

Skills Fair 2020

Quality RN/CNE

Name _____

Date _____

| Topic | Signature of Presenter |
|-------------------------|---|
| Hand Hygiene | CERTIFICATE OF COMPLETION HEALTHSTREAM |
| Donning and doffing PPE | CERTIFICATE OF COMPLETION HEALTHSTREAM |
| Fall Precautions | CERTIFICATE OF COMPLETION HEALTHSTREAM |
| MRI Safety | CERTIFICATE OF COMPLETION HEALTHSTREAM |

You **do not** need to attend skills fair this year.

Please complete your assigned mandatory Healthstreams.

You do not need to print your certificates or this paper.

Thank you