

**Required  
Nurse Aide  
Transition Course  
Documents**



# DOCUMENT #1 - Temporary Nurse Aide Course Completion Certificate



Make sure your certificate  
has a prepopulated  
completion date

# DOCUMENT #2 - Nurse Aide Skills Sheet

STUDENT NAME:

## Nurse Aide Skills Sheet

PROCEDURE	DEMONSTRATES COMPETENCY (Y/N)	NURSE INITIALS
Handwashing		
Glove Removal		
Handling Soiled Equipment		
Handling Wastes		
Handling Soiled Bed Linens		
Abdominal Thrusts		
Changing an Unoccupied Bed		
Changing an Occupied Bed		
Routine Oral Hygiene		
Care of Dentures		
Oral Hygiene for Unresponsive Resident		
Assisting with Undressing and Dressing		
Nail Care		

Must indicate Y or N and be initialed by facility nurse.

Must be completed, signed by facility nurse and dated.

NURSE SIGNATURE:	DATE:
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# DOCUMENT #3 - Nurse Aide Competency Sheet

## Nurse Aide Competency Checklist

Student \_\_\_\_\_

Topic	Section	Demonstrates Competency (Y/N)	Nurse Initials
Communication and interpersonal skills	A, B, C		
Infection control	A, B, C		
Safety/emergency procedures, including emergency measures for choking	A, B, C		
Promoting residents' independence	A, B, C		
Respecting residents' rights	A, B, C		
Taking and recording vital signs	B, C		
Measuring and recording height and weight	B, C		
Caring for the residents' environment	B, C		
Recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor	C		
Caring for residents when death is imminent	A, C		
Bathing	A, B, C		

Must indicate Y or N and be initialed by facility nurse.

Must be completed, signed by facility nurse and dated.

Nurse Name: \_\_\_\_\_

Completion Date for Demonstration of Competency on Above Tasks: \_\_\_\_\_

# DOCUMENT #4 - Nurse Aide Attestation

## Nurse Aide Competency Attestation Form

*This form is to be completed by the facility administrator or the registered nurse. Initial to attest that each requirement is completed and sign below.*

Student Name \_\_\_\_\_ Student DOB \_\_\_\_\_

Training Location \_\_\_\_\_

I, \_\_\_\_\_, attest that \_\_\_\_\_ has  
*(Please print nurse or administrator name)* *(Student name)*

- Successfully completed the eight-hour American Health Care Association Temporary Nurse Aide course final exam with a grade of at least 80%
- Completed a minimum of 68 hours of on-the-job training, working as a temporary nurse aide in the facility under the supervision of a registered nurse
- Completed at least one hour of training on abuse and neglect
- Is competent in all items listed in 172 NAC 108-003.01

Included proof of competency

- American Health Care Association Temporary Nurse Aide Certificate
- Nurse Aide Skills Sheet
- Nurse Aide Competency Sheet

RN or Administrator Signature \_\_\_\_\_

Competency Date \_\_\_\_\_

**Must be completed, signed by facility RN or administrator on behalf of RN and dated.**

