**PLEASE TYPE YOUR ANSWERS**

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| **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. Demonstration2. Documentation3. Discussion/verbalization4. 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 |

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| **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. |

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| **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. |

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| **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. |

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| **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:  |