



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DIVISION OF REGULATION AND LICENSURE
 SECTION FOR LONG-TERM CARE REGULATION
CLASSROOM AND ON-THE-JOB TRAINING RECORD

(1) STUDENT NAME (LAST, FIRST, MIDDLE)			(2) FORMER NAMES USED		
(3) SOCIAL SECURITY NO.			(4) STUDENT E-MAIL		
(5) STUDENT PERMANENT ADDRESS (STREET, CITY, STATE, ZIP)			(6) DATE OF BIRTH		(7) STUDENT PHONE NO.
(8) APPROVED SITE NAME - 75 HRS INSTRUCTIONAL TRAINING		(8A) SITE NO.	(8B) BEGIN DATE	(8C) COMPLETION DATE	(8D) COMPLETED INSTRUCTIONAL TRAINING
(9) APPROVED SITE NAME - 16 HRS OR 100 HRS ON-THE-JOB-TRAINING (OJT)		(9A) SITE NO.	(9B) BEGIN DATE	(9C) COMPLETION DATE	(9D) COMPLETED OJT HRS
(10) APPROVED SITE NAME - 84 HRS OJT		(10A) SITE NO.	(10B) BEGIN DATE	(10C) COMPLETION DATE 84 OJT HOURS	
(11) CLASS TEST SCORES					<input type="checkbox"/> (11A) APPROVED FOR FINAL EXAM <input type="checkbox"/> (11B) NOT APPROVED FOR FINAL EXAM
1.	2.	3.	Each test score must be at least 80% (must be completed prior to final exam)		
(12) 1ST INSTRUCTOR SIGNATURE - INSTRUCTIONAL HRS			(12A) LICENSE NO.	(12B) LAST NAME	
(13) 2ND INSTRUCTOR SIGNATURE - INSTRUCTIONAL HRS			(13A) LICENSE NO.	(13B) LAST NAME	
(14) ADMINISTRATOR/DIRECTOR OF NURSING (DON)/CEO SIGNATURE			(14A) LICENSE NO.	(14B) LAST NAME	
(15) CHARGE NURSE SIGNATURE - FACILITY VERIFICATION 84 HRS OJT COMPLETED			(15A) LICENSE NO.	(15B) LAST NAME	
(16) CHARGE NURSE SIGNATURE - FACILITY VERIFICATION 16 HRS OR 100 HRS OJT COMPLETED			(16A) LICENSE NO.	(16B) LAST NAME	
(17) 1ST INSTRUCTOR SIGNATURE - 16 HRS OJT	(17A) LICENSE NO.	(17B) LAST NAME	(18) 2ND INSTRUCTOR SIGNATURE - 16 HRS OJT	(18A) LICENSE NO.	(18B) LAST NAME
(19) CLINICAL SUPERVISOR SIGNATURE - 84 HRS OJT	(19A) LICENSE NO.	(19A) LAST NAME	(20) CLINICAL SUPERVISOR SIGNATURE - 84 HRS OJT	(20A) LICENSE NO.	(20B) LAST NAME

STUDENT NAME - (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NO.
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PG 2 – INSTRUCTIONS: **1st. Column:** List date of 75 hours instructional training. **2nd Column:** Classroom instructor initials. **3rd Column:** Date the OJT evaluation was completed in state approved training agency. **4th Column:** Simulation may be done only if care issue is not available in state approved training agency. **5th Column:** Clinical Supervisor/Instructor must initial the student is competent in this skill and the competency evaluation was completed on a **one to one ratio in a state approved training agency.** **NOTE: An instructor must provide at least 16 hours of the 100 hours OJT.**

SKILLS	DATE OF CLASSROOM INSTRUCTION	INSTRUCTOR INITIALS	DATE OJT ACHIEVED	SIMULATION	OJT EVALUATION CS / INSTRUCTOR INITIALS	SKILLS	DATE OF CLASSROOM INSTRUCTION	INSTRUCTOR INITIALS	DATE OJT ACHIEVED	SIMULATION	OJT EVALUATION CS / INSTRUCTOR INITIALS
1. Take oral temperature						35. Give complete bed bath					
2. Take axillary temperature						36. Give tub bath					
3. Count radial pulse						37. Give shower bath					
4. Count apical pulse						38. Make an unoccupied bed					
5. Count respirations						39. Make an occupied bed					
6. Measure blood pressure						40. Give back rub					
7. Wash hands						41. Give stage 1 pressure ulcer care & discuss prevention					
8. Put on/remove daily care non-sterile gloves						42. Discuss pressure relieving devices					
9. Put on/remove mask						43. Reposition for pressure relief in bed					
10. Put on/remove non-sterile gown						44. Reposition for pressure relief in chair					
11. Feed a resident that requires total assistance						45. Suspend resident's heels					
12. Serve a food tray						46. Give perineal care with catheter					
13. Clear airway obstruction in conscious resident						47. Change a drainage bag					
14. Clear airway obstruction in unconscious resident						48. Empty a urinary drainage bag					
15. Thicken liquids						49. Assist resident in using urinal					
16. Distribute drinking water						50. Assist resident in using bedpan					
17. Measure fluid intake						51. Care of an uncomplicated established colostomy					
18. Measure fluid output						52. Turn resident to one side (¾ turn)					
19. Shave with disposable razor						53. Move resident to head of bed (two-person assist)					
20. Shave with electric razor						54. Demonstrate one-person pivot transfer from bed to chair					
21. Assist with oral hygiene						55. Demonstrate one-person pivot transfer from chair to bed					
22. Administer oral hygiene to resident that requires						56. Demonstrate two-person pivot transfer from chair to bed (resident can assist)					
23. Denture care						57. Demonstrate two-person transfer with a mechanical lift to chair					
24. Fingernail care						58. Ambulate resident using a gait belt					
25. Toenail care						59. Ambulate resident using a walker					
26. Comb/brush hair						60. Ambulate resident using a cane					
27. Shampoo tub bath/shower bath						61. Range of Motion (ROM) exercises neck and shoulders					
28. Bed shampoo						62. ROM exercises elbow					
29. Perineal care to male resident						63. ROM exercises wrist/fingers					
30. Perineal care to female resident						64. ROM exercises hip/knee					
31. Assist resident to dress						65. ROM exercises ankle/toes					
32. Changing a brief						66. Measure weight of resident					
33. Assist resident to undress						67. Measure height of resident					
34. Apply and remove therapeutic stockings						68. Give post-mortem care					

