**PLEASE TYPE YOUR ANSWERS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Reviewer Name** | Click or tap here to enter text. | | **Applicant Name** | | Click or tap here to enter text. | |
| **Date** | Click or tap to enter a date. | | **How long have you known this applicant?** | | Click or tap here to enter text. | |
| **State (US Only)** | Click or tap here to enter text. | |  | | | |
| **Reviewer Title** | Click or tap here to enter text. | |
| **Facility** | Click or tap here to enter text. | |
|  | | | | | | |
| **Standard**  Specific knowledge, skill, and abilities required to perform nephrology social work at a level to qualify for designation as certification based on established criteria | | **Level of Proficiency**  (use criteria below for self-assessment and reviewer assessment)   1. Unknown / unable to assess (please comment) 2. Limited competency to perform w/supervision 3. Competent to perform independently 4. Competent to perform independently and able to assess competency of other nephrology social worker | | **Assessment Method**  1. Demonstration  2. Documentation  3. Discussion/verbalization  4. Presentation/In-Service | | **Comments**  Reviewer is encouraged to make specific comments re the applicant’s social work experience in and contribution to the field of nephrology, ESRD and kidney transplant |

**PLEASE TYPE YOUR ANSWERS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Standard** | **Level of Proficiency** | **Assessment Method** | **Comment** |
| Understanding Medicare Conditions for Coverage as applied to end-stage renal disease including transplant | Select: | Select: | Click or tap here to enter text. |
| Understanding Medicare/UNOS regulations as applied to kidney transplantation | Select: | Select: | Click or tap here to enter text. |
| Understand the basics of State Medicaid programs | Select: | Select: | Click or tap here to enter text. |
| Conduct CMS-mandated Interdisciplinary Patient Assessment | Select: | Select: | Click or tap here to enter text. |
| Ability to contribute effectively to CMS-mandated Interdisciplinary Care Planning | Select: | Select: | Click or tap here to enter text. |
| Maintains CMS and state mandated documentation | Select: | Select: | Click or tap here to enter text. |
| Proficiency in evaluating coping status based on developmental status | Select: | Select: | Click or tap here to enter text. |

**PLEASE TYPE YOUR ANSWERS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Standard** | **Level of Proficiency** | **Assessment Method** | **Comment** |
| Ability to assess depression and plan appropriate intervention | Select: | Select: | Click or tap here to enter text. |
| Capacity to complete a suicide assessment and manage clinical risk | Select: | Select: | Click or tap here to enter text. |
| Knowledge of mental health resources | Select: | Select: | Click or tap here to enter text. |
| Capacity to establish good rapport with patients/families of all diverse backgrounds | Select: | Select: | Click or tap here to enter text. |
| Capacity to work effectively with diverse cultures | Select: | Select: | Click or tap here to enter text. |
| Ability to identify patient/family strengths and empower these strengths | Select: | Select: | Click or tap here to enter text. |
| Proficiency in establishing treatment goals that are relevant to the patient/family needs | Select: | Select: | Click or tap here to enter text. |
| Capacity to complete crisis assessment | Select: | Select: | Click or tap here to enter text. |
| Effective crisis intervention | Select: | Select: | Click or tap here to enter text. |
| Ability to conduct a mental status exam | Select: | Select: | Click or tap here to enter text. |
| Capacity to formulate safety plan/legal referrals | Select: | Select: | Click or tap here to enter text. |
| Capacity to assess and address grief issues specific to new diagnoses | Select: | Select: | Click or tap here to enter text. |
| Proficiency to manage consents/MPOA/referral for assistance | Select: | Select: | Click or tap here to enter text. |
| Proficiency with Advanced Directives | Select: | Select: | Click or tap here to enter text. |
| Capacity to work effectively with end of life issues | Select: | Select: | Click or tap here to enter text. |
| Proficiency referring patient/family for spiritual concerns | Select: | Select: | Click or tap here to enter text. |

**PLEASE TYPE YOUR ANSWERS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Standard** | **Level of Proficiency** | **Assessment Method** | **Comment** |
| Proficiency with effective conflict resolution | Select: | Select: | Click or tap here to enter text. |
| Proficiency with staff/patient conflict management issues | Select: | Select: | Click or tap here to enter text. |
| Proficiency addressing patient rights & responsibilities | Select: | Select: | Click or tap here to enter text. |
| Capacity to uphold NASW Code of Ethics | Select: | Select: | Click or tap here to enter text. |
| Capacity to understand basic renal diagnoses | Select: | Select: | Click or tap here to enter text. |
| Capacity to recognize substance abuse in patients | Select: | Select: | Click or tap here to enter text. |
| Capacity to make appropriate referrals for substance abuse care needs | Select: | Select: | Click or tap here to enter text. |
| Demonstrates effective verbal and written communication skills | Select: | Select: | Click or tap here to enter text. |
| Participation in CQI efforts | Select: | Select: | Click or tap here to enter text. |
| Participation in nephrology social work continuing education | Select: | Select: | Click or tap here to enter text. |
| Participation in nephrology social work professional efforts | Select: | Select: | Click or tap here to enter text. |
| Participation in government efforts specific to care of ESRD patients/families | Select: | Select: | Click or tap here to enter text. |

**PLEASE TYPE YOUR ANSWERS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Standard** | **Level of Proficiency** | **Assessment Method** | **Comment** |
| **If you work within the dialysis setting, please complete the**  **following:** |  |  |  |
| Proficiency in completing and reporting KDQOL to patient and interdisciplinary team | Select: | Select: | Click or tap here to enter text. |
| Ability to process and facilitate modality choices with patients, including transplant and home modalities | Select: | Select: | Click or tap here to enter text. |
|  |  |  |  |
| **If you work within the Transplant Setting, please complete the following:** |  |  |  |
| Understanding of Vocational Rehabilitation supports posttransplant | Select: | Select: | Click or tap here to enter text. |
| Proficiency in goal development and life planning posttransplant | Select: | Select: | Click or tap here to enter text. |
|  | | | |
| **Recommendation** | | | |
| Recommend for Certified Nephrology Social Worker designation currently | | Yes  No | |
| Additional Comments  Click or tap here to enter text. | | | |
| Reviewer Signature: | | Date: | |