

Bereavement Coordinator Competency Checklist

NAME Last **First** **Initial** **DATE**

INSTRUCTIONS: Use the following answer key to indicate the extent of knowledge:
 (1) Need instruction or supervision (2) Need review (3) Feel competent to perform without supervisor
 (4) Feel competent to orient others

Procedures	Previous Experience	Verbal or Demo Competency Date / Initial	Comments
Hospice regulations pertaining to bereavement			
Documentation of all services provided			
Determine frequency of visits needed by client			
Stages of grief			
Grief counseling, including anticipatory			
Bereavement evaluation of Client to include:			
- Stages of grief			
- Psychosocial / spiritual issues			
- Support system			
- Client / family belief system			
- Active grieving process			
- Ethnic and culture considerations			
- Suicide precautions			
Process of closure related to the death			
Referral to support groups			
Referral to community resources			
Other:			

Signature/Title of Evaluator: _____ Date _____