



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 |
| Missouri Association of Nursing Home Administrators | | 01239 | | | |
| (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 |
| 1. 2. 3. Each test score must be at least 80% (must be completed prior to final exam) | | | | | <input type="checkbox"/> (11B) NOT APPROVED FOR FINAL EXAM |
| (12) 1ST INSTRUCTOR SIGNATURE - INSTRUCTIONAL HRS | | (12A) LICENSE NO. | | (12B) LAST NAME | |
| Cheryl Parsons | | 083639 RN | | Parsons | |
| (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 |
| Cheryl Parsons | 083639 | Parsons | | | |
| (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.

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

COMMENTS