

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