



then sign on the signature area). The Long Term Pharmacy form confirming correct count and document the number on the lock.

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**Summary Assessment Findings:**

- Knowledge/skill level satisfactory
- Knowledge/skill level needs improvement

Specify plan to promote level of competency

\_\_\_\_\_

\_\_\_\_\_

Competency reevaluation in: \_\_\_\_6mos. \_\_\_\_1year \_\_\_\_other

**\*Method of Assessment Legend**

- 1) Review credentials/experience
- 2) Review Cont. Ed./In-services
- 3) Observation of Performance
- 4) Verbal Review
- 5) Record Review
- 6) Post Test
- 7) Team Mts./Case
- 8) Yearly Performance
- 9) Review of Self Study
- 10) Other (specify)

Employee's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date \_\_\_\_\_