CRT/RRT Competency Checklist

Independent Contractor Self-Assessment

EZ Inspirations
Care In Every Breath

Contractor Name (Print): _____ **Date:** _____ **License Type:** CRT RRT

FL License #: _____

Rating Scale (Contractor): A = No experience · B = Not yet proficient · C = Adequate · D = Independent · E = Expert

Any skill rated A or B: no patient assignments requiring that skill until competency is documented. Any additional training is obtained by the Contractor at the Contractor's own expense. This form verifies qualifications under the Independent Contractor Agreement; it is not an employment evaluation.

Oxygen Therapy	A	B	C	D	E
Nasal cannula / mask setup	☐	☐	☐	☐	☐
Oxygen concentrator setup	☐	☐	☐	☐	☐
Portable oxygen cylinder setup	☐	☐	☐	☐	☐
Oxygen regulator adjustment	☐	☐	☐	☐	☐
Oxygen tank duration calculation	☐	☐	☐	☐	☐
Oxygen humidifier setup	☐	☐	☐	☐	☐
High-flow oxygen setup / monitoring	☐	☐	☐	☐	☐
Oxygen safety education	☐	☐	☐	☐	☐

Tracheostomy & Airway	A	B	C	D	E
Stoma care & trach tie change	☐	☐	☐	☐	☐
Suctioning (oral / nasal / trach)	☐	☐	☐	☐	☐
Inner cannula care	☐	☐	☐	☐	☐
Routine trach change (per order)	☐	☐	☐	☐	☐
Emergency trach change / dislodgement	☐	☐	☐	☐	☐
Manual resuscitation bag (Ambu)	☐	☐	☐	☐	☐
Trach humidification / speaking valve	☐	☐	☐	☐	☐

CPAP / BiPAP	A	B	C	D	E
CPAP device setup	☐	☐	☐	☐	☐
BiPAP device setup	☐	☐	☐	☐	☐
Mask fitting	☐	☐	☐	☐	☐
Humidifier setup	☐	☐	☐	☐	☐
CPAP / BiPAP troubleshooting	☐	☐	☐	☐	☐
Patient compliance education	☐	☐	☐	☐	☐

Airway Clearance & Aerosol Therapy	A	B	C	D	E
Cough assist (MI-E)	☐	☐	☐	☐	☐
Chest physiotherapy / postural drainage	☐	☐	☐	☐	☐
HFCWO vest therapy	☐	☐	☐	☐	☐
Nebulized medication administration	☐	☐	☐	☐	☐
MDI / spacer technique education	☐	☐	☐	☐	☐

Home Ventilator	A	B	C	D	E
Ventilator checks / circuit inspection	☐	☐	☐	☐	☐
Alarm response & troubleshooting	☐	☐	☐	☐	☐
Ventilator circuit change	☐	☐	☐	☐	☐
Verify settings per physician order	☐	☐	☐	☐	☐
Backup ventilator / power-failure plan	☐	☐	☐	☐	☐
Ventilator caregiver education	☐	☐	☐	☐	☐

Patient Assessment	A	B	C	D	E
Respiratory assessment	☐	☐	☐	☐	☐
Pulse oximetry interpretation	☐	☐	☐	☐	☐
Breath sound evaluation	☐	☐	☐	☐	☐
Dyspnea evaluation	☐	☐	☐	☐	☐
Disease education (COPD / asthma)	☐	☐	☐	☐	☐
Continuous SpO2 / apnea monitor	☐	☐	☐	☐	☐
Change-in-condition escalation	☐	☐	☐	☐	☐

Clinical Documentation & Education	A	B	C	D	E
Home visit documentation	☐	☐	☐	☐	☐
Plan of Care adherence	☐	☐	☐	☐	☐
Medicaid / Medicare documentation	☐	☐	☐	☐	☐
Incident reporting	☐	☐	☐	☐	☐
Patient education documentation	☐	☐	☐	☐	☐
Timely visit-note submission	☐	☐	☐	☐	☐
Education: concentrator use	☐	☐	☐	☐	☐
Education: portable oxygen use	☐	☐	☐	☐	☐
Education: equipment cleaning	☐	☐	☐	☐	☐

Safety, Compliance & Equipment Setup	A	B	C	D	E
HIPAA compliance	☐	☐	☐	☐	☐
Infection control	☐	☐	☐	☐	☐
Home oxygen fire safety	☐	☐	☐	☐	☐
Emergency response	☐	☐	☐	☐	☐
Equipment sanitation	☐	☐	☐	☐	☐
Power-outage / disaster preparedness	☐	☐	☐	☐	☐
Concentrator patient setup	☐	☐	☐	☐	☐
Nebulizer setup	☐	☐	☐	☐	☐
CPAP / BiPAP patient setup	☐	☐	☐	☐	☐

Contractor Attestation

I attest that the ratings above accurately reflect my current competency. I will perform skills only within my Florida CRT/RRT license, physician orders, payer authorization, and the patient plan of care, and will not change ventilator or oxygen settings outside authorized orders. I will notify EZ Inspirations promptly if my competency in any skill changes.

Document Control

Document	Version	Effective Date	Supersedes	Review Cycle
CRT/RRT Competency Checklist	Rev. 1	11/01/2026	Original (05/13/2026)	Annual, at IC Agreement renewal, or as law/policy changes