

**DOCUMENTATION of TRAINING for challenging the Home Health Aide Test:** This form is to be used for nursing students who complete the topics listed below **and** have supervised clinical experience\* 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 individual's application and fee to Health Occupations Credentialing.

\_\_\_\_\_ has successfully completed the topics listed below **and** the required supervised clinical experience.

*Requirements/Required Topics:*

- |   |   |
|---|---|
| <p>1. <u>Basic Skills</u><br/>Communication skills<br/>Infection control<br/>Recognizing emergencies and knowledge of emergency procedures</p> <p>2. <u>Basic Nursing Skills</u><br/>*Reading and recording temperature, pulse and respiration<br/>Maintenance of a clean, safe and healthy environment<br/>Basic elements of body functioning and changes in body function that should be reported to an aide's supervisor<br/>Observation, reporting and documentation of patient status and the care or service furnished<br/>*Safe transfer techniques and ambulation<br/>Adequate nutrition and fluid intake<br/>*Normal range of motion and positioning</p> | <p>3. <u>Personal Hygiene and Grooming</u><br/>*Bed bath<br/>*Sponge, tub or shower bath<br/>*Shampoo, sink, tub or bed<br/>*Nail and skin care<br/>*Oral hygiene<br/>*Toileting and elimination</p> <p>4. The physical, emotional and developmental needs of and ways to work with the populations served by a home health agency, including the need for respect for the patient, his or her privacy and his or her property.<br/><br/>*All areas marked by asterisks should be safely performed as a result of the supervised clinical experience.</p> |
|---|---|

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 (Please print.)      Signature

\_\_\_\_\_  
Telephone Number      E-mail

\_\_\_\_\_  
School

- Check the appropriate box:
- 9      The student is already a Kansas certified nurse aide.
  - 9      The student is also challenging the certified nurse aide test. The relevant paperwork is attached.
  - 9      The student is not a Kansas certified nurse aide and is challenging only the home health aide test.

Health Occupations Credentialing  
503 S Kansas Ave.  
Topeka, Kansas 66603