

**Erie VAMC**  
**ANNUAL COMPETENCY ASSESSMENT SIGNATURE SHEET**  
**SUPERVISOR/ASSOCIATE**

Program:  
 Associate:

1. Corresponds with performance appraisal year: \_\_\_\_ (April 1 to March 31) or annual proficiency.
2. Eight Core Competencies Met/Passed : \_\_\_\_\_ (yes or no). If all are met, then skip to #4.
3. If competency(s) not met, then educational action plan must be completed:

a) List example of area to improve & then the educational resources to improve the skill: (IE: Educational resources-courses, pre-ceptor/mentor, review policies/procedures, CD-Roms, etc.).

<u>Resources</u>	Scheduled/date: _____	Completed: _____	yes/no
1. Personal mastery : _____	_____	_____	_____
2. Interpersonal Effectiveness ; _____	_____	_____	_____
3. Customer service : _____	_____	_____	_____
4. Flexibility/Adaptability : _____	_____	_____	_____
5. Creative Thinking : _____	_____	_____	_____
6. Systems Thinking : _____	_____	_____	_____
7. Organizational stewardship : _____	_____	_____	_____
8. Technical Skills/equipment: _____	_____	_____	_____
_____	_____	_____	_____

Associate Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Supervisor Signature : \_\_\_\_\_ Date : \_\_\_\_\_

4. Re-assessment of competency, if initially not met.

a) Competencies Met/Pass : \_\_\_\_\_ (yes or no)

b) If competency is not met a second time - action plan: \_\_\_\_\_  
 \_\_\_\_\_

5. Associate Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Supervisor Signature : \_\_\_\_\_ Date : \_\_\_\_\_