

Competency Improvement Plan (CIP)

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|--------------------------------------|-------------------------------|
| Credentiaing Provider: _____ | Level of Credentiaing: _____ |
| Field Eval Start Date: ___/___/_____ | Field Training Officer: _____ |

Specific Performance Objectives/Categories Requiring Improvement

1. _____
2. _____
3. _____

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| <p>The Written Competency Improvement Plan must include:</p> <ul style="list-style-type: none"><input type="checkbox"/> a discussion of Specific Deficiencies and Improvement Needs<input type="checkbox"/> specific dates and events in which deficiencies were observed<input type="checkbox"/> specific expectations that were not met/achieved<input type="checkbox"/> specific actions discussed regarding methods of improving performance & for meeting expectations<input type="checkbox"/> specific date(s) by which specific improvement is expected or specific actions are to be accomplished<input type="checkbox"/> signatures of both the Credentiaing Provider and Field Training Officer indicating having read and agreed to the Improvement Plan |
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The above referenced Competency Improvement Plan is attached with _____ pages.

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|--------------------------------|-----------------------|
| Field Training Officer: _____ | Date Submitted: _____ |
| Credentiaing Provider: _____ | Date Signed: _____ |
| Commander Review: _____ | Date Reviewed: _____ |
| Medical Director Review: _____ | Dave Reviewed: _____ |