



ON SITE VISIT EVALUATION INSTRUMENT
www.dhss.mo.gov/cnaregistry

TRAINING AGENCY NUMBER

INSTRUCTIONS:

- 1. THIS FORM MUST BE FILLED OUT BY A DEPARTMENT OF HEALTH AND SENIOR SERVICES EMPLOYEE AND ONLY AFTER PHYSICALLY INSPECTING THE CLASSROOM AND SPEAKING WITH FACILITY PERSONNEL KNOWLEDGEABLE ABOUT THE CNA PROGRAM.
2. RETURN COMPLETED FORM TO DHSS, HEALTH EDUCATION UNIT. IF THE ONSITE EVALUATION DATE IS NOT FILLED IN, THE FORM WILL BE RETURNED TO YOU FOR COMPLETION.

I. GENERAL INFORMATION

Form section I containing fields for Training Agency Name, Telephone Number, Address, On Site Evaluation Date, Admin Name, Instructor(s), License No., and Social Security No.

II. GENERAL COURSE INFORMATION

Form section II containing multiple-choice questions about course curriculum, manual availability, fees, student agreements, and class schedules.

III. CLASSROOM AND CLINICAL INFORMATION

Form section III containing multiple-choice questions about clinical training location, agreement currency, and overlap with classwork.

IV. INSPECTION SUMMARY OF CLASSROOM ENVIRONMENT

Form section IV containing multiple-choice questions about classroom environment and size.

COMMENTS

DIVISION OF REGULATION AND LICENSURE SIGNATURE

ADM/DON/CNA INSTRUCTOR SIGNATURE