**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 individual’s Allied Health Verification application, copy of applicants driver’s license, social security card, official transcripts, and fee to Health Occupations Credentialing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_within the last **24 months** 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=s 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

7. Clinical Experience in Geriatrics

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