of skills will be expected during your 90 days probationary period. Inability to demonstrate skills stated, may result in termination during the probationary period.

Name / Signature	
License Number :	_