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Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

**Licensed Vocational Nurse (LVN)  
Skills Assessment and Training Form**

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

**General Information**

Provider (LVN) Name: \_\_\_\_\_ LVN License Number: \_\_\_\_\_  
RN Supervisor: \_\_\_\_\_ RN License Number: \_\_\_\_\_  
RN National Provider Identifier (NPI) Number: \_\_\_\_\_

**Skills Identified**

**Competency Y/N**

- Ventilator: Type \_\_\_\_\_  Settings  Assembly of tubing  Alarms \_\_\_\_\_
- Tracheostomy: Type & Size \_\_\_\_\_
- Routine Care  Emergency Care  Suctioning \_\_\_\_\_
- Gastrostomy Tube (GT): Type & Size \_\_\_\_\_
- Care  Replacement  Feedings \_\_\_\_\_
- Medication Administration:  Oral  GT  IM  IV \_\_\_\_\_
- Central Line: Type \_\_\_\_\_ Location \_\_\_\_\_
- Site Care  Flush \_\_\_\_\_
- Urinary Catheter: Type \_\_\_\_\_  Care  Replacement \_\_\_\_\_
- Ostomy: Type \_\_\_\_\_  Care  Appliance Replacement \_\_\_\_\_
- Decubitus: Location \_\_\_\_\_  Care \_\_\_\_\_

Other Skills or Training Provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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