UNIVERSITY OF SOUTH ALABAMA
COLLEGE OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF CARDIORESPIRATORY CARE
Clinical Competency Checklist
Gas Dilution Method (Open Circuit or closed circuit) of Determining FRC (Optional)

Student Name _____________________________________ Date _____________________

Rating Scale:   0 = inappropriate, incorrect, or omitted
1 = needs additional study and practice
2 = completed appropriately and correct
N/A = not applicable

ITEM RATING
1. Performs calibration. ______
2. Provides clear instructions to subject. ______
3. Proficient in use of equipment. ______
4. Able to recognize a good test. (ATS Standards) ______
5. Test Subject (2 pts. for patient, 1 pt. for fellow student or instructor.) ______

Total = ______ out of 10 Score = _____ pass _____ fail

Instructor’s Signature: ________________________________________________

Instructor's Name: ________________________________ Credential: _______
(Please print)

Student's Signature: ________________________________________________

Comments ________________________________________________________