

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
CERTIFIED NURSE ASSISTANT COMPETENCY SCORE SHEET (FOR USE ONLY WITH 2001 MANUAL)

APPENDIX A

| | | | | | | | | | | |
|-------------------------------------|--|---------|--------|-----------------------------|------------------------------|-------------|-----------------------|---------------------|--------------------------------|----------------|
| STUDENT NAME (PLEASE PRINT) (LAST) | | (FIRST) | | (MIDDLE) | | (MAIDEN) | | SOCIAL SECURITY NO. | HOME PHONE NO. | |
| PERMANENT ADDRESS (STREET) | | | (CITY) | | (STATE) | | (ZIP) | | DATE OF BIRTH | WORK PHONE NO. |
| SITE NAME - 75 HRS CLASSROOM | | | | SITE NO. | BEGIN DATE | | COMPLETE DATE | | ATTENDANCE | MAKE-UP |
| SITE NAME - 84 HRS/100 HRS* | | | | 84 <input type="checkbox"/> | 100 <input type="checkbox"/> | SITE NO. | BEGIN DATE | | COMPLETE DATE - 84 HRS/100 HRS | |
| SITE NAME - 16 HRS COMPETENCIES | | | | SITE NO. | BEGIN DATE | | COMPLETE DATE 16 HRS. | | | |
| SITE NAME - WRITTEN/ORAL FINAL EXAM | | | | SITE NO. | 1ST ATTEMPT | BOOKLET NO. | EXAM DATE | WRITTEN | ORAL | SCORE |
| SITE NAME - WRITTEN/ORAL FINAL EXAM | | | | SITE NO. | 2ND ATTEMPT | BOOKLET NO. | EXAM DATE | WRITTEN | ORAL | SCORE |
| SITE NAME - WRITTEN/ORAL FINAL EXAM | | | | SITE NO. | 3RD ATTEMPT | BOOKLET NO. | EXAM DATE | WRITTEN | ORAL | SCORE |
| SITE NAME - PRACTICUM EXAM | | | | SITE NO. | 1ST ATTEMPT | | EXAM DATE | | SCORE | |
| SITE NAME - PRACTICUM EXAM | | | | SITE NO. | 2ND ATTEMPT | | EXAM DATE | | SCORE | |
| SITE NAME - PRACTICUM EXAM | | | | SITE NO. | 3RD ATTEMPT | | EXAM DATE | | SCORE | |

| | | | | | | | | | | |
|-------------------|----|----|--|--|--|--|---|--|---|--|
| CLASS TEST SCORES | | | | | | | <input type="checkbox"/> APPROVED FOR CERTIFICATION | | <input type="checkbox"/> NOT APPROVED FOR CERTIFICATION | |
| 1. | 2. | 3. | EACH SCORE MUST BE AT LEAST 80% (MUST BE COMPLETED BY INSTRUCTOR PRIOR TO EXAM) | | | | | | | |

Evaluation of procedures includes: knowledge, safety, encouraged self-help, work habits, student-resident interaction, organization, resident's rights. Other procedures may be determined by resident's needs. All procedures must be evaluated.

| PRACTICUM EXAM PROCEDURES | PASS/FAIL | PRACTICUM EXAM PROCEDURES | PASS/FAIL | PRACTICUM EXAM PROCEDURES | PASS/FAIL |
|---------------------------|-----------|---------------------------|-----------|---|-----------|
| 1. BATH | | 2. VITAL SIGNS | | 3. TRANSFER TECHNIQUES | |
| 4. FEEDING TECHNIQUES | | 5. DRESSING AND GROOMING | | 6. SKIN CARE | |
| 7. HANDWASHING | | 8. GLOVING | | 9. ACTIVE OR PASSIVE FOM TO ↑ AND ↓ EXTERMITIES | |