COMMENTS

GUIDE TO CLASSROOM AND ON-THE-JOB TRAINING RECORD

Guide for page 1

8. Name of approved training agency site where 75 hours of instructional training was conducted.

8A. Site number of training agency where instructional training was conducted.

8B. Beginning date of instructional training (this date must pre-date any on the job training).

8C. Date instructional training was completed.

8D. Number of instructional training hours completed.

9. Name of approved long-term care (LTC) facility where student completed 16 or 100 hours of OJT.

Note: If all 100 hours of OJT were completed in an approved LTC facility, boxes 10 through 10C may be left blank.

9A. Site number of approved LTC facility where student completed 16 or 100 hours of OJT.

9B. Date student began 16 or 100 hours of OJT in an approved LTC facility.

9C. Date student completed 16 or 100 hours of OJT in an approved LTC facility.

9D. Number of hours of the 16 or 100 hours of OJT the student completed.

10. Name of the approved LTC facility where student completed 84 hours of OJT.

Note: An approved LTC facility that has been denied the ability to provide 100 hours of OJT due to enforcement issues may be able to provide only 84 hours of OJT. The other 16 hours of OJT must be completed in an approved/eligible facility.

10A. Site number of approved LTC facility where 84 hours of OJT was completed.

10B. Date 84 hours of OJT began.

10C. Date student completed 84 hours of OJT.

11. During the course of 175 hours of training, the student must take and pass at least three sample tests with a score of at least 80% prior to sitting for the final exam. Those test scores shall be documented by the instructor at (11) 1., (11) 2., and (11) 3.

11A.11B. Instructor checks applicable box if student has successfully met all required criteria to sit for final exam or failed to successfully complete all required to sit for final exam.

12. The signature of the first classroom instructor shall ensure that all training requirements are met according to 19 CSR 30-84.010 and that all portions of form DHSS-DRL-2473 is complete. Signing indicates all training, with the exception of the final exam has been completed.

12A. First instructor's nurse license number.

12B. First instructor's last name.

13. If applicable, signature of the second instructor who assisted with the instructional training, indicating he/she provided instructional training to the student.

13A. If applicable, second instructor's nurse license number.

13B. If applicable, second instructor's last name.

14. Signature of the Administrator, DON, or CEO of the approved LTC facility where 16 hours of OJT occurred. This signature is to acknowledge the CNA training occurred in the facility named in box #9.

14A. Administrator, DON, or CEO's license number.

14B. Administrator, DON, or CEO's last name.

15. Signature of charge nurse verifying the student was present in the LTC facility for 16 or 100 hours of OJT.

15A. Charge nurse's nurse license number.

15B. Charge nurse's last name.

16. Charge nurse's signature verifying that the student was present in the facility for 84 hours of OJT (may be left blank if charge nurse signed for all 100 hours at #15.)

16A. Charge nurse's nurse license number.

16B. Charge nurse's last name.

17. Signature of first instructor who provided at least 16 hours of 100 hours OJT in an approved LTC facility. (These 16 hours of training may be shared between one or more instructors.)

17A. Instructor's nurse license number.

17B. Instructor's last name.

18. If applicable, signature of second instructor who provided any portion of the 16 hours of 100 hours of OJT for the student in an approved LTC facility.

18A. If applicable, the second instructor's nurse license number.

18B. If applicable, the second instructor's last name.

19. Signature of clinical supervisor who supervised 84 hours of the OJT.

19A. Clinical supervisor's nurse license number.

19B. Clinical supervisor's last name.

20. If applicable, the signature of the second clinical supervisor who supervised any portion of 84 hours of OJT.

20A. If applicable, the second clinical supervisor's nurse license number.

20B. If applicable, the second clinical supervisor's last name.

Guide for Page 2

All boxes on page 2 must be completed prior to the final exam with the exception of the comments box, which may be filled out as appropriate to the student.

All clinical supervisors and instructors who provided training and/or supervision must sign this form. If extra space is needed, signatures may be included in the comment section at the bottom of page 2.