

RETURN TO

Kentucky Board of Nursing  
DT Credentialing Program  
312 Whittington Pky, Suite 300  
Louisville, KY 40222-5172  
502-429-3300 or 800-305-2042  
Fax: 502-429-3311  
Internet: kbn.ky.gov

# CHECKLIST FOR DIALYSIS TECHNICIAN COMPETENCY VALIDATION

This form must be completed by your immediate supervisor, signed by a Notary Public, and submitted with your application for Dialysis Technician Credentialing.

Print clearly, using capital letters and black ink.

## Section 1: Biographical Data

Last Name of DT:

First Name of DT:

DT's Social Security #:  -  -  Date of Hire:  -  -

Immediate Supervisor's Name:

Supervisor's License #:

Facility:

Street:

City:  State:  Zip:

Facility Phone #:  -  -  Fax #:  -  -

## Section 2: Immediate Supervisor's Certification

As the immediate supervisor of the above-named dialysis technician, I certify that the following information is true and accurate. I also certify that:

(Name of Dialysis Technician) \_\_\_\_\_ performs dialysis care in a safe manner, under the direct on-site supervision of a registered nurse or physician, including the competent performance of each of the following acts (as indicated by my initials):

- \_\_\_\_\_ Prepare and cannulate peripheral access sites (arterial-venous fistula and arterial-venous graft).
- \_\_\_\_\_ Initiate, deliver, and discontinue dialysis care.

Administer the following medications:

- \_\_\_\_\_ Heparin
- \_\_\_\_\_ Intradermal Lidocaine
- \_\_\_\_\_ Normal Saline

If this dialysis technician (DT) does not administer these medications, please indicate "N/A" (non/applicable). If this DT administers these medications in the future, the DT must be educationally prepared and clinically competent to do so in a safe manner.

- \_\_\_\_\_ Assist the registered nurse in data collection.
- \_\_\_\_\_ Obtain a blood specimen via dialysis lines or peripheral access sites.
- \_\_\_\_\_ Respond to complications that arise in conjunction with dialysis care.

## Section 3: Return Completed Form to KBN Office

A) **Out of State Training** - Form must be completed after you become a DT Applicant by filing an Application for Dialysis Technician Credential and after your immediate supervisor has had an opportunity to evaluate your competency.

B) **Reinstatement** - Form must be completed and attached to the Application for Dialysis Technician Credential if your previous credential has lapsed for more than 2 years. This form may be signed by either your supervisor or DT program faculty.

### Section 4: Notary

I certify that I am the immediate supervisor who is referred to in this checklist and that all statements contained herein are true and correct in every respect. I further understand that all information on this form is subject to an audit for verification and that the falsification of any information contained herein may be cause for disciplinary action.

**Signature of Immediate Supervisor or DT Training Program Faculty**

**Signature of Notary Public**

Subscribed and sworn to before me by (Supervisor's Name)

\_\_\_\_\_

on this date:   -   -

SEAL

State of

My Commission Expires  
  -   -