Examiner advised individual that successful completion of the evaluation will result in the addition of his/her name to the state nursing assistant register. If you have been determined to have committed abuse, neglect or misappropriation of goods in a certified facility, a permanent federal marker will be placed against your name on the CNA register. You will **NEVER AGAIN** be allowed to work in a certified facility. **STUDENT MUST INITIAL.**

| | | | | | | |
|---|-------------|-----------------|----------------------------------|-------------------|-----------------|--|
| 1ST INSTRUCTOR SIGNATURE | | | LICENSE NO. | PRINTED LAST NAME | | |
| 2ND INSTRUCTOR SIGNATURE | | | LICENSE NO. | PRINTED LAST NAME | | |
| ADMINISTRATOR/DON SIGNATURE - 75 HOURS | | | LICENSE NO. | PRINTED LAST NAME | | |
| CHARGE NURSE SIGNATURE - FACILITY VERIFICATION 84 HRS OJT COMPLETED | | | LICENSE NO. | PRINTED LAST NAME | | |
| CHARGE NURSE SIGNATURE - FACILITY VERIFICATION 16 HRS COMPETENCY EVALUATION | | | LICENSE NO. | PRINTED LAST NAME | | |
| CLINICAL SUPERVISOR - 84 HRS OJT | LICENSE NO. | PRINT LAST NAME | CLINICAL SUPERVISOR - 84 HRS OJT | LICENSE NO. | PRINT LAST NAME | |
| CLINICAL SUPERVISOR - 16 HRS OJT | LICENSE NO. | PRINT LAST NAME | CLINICAL SUPERVISOR - 16 HRS OJT | LICENSE NO. | PRINT LAST NAME | |
| 1ST EXAMINER SIGNATURE | LICENSE NO. | PRINT LAST NAME | 2ND EXAMINER SIGNATURE | LICENSE NO. | PRINT LAST NAME | |

| | | | | |
|------------------------------------|---------|----------|----------|---------------------|
| STUDENT NAME - PLEASE PRINT (LAST) | (FIRST) | (MIDDLE) | (MAIDEN) | SOCIAL SECURITY NO. |
|------------------------------------|---------|----------|----------|---------------------|

APPENDIX A-B – INSTRUCTIONS: 1st. Column: List date of classroom instruction - 75 hours. 2nd Column: Classroom instructor initials. 3rd Column: Date the competency evaluation (16 hrs - #1-#64 below) was completed in state approved training agency. 4th Column: Simulation must be done in white area and only if care issue **NOT AVAILABLE** in state approved training agency. 5th Column: Clinical Supervisor/Instructor must **SIGN CORRESPONDING PINK SHEET THEN** initial that the Nurse Assistant is competent in this skill and that the competency evaluation was completed on a **ONE TO ONE RATIO IN A STATE APPROVED TRAINING AGENCY.**

