



Please upload the signed and completed form to the Qualtrics Survey in your Admit Packet for Compliance purposes.

Verification of employment as a Nursing Assistant, Nurse Aide, Home Health Care Aide, STNA, PCA, SNA, or CNA and related skills.

To Be Completed By Employer

I verify that _____ has worked at
Name of employee

_____ as a
Name of Business

_____ from _____ to _____
Employment Title date date

Printed Name

Signature

Title

Date

Please do not sign or submit form unless employee is proficient in all listed skills:

1. Washes hands
2. Measures and records weight of ambulatory client 3
3. Provides mouth care
4. Dresses client with affected (weak) right arm
5. Transfers client from bed to wheelchair
6. Assists client to ambulate
7. Cleans and stores dentures
8. Performs passive range-of-motion (ROM) for one shoulder
9. Performs passive range-of-motion (ROM) for one knee and one ankle
10. Measures and records urinary output
11. Assists client with use of bedpan
12. Provides perineal care (peri-care) for incontinent client
13. Provides catheter care
14. Measures and records oral temperature with a non-mercury glass thermometer
15. Counts and records radial pulse
16. Counts and records respirations
17. Measures and records blood pressure (two-step procedure)
18. Puts one knee-high elastic stocking on client
19. Makes an occupied bed
20. Provides foot care on one foot
21. Provides fingernail care on one hand
22. Feeds client who cannot feed self
23. Positions client on side
24. Gives modified bed bath (face and one arm, hand and underarm)
25. Shampoos client's hair in bed