

## Chaplain Competency Checklist

NAME Last

First

Initial

DATE

**INSTRUCTIONS:** Use the following answer key to indicate the extent of your “previous experience.” and/or knowledge

(1) NEED INSTRUCTIONS & SUPERVISION    (2) NEED REVIEW    (3) FEEL COMPETENT TO PERFORM WITHOUT SUPERVISOR    (4) FEEL COMPETENT TO ORIENT OTHERS

Procedures	Previous experience	Verbal/Demo Competency Date/Initial	Comments
Hospice regulations			
Documentation of service			
Determine frequency of visits needed by client			
Spiritual beliefs, practices and rituals			
Spiritual counseling			
Emergency/Crisis intervention			
Community resource for spiritual congregation			
Evaluation of Client to include:			
- Psychosocial			
- Support system			
- Client/family belief system			
- Active grieving process			
_ Ethnic and culture considerations			
Process of closure related to the death			
Referral to support groups			
Advance Directives			
Bereavement assessment needs and follow up			
Funeral services			

Signature/Title of Evaluator: \_\_\_\_\_ Date \_\_\_\_\_