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| **Annual Competency Assessment** **(9692) Research Scientist I** |  |  |  |  |  |  |
|  Employee Name  |  |  |  |
| Job Title |  |  |  |  |  |  |  |
| Department |  |  |  |
| Prepared By |  |  |  |
| Date |  |  |  |
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| ***Note:*** *All performance standards with a rating of N require evaluator comments and a Performance Development Plan.* |
|  |  | *Y = Can Perform Skill Independently* |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | *N = Cannot Perform Skill IndependentlyN/A = Not Applicable (Ratings of N/A must be entered in the "Comments" column rather than the "Rating" column)* |
| ***Annual Competency - Clinical / Non-Clinical*** | ***Comments*** *(short sentence)* | **Rating** |
| Scientist possesses minimum educational/training requirements. |  |  |
| Scientist demonstrates ability to successfully and independently design and develop research studies and experiments. |  |  |
| Scientist shows active interest in staying abreast of scientific developments in the field. He/She applies and develops innovative technologies and theories to work.  |  |  |
| Projects and work are progressing at a satisfactory rate and scientist is active in presentations, publications, etc. |  |  |
| Scientist is successful in mentoring and supervising staff. If applicable, scientist is successful in lab management and ensuring staff is effective in supporting the lab. |  |  |
| Scientist maintains and continues to develop collaborators in the field. |  |  |
| Demonstrates knowledge and understanding of patient privacy rights. Maintains confidentiality of all medical, financial, or other sensitive materials and information in printed, electronic or verbal form, which may jeopardize the privacy of patients. Accesses and uses the minimum necessary patient identifiable information to perform job responsibilities and duties and only for authorized purposes. |  |  |
| Demonstrates knowledge and understanding of, and maintains confidentiality of employee information and medical center strategic plans and initiatives, financial information or other sensitive materials and information in printed, electronic or verbal form, which may jeopardize employee rights or organization’s operations. Accesses and uses the minimum necessary employee and organization information to perform job responsibilities and duties and only for authorized purposes. |  |  |
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| **N/A** | I have observed that the above-named employee has demonstrated competency in providing care and/or other services for the typical age ranges of patients as designated above. |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **N/A** | I have observed that the above-named employee requires further education to provide care and services to age ranges indicated. Scheduled Date of Re-review: |  |  |
| ► |  |  |  |  |  |  |  |  |  |  |  |  | ► |  |  |  |  |  |  |  |
| *Evaluator's Signature* |  |  |  |  |  |  |  | *Evaluation Date* |  |  |  |  |  |