

**NAME OF HEALTH SYSTEM  
INITIAL & ANNUAL COMPETENCY ASSESSMENT TOOL**

**Compliance with Requirements of COBRA and EMTALA**

This Tool certifies that \_\_\_\_\_ has been revalidated for the following skills according to Name of Health System standards.

Validated By: \_\_\_\_\_ Title: \_\_\_\_\_

**Validation: RD = Return demonstration; V = Verbalizes; NA = Not applicable to area or no experience required.**

SKILLS	SATISFACTORY PERFORMANCE		VALIDATION (Initials as appropriate)			DATE
	Yes	No	RD	V	NA	
1. Ensures that all individuals or their significant other sign the log at the registration window upon arrival.						
2. Ensures that all individuals are triaged to determine if they have an emergency medical condition prior to registration and the acquisition of financial/insurance information.						
3. Defines "emergency medical condition" according to policy.						
4. Ensures that individuals presenting to the ED or other area receives further medical examination and such treatment as may be required to stabilize the medical condition.						
5. Ensures that individuals deemed to have an emergency medical condition requiring transfer to another facility be transferred only if the following conditions are met:						
a. The individual provides an informed consent authorizing transfer.						
b. The physician or other provider certifies in writing that the benefits of the transfer outweigh the risk of the individual remaining at the facility.						
c. The facility to which the individual is being transferred has been contacted prior to transfer and has accepted the patient for transfer.						
6. Ensures that the Transfer Authorization Form is reviewed by the administrative supervisor prior to transfer.						
7. Follows chain of command to report potential or actual violations of the COBRA/EMTALA policy.						