Competency Requirements and Record Form

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| **COMPETENCY REQUIREMENTS and RECORD FORM** |
| **Position Title:**  | **Employee Name:** |
| **Competency Requirements** | **Record of Competency** |
| **Verification Method** | **Verification Performed By (Name, Title, Date)** |
| **Education:** |
|  |  |  |
| **Certifications or Licenses:** |
|  |  |  |
| **Experience:** |
|  |  |  |
| **Skills:** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Other:** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Training:**  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Does this employee have any gaps in required competencies? [ ]  YES [ ]  NO**If there are competency gaps, document the additional training or other actions needed on page 2.** |

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| **COMPETENCY REQUIREMENTS and RECORD FORM (Page 2)** |
| **TRAINING PLAN** |
|  **Position:**  | **Employee:**  |
| List Specific Training or Other Actions Needed: | Target Completion Date | Training Class/Method | Completion Date | Verification Performed by(Name, Title, Date) |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| Approval of Plan:Employee: : Date: Evaluator: Date:  |  |