

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)**

APPROVED FOR CERTIFICATION       NOT APPROVED FOR CERTIFICATION

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	