

## Instructions to the Nurse Aide Skills Proficiency Checklist

1. Print the Nursing Assistant's (NA) last name, first name, and middle initial.
2. Print the NA's social security number and date of hire to your facility.
3. This area states the purpose of this form.
4. This area states the definition of proficiency and competency.
5. Print the evaluator's name, title, and have evaluator sign his/her initials. The evaluator must be a Registered Nurse.
6. Safety Measures\*. All areas must be completed. Add date of proficiency and evaluator's initials.
7. Basic Skills\*. All areas must be completed.
8. Certification of Training. This area must be completed. Print the date of when the NA completed his/her nurse aide training course.
9. Signed certification by the Director of Nurses of the facility. This area must be completed. He/she will attest to the completion of the checklist. Enter date of when the Director signed the checklist.
10. Personal Care Skills\*. All areas must be completed.
11. Observations/Report\*. All areas must be completed. If the facility does not have a chair scale, training may be substituted in this area.
12. Nutrition & Elimination\*. All areas must be completed.
13. Care of Resident with Tubes\*. May substitute this area with training. All areas must be completed.
14. Mental Health and Social Needs. All areas must be completed.
15. Care of the Cognitively Impaired. All areas must be completed.
16. Communication. All areas must be completed.

**\*The facility's policies and procedures should be followed when completing these areas.**