

Skills Fair 2020

OR RN/LPN

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
Waived TESTING Hemocult	
Organ donation	CERTIFICATE OF COMPLETION HEALTHSTREAM
Blood Administration	CERTIFICATE OF COMPLETION HEALTHSTREAM
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 _____