| COMPETENCY | DATE OF CLASSROOM INSTRUCTION | INSTRUCTOR INITIALS | DATE COMPLETED AGENCY | SIMULATION | COMPETENCY EVALUATION INSTRUCTOR INITIALS | COMPETENCY | DATE OF CLASSROOM INSTRUCTION | INSTRUCTOR INITIALS | DATE COMPLETED AGENCY | SIMULATION | COMPETENCY EVALUATION INSTRUCTOR INITIALS |
|---|-------------------------------|---------------------|-----------------------|------------|---|---|-------------------------------|---------------------|-----------------------|------------|---|
| 1. Take oral temperature | | | | | | 33. Assist resident to undress | | | | | |
| 2. Take rectal temperature | | | | | | 34. Apply and remove elastic stockings | | | | | |
| 3. Take axillary temperature | | | | | | 35. Give complete bed bath | | | | | |
| 4. Count radial pulse | | | | | | 36. Give tub bath | | | | | |
| 5. Count apical pulse | | | | | | 37. Give shower bath | | | | | |
| 6. Count respirations | | | | | | 38. Make an unoccupied bed | | | | | |
| 7. Measure blood pressure | | | | | | 39. Make an occupied bed | | | | | |
| 8. Wash hands | | | | | | 40. Give back rub | | | | | |
| 9. Put on and remove daily care non-sterile gloves | | | | | | 41. Give stage 1 pressure ulcer care | | | | | |
| 10. Put on and remove mask | | | | | | 42. Give peri care with catheter | | | | | |
| 11. Put on and remove non-sterile gown | | | | | | 43. Change a drainage bag | | | | | |
| 12. Feed helpless resident | | | | | | 44. Empty a urinary drainage bag | | | | | |
| 13. Serve a food tray | | | | | | 45. Assist resident in using urinal | | | | | |
| 14. Clear airway obstruction in conscious resident | | | | | | 46. Assist resident in using bedpan | | | | | |
| 15. Clear airway obstruction in unconscious resident | | | | | | 47. Give care of an uncomplicated established colostomy | | | | | |
| 16. Thicken liquids | | | | | | 48. Move resident to head of bed (two-person assist) | | | | | |
| 17. Distribute drinking water | | | | | | 49. Turn resident to one side (¾ turn) | | | | | |
| 18. Measure fluid intake | | | | | | 50. Demonstrate one-person pivot transfer from bed to chair | | | | | |
| 19. Measure fluid output | | | | | | 51. Demonstrate one-person pivot transfer from chair to bed | | | | | |
| 20. Shave with disposable razor | | | | | | 52. Demonstrate two-person pivot transfer from chair to bed (resident able to assist) | | | | | |
| 21. Shave with electric razor | | | | | | 53. Demonstrate two-person transfer with a mechanical lift to chair | | | | | |
| 22. Assist with oral hygiene | | | | | | 54. Ambulate resident using a gait belt | | | | | |
| 23. Administer oral hygiene to resident who is helpless/unconscious | | | | | | 55. Ambulate resident using a walker | | | | | |
| 24. Provide denture care | | | | | | 56. Ambulate resident using a cane | | | | | |
| 25. Give fingernail care | | | | | | 57. Give range of motion exercises to neck and shoulders | | | | | |
| 26. Give toenail care | | | | | | 58. Give range of motion exercises to elbow | | | | | |
| 27. Comb/brush hair | | | | | | 59. Give range of motion exercises to wrist and fingers | | | | | |
| 28. Give shampoo during tub bath/shower bath | | | | | | 60. Give range of motion exercises to hip and knee | | | | | |
| 29. Give bed shampoo | | | | | | 61. Give range of motion exercises to ankle and toes | | | | | |
| 30. Give perineal care to male resident | | | | | | 62. Measure weight of resident | | | | | |
| 31. Give perineal care to female resident | | | | | | 63. Measure height of resident | | | | | |
| 32. Assist resident to dress | | | | | | 64. Give post-mortem care | | | | | |

PERSONAL COMPETENCY EVALUATION (PASSING SCORE REQUIRED ON ALL ITEMS PRIOR TO BEING ALLOWED TO TAKE FINAL EXAM)

| | RATER NAME | LICENSE NO. | COMP. | | RATER NAME | LICENSE NO. | COMP. |
|--|------------|-------------|-------|--|------------|-------------|-------|
| 65. Wears clean uniform, wears name tag and is free of body odor | | | | 72. Utilizes plan of care to meet resident's needs | | | |
| 66. Observes resident rights | | | | 73. Maintains a safe environment for resident/self | | | |
| 67. Reports to work on time | | | | 74. Uses appropriate body mechanics | | | |
| 68. Uses facility's procedure for absenteeism | | | | 75. Reports & records pertinent information to appropriate personnel | | | |
| 69. Completes assignments | | | | 76. Shows enthusiasm for learning | | | |
| 70. Communicates well with others, is courteous | | | | 77. Applies critical thinking during class and clinical work. | | | |
| 71. Incorporates acceptable techniques when caring for the confused resident, the mentally ill resident or the resident with unconventional behaviors. | | | | 78. Shows care and empathy while providing care. | | | |

COMMENTS