

TECHNICAL SKILLS DOCUMENTATION FORM

Note: This is a requirement for graduation!

Please return completed forms to:

Kay Fulton, Education Administrator
Office of the Associate Dean for Academic Affairs – North Wing, N142
University of Mississippi Medical Center
(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 Tube

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: _____