

Verification of Registered Nurse (RN) Competency to Perform Texas Health Steps Checkups

Registered nurses (RNs) who do not have a CNS, NP, or CNM certification may provide Texas Health Steps medical checkups only under direct physician supervision. This means that the physician must be either on site during the checkup or immediately available to furnish assistance and direction to the RN during the checkup.

The RN must complete required online education courses prior to providing checkup services. All Texas Health Steps courses are approved for continuing education units for RNs as well as other medical disciplines. They are found at txhealthsteps.com. The RN or RN's employer must maintain a list of completed courses in the RN's employee record. Use of this tracking form is recommended, but optional.

Before a physician delegates a checkup to an RN, the physician must establish the RN's competency to perform the service as required by the physician's scope of practice. The delegating physician is responsible for supervising the RN who performs the services, and remains responsible for any service provided to a client. TMPPM, Children's Services Handbook, 5.2.1.1.

Course Title	Date Completed	RN Signature	Physician Signature
Behavioral Health: Screening and Intervention			
Building a Comprehensive and Effective Medical Home			
Case Management Services in Texas			
Critical Congenital Heart Disease			
Culturally Effective Health Care			
Developmental Surveillance and Screening: Birth through 6 years			
Hearing and Vision Screening			
Immunization			
Management of Overweight and Obesity in Children and Adolescents			
Newborn Hearing Screening			
Newborn Screening			
Nutrition			
Oral Health for Primary Care Providers			
Promoting Adolescent Health			
Recognizing, Reporting, and Preventing Child Abuse			
Texas Health Steps: Overview			
Texas Medicaid Services for Children			

I verify that (name of RN) _____ has completed all courses required to perform a Texas Health Steps checkup under direct physician supervision.

Name of Physician _____

Date _____

Signature of Physician _____

