

ALASKA COMMUNITY HEALTH AIDE PROGRAM POST-SESSION PRACTICE CHECKLIST

SKILL	Training Center (date, initial when taught)	Supervised Village Practice (date)	Satisfactory Performance (date, initial)
IV. LAB TESTS			
PERFORM / INTERPRET:			
PPD/TB Skin Test	SI		
Blood Sugar (Glucose)	SI		
Hemoglobin	SI		
Stool Hidden (Occult) Blood	SII		
Rapid Strep (see package)	SI		
Urine Pregnancy (see package)	SI		
Urine Dipstick	SI		
PERFORM ONLY / COLLECT:			
Finger Stick	SI		
Capillary Tube	SII		
Heel Stick	SI		
Venipuncture	SI		
Centrifuge/Separate Blood	SI		
Newborn Metabolic Screen	SI		
Clean Catch Urine Spec.			
-Adult	SI		
-Infant (bag)	SII		
Urine Culture	SII		
Stool for O & P	SII		
Culture (throat, wound, eye, ear)	SI		
Urine Specimen for Gonorrhea/Chlamydia	SII		
V. ASSESSMENT / PLAN			
Use of Assessment Lists	SI		
Use of Assessment Charts	SI		
Listing Multiple Assessments	SI		
Plan for Each Assessment	SI		
VI. MEDICINES			
Dose calculations	SI		
Reconstitution: Oral	SI		
Reconstitution: Injection	SI		
Labels: Reading	SI		
Labels: Making	SI		
Drops: Eye	SI		
Drops: Ear	SI		
Injections:			
-IM Ventral Gluteal Muscle	SI		
-IM Deltoid Muscle	SI		
-IM Infant Thigh	SI		
-SubQ	SI		
Inhaler / spacer	SI		
Nebulizer	SI		
Rectal Suppositories	SI		
Topical / Putting on Skin	SI		
Medicine Patches / Transdermal	SI		
Vaginal Supp / Creams	SI		
VII. PATIENT EDUCATION			
Explaining Assessment	SI		
Use of Patient Ed. Sections	SI		
Use of Patient Ed. Handouts	SI		
Med Handbook Patient Ed.	SI		

[illegible]

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CHA NAME:

VILLAGE:

Purpose: This checklist is a record of skills taught, practiced, and successfully performed in Basic CHA Training and field follow-up. It is initiated by the Training Center in Session I (SI) and is used for the duration of Basic Training.

This checklist does not include all content areas taught in Basic Training. It is a tool to follow the progress of the CHA in performing essential skills. These skills must continue to be practiced and reviewed during the CHA/P's career. This is not a certification document, and completion is not required between training sessions. When the checklist is completed, the employer should file the checklist in the CHA's personnel records within the Tribal Health Organization.

Directions:
TRAINING CENTER (Column 1): Initialed and dated by an instructor when a skill is demonstrated and/or taught in Basic Training. The session in which a skill is taught is indicated. Any problems the CHA has with the skill will be summarized in a separate CHA training evaluation and Post-Session Learning Needs form.
VILLAGE PRACTICE (Column 2): Each time a skill is practiced with supervision in the field, a line (I) or date is made by the health care provider who observes the CHA perform the skill.
Problems will be noted on the CHA's Post-Session Learning Needs form for follow-up by the Training Center at the next session.
SATISFACTORY PERFORMANCE (Column 3): is initialed and dated when the CHA can do the skill without assistance, using the CHAM for reference. Satisfactory performance means the CHA demonstrated the skill well enough to be entrusted to do it in a daily work situation at the time it was observed. It does not indicate ongoing proficiency. It may be signed off at the Training Center or by an authorized village itinerant.
This checklist may be signed by all health care providers authorized by the Training Center and CHA employing agency to do so. This includes physicians, ANPs, PAs, CNMs, RNs/PHNs, CI/ SI, EMTs, DHATs and other health professionals who are proficient in the skill.

Approved ARC/CHAP Directors, 8/27/2025

CHA Responsibility:
KEEPING AND COMPLETING
THIS CHECKLIST IS YOUR RESPONSIBILITY.
Give this checklist to the supervisors and health care providers who watch you do these skills.

Training Center Instructor Responsibility:
Sign your name below and complete other information. Initial and date first column when a skill is taught.
Date second column each time CHA practices skill. Date and initial column 3 when CHA performs skill satisfactorily. Copy and return original to CHA after completion of a session.

Village Itinerant Responsibility: Date second column each time you observe the CHA practice the skill.
Date and initial Column 3 when CHA performs the skill satisfactorily.
Sign your name below and complete other information. If a skill is not applicable in your region, write N/A in the column and initial.
Return this form to the CHA.

NAME/TITLE	INITIALS / DATE/ AGENCY

SKILL	Training Center (date, initial when taught)	Supervised Village Practice (date)	Satisfactory Perfor- mance (date, initial)
I. USE OF CHAM	SI		
II. HISTORY-TAKING			
Problem Specific	SI		
Recheck Visit	SI		
Return Prenatal Visit	SIII		
Well Child Care	SIII		
Chronic Care	SIV		
III. PHYSICAL EXAM SKILLS			
VITAL SIGNS INFANT:			
Axillary Temperature	SI		
Pulse Oximetry (SpO2)	SI		
Rectal Temperature	SI		
Pulse	SI		
Respiration	SI		
Length	SI		
Weight	SI		
Head Circumference	SI		
VITAL SIGNS CHILD / ADULT:			
Oral Temperature	SI		
Radial Pulse	SI		
Apical Pulse	SI		
Respirations	SI		
SpO2	SI		
Blood Pressure (manual)	SI		
Height	SI		
Weight	SI		
Orthostatic VS	SI		
EXAMINE: (SYSTEMS EXAMS)			
General Appearance	SI		
Ear	SI		
Eye: Exam	SI		
-Snellen	SI		
Nose	SI		
Mouth / Teeth	SII		
Throat	SI		
Neck (inc. Nodes)	SI		
Chest / Lungs	SI		
Heart	SII		
Breast	SIII		
Abdomen	SI		
Back and CVA	SII		
Genitals:			
-Male	SII		
-Female: external/cervical motion	SII		
External Anus	SI		
Extremities	SII		

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PRACTICE CHECKLIST

Skin	SI		
Nervous System	SII		
Mental Status	SII		
SPECIAL EXAMS:			
Adult Screening PE	SI		
Return Prenatal Exam	SII		
Sick Child Exam	SI		
Well Child Exam	SIII		