

**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*		SITE NO.	BEGIN DATE	COMPLETE DATE - 84 HRS/100 HRS	COMPLETE DATE 16 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. _____		<b>EACH SCORE MUST BE AT LEAST 80% (MUST BE COMPLETED BY INSTRUCTOR PRIOR TO EXAM)</b>		<input type="checkbox"/> APPROVED FOR CERTIFICATION <input type="checkbox"/> 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.								
1. BATH		PASS/FAIL	PRACTICUM EXAM PROCEDURES		PASS/FAIL	PRACTICUM EXAM PROCEDURES		PASS/FAIL
4. FEEDING TECHNIQUES			2. VITAL SIGNS			3. TRANSFER TECHNIQUES		
7. HANDWASHING			5. DRESSING AND GROOMING			6. SKIN CARE		
			8. GLOVING			9. ACTIVE OR PASSIVE FOM TO ↑ AND ↓ EXTERMITIES		
<input type="checkbox"/> 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. <b>STUDENT MUST INITIAL</b>								
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.

**APPENDIX B**

**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 while 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 COMPETENCY ACHIEVED	SIMULATION	COMPETENCY EVALUATION INSTRUCTOR INITIALS	COMPETENCY	DATE OF CLASSROOM INSTRUCTION	INSTRUCTOR INITIALS	DATE COMPETENCY ACHIEVED	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 (K 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)**

COMP.	RATER NAME	LICENSE NO.	COMP.	RATER NAME	LICENSE NO.	COMP.
65.			72.			
66.			73.			
67.			74.			
68.			75.			
69.			76.			
70.			77.			
71.			78.			