

# Skills Fair 2020

Inpatient RN/LPN ( SSSU, PACU, M/S, ER, ICU)

Name \_\_\_\_\_

Date \_\_\_\_\_

Topic	Signature of Presenter
MRI SAFETY	CERTIFICATE OF COMPLETION HEALTHSTREAM
Hand hygiene	CERTIFICATE OF COMPLETION HEALTHSTREAM
Donning and doffing PPE	CERTIFICATE OF COMPLETION HEALTHSTREAM
RESTRAINTS	
Waived TESTING Hemocult	
Fall Prevention	CERTIFICATE OF COMPLETION HEALTHSTREAM

Attestation: I have received the above skills education, had my questions answered and understand the training presented.

Signature \_\_\_\_\_

Date \_\_\_\_\_