

Please Check The Appropriate Column for Familiarity With, or Usage of the Following

DISCONTINUE DIALYSIS			
Dialysis Catheter			
Fistula/Vein Graft			
Return of Blood			
Post-Treatment Access Care			
Equipment Clean Up			
Sterilization Procedure			
OTHER: PLEASE SPECIFY:			

Certification

Expiration Date

ACLS

BLS

Other

Other

Notes: (Please enter information you feel is important or necessary to give further explanation provided above): _____

Employee Signature: _____ Date: _____

Reviewed By: _____ Date: _____