DOCUMENTATION of TRAINING
For Challenging The Nurse Aide Test:

This form is to be used for nursing students who complete the topics listed below **and** have clinical experience in geriatrics **in the past 24 months** before they complete the semester nursing course(s). Please verify the individual has met the requirements, sign the attestation below and return this form along with the application and fee to Health Occupations Credentialing.

_____
Student Name

has successfully completed the topics listed below **and** clinical experience in geriatrics.

Requirements/Required Topics:

1. Basic Skills
    - Communication and interpersonal skills
    - Infection control
    - Safety/emergency procedures, including the Heimlich maneuver
    - Promoting resident independence
    - Respecting resident rights

2. Basic Nursing Skills
    - Taking and recording vital signs
    - Measuring and recording height and weight
    - Caring for the resident environment
    - Recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor
    - Caring for residents when death is Imminent

3. Personal Care Skills
    - Cleanliness and grooming
    - Nutrition and fluids
    - Lifting and moving the resident
    - Toileting
    - Skin care

4. Basic Restorative Services
    - Safe use of mechanical devices
    - Normal range of motion and positioning
    - Care and use of prosthetic and orthotic
    - Devices

5. Mental Health and Social Service Needs
    - Modifying aide behavior in response to residents behavior
    - Awareness of developmental tasks associated with the aging process
    - How to respond to resident behavior, using the resident's family as a source of emotional support

6. Care of Cognitively Impaired Residents
    - Communicating with cognitively impaired residents

I do hereby attest that the information supplied on this form is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided on this form.

_____   _____
Nursing Department Coordinator Name   Signature
(Please print.)

_____   _____
Telephone Number   E-mail

_____
School