

Competency Evaluation Tool for 'Individual-Specific' Review of the Clozapine (Clozaril) Therapy Protocol

Name of Individual: _____

Individual-Specific Clozapine (Clozaril) Protocol Review Guidelines

The 'Individual-Specific' Review must be completed by a Qualified Trainer

	Review Components and Procedure	Comments
At the conclusion of this review, the Certified staff:		
1.	Knows where to access and how to follow the individual's Clozapine Protocol.	
2.	Has received a review of the individual's Clozapine Protocol from the Trainer.	
3.	Knows how to contact the Authorized Prescriber (i.e., Health Care Provider [HCP]) who is ordering the individual's Clozapine.	
4.	Knows how to contact the Pharmacy/Pharmacist, who is dispensing the individual's Clozapine.	
5.	Knows the location of where the individual's ANC lab work is obtained.	
6.	Knows the frequency and schedule of the ANC lab work ordered for the individual.	
7.	Knows how the ANC lab work results are received by the consulting pharmacy.	
8.	Knows the steps to follow when the ANC lab work is not completed as ordered.	
9.	Knows the steps to follow when medication is not received from the pharmacy.	
10.	Knows how changes are communicated to all staff (e.g., medication progress note, narrative note, flow sheet, etc.).	
11.	Knows when and how to contact the individual's Health Care Provider and/or the MAP Consultant for any Clozapine related issues, questions, or concerns.	
12.	Knows the Service Provider Emergency procedure including how to contact 911.	

This form may be used for multiple Certified staff.

1. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has attended the 'Review of the Individual's Clozapine Protocol' for the **identified individual**.

Certified Staff's Printed Name: _____

Trainer's Printed Name: _____

Certified Staff's Signature: _____

Trainer's Signature: _____

Date: _____

Trainer's Contact Information: _____

2. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has attended the 'Review of the Individual's Clozapine Protocol' for the **identified individual**.

Certified Staff's Printed Name: _____

Trainer's Printed Name: _____

Certified Staff's Signature: _____

Trainer's Signature: _____

Date: _____

Trainer's Contact Information: _____

3. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has attended the 'Review of the Individual's Clozapine Protocol' for the **identified individual**.

Certified Staff's Printed Name: _____

Trainer's Printed Name: _____

Certified Staff's Signature: _____

Trainer's Signature: _____

Date: _____

Trainer's Contact Information: _____

4. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has attended the 'Review of the Individual's Clozapine Protocol' for the <u>identified individual</u>.	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____
5. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has attended the 'Review of the Individual's Clozapine Protocol' for the <u>identified individual</u>.	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____
6. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has attended the 'Review of the Individual's Clozapine Protocol' for the <u>identified individual</u>.	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____
7. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has attended the 'Review of the Individual's Clozapine Protocol' for the <u>identified individual</u>.	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____
8. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has attended the 'Review of the Individual's Clozapine Protocol' for the <u>identified individual</u>.	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____
9. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has attended the Review of the Individual's Clozapine Protocol' for the <u>identified individual</u>.	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____
10. Based on this guideline used for training, I, as Trainer, have determined that the Certified staff named below has attended the 'Review of the Individual's Clozapine Protocol' for the <u>identified individual</u>.	
Certified Staff's Printed Name: _____	Trainer's Printed Name: _____
Certified Staff's Signature: _____	Trainer's Signature: _____
Date: _____	Trainer's Contact Information: _____