ATTACHMENT I

PATIENT ESCORT(S) CLINICAL COMPETENCE CHECKLIST ***NOT PART OF THE MEDICAL RECORD ***

This checklist should be completed within 72 hours prior to the patient transfer and filed at the Nursing Supervisor's office. A courtesy copy will also be forwarded to the GMHA Social Services Department.

1.	Escort(s) name:		
2.	Professional status:		
	[] Physician [] Registered Nurse [] RRT [] Other (specify)	
3.	Does the physician or allied health professional have as [] Yes [] No	ctive staff privileges?	
4.	Escort has a current and valid Guam License: Title: MD RN RRT Other (please specify)	Expiration Date	
5.,	Escort has: Certification: [] BLS [] ACLS [] PALS [] NALS [] Specialty Care or Area of Certification Specify	Expiration Date	
6.	Name of patient to be escort: Diagnosis: Reason(s) for transport		
I certify	the above person meets the GMHA Escort qualification	ns.	
Associa	ate Administrator, Medical Services (For Physician Esc	Date	
Assista	nt Administrator, Nursing Services (For: Nursing Esco	ort) Date	
Assisst	ant Administrator, Professional Support (For Respirator	ry Therapist Escort) Date	-

GUAM MEMORIAL HOSPÍTAL AUTHORITY

Reviewed/Revised: NM 11/15; MEC 11/15; EMC 12/15. Approved 05/16

Online Form