



2500 North State Street  
Jackson, Mississippi 39216-4505

Office of the Vice Dean for  
Academic and Faculty Affairs

Phone (601) 984-5006  
Fax (601) 815 1861

## Technical Skills Document Form

**Note: This is a requirement for graduation!**

Please return completed forms to:

Dian Cannon, Project Manager II  
Academic Affairs – N-142  
(601) 815-9224

Name of Student: \_\_\_\_\_

Please circle one – Use one form for documentation of each skill:

Venipuncture

Arterial Puncture

Insertion of Foley Catheter (Male)

Insertion of Foley Catheter (Female)

Insertion of Intravenous Catheter

Insertion of Nasogastric Tub

Suturing Simple Lacerations

I have personally observed the performance of the following skill and have found it to be adequate for a medical student at this level of training.

Name (print): \_\_\_\_\_ Degree: \_\_\_\_\_

Signature: \_\_\_\_\_

Department or Ward Location: \_\_\_\_\_

Rotation: \_\_\_\_\_ Date: \_\_\_\_\_