

## Nursing Assistant-Registered (NAR) Work Experience Verification of Clinical Hours and Competency

## **Qualifying Criteria**

In accordance with <u>WAC 246-841A-440(8)</u>, Washington State Board of Nursing's (WABON's) procedures, and the training program's established policies, nursing assistant training programs retain the authority to allow students who choose to do so, on a case-by-case basis, to complete their clinical training hours by working as a nursing assistant-registered in a care facility under the supervision of a licensed nurse. To qualify for credit, the NAR work experience must:

- Be completed after successful completion of required classroom theory and skills lab hours;
- Be completed in a time frame comparable to that of classmates who complete through instructor-led clinical training as established by the program's schedule and completion policies (so there is close correlation between classroom/theory, skills lab, and clinical);
- Be performed under a pending or active nursing assistant-registered credential during enrollment in the class;
- Include a background check prior to contact with clients or residents;
- Occur in a care facility where a licensed nurse is present to provide direct supervision and verify competency for care provided continuously throughout the clinical experience; the supervising nurse may not be a friend or relative;
- Include opportunities for the student to successfully demonstrate the competencies of a nursing assistant as identified in <u>WAC 246-841A-400</u> for a minimum of 40 hours;
- Include care of clients or residents who are not friends or relatives;
- Be documented on a form provided by the commission and available on file at the training program along with formal documentation of the number of hours worked; and
- Be verifiable with the care facility. The program director is responsible to verify that each student's employment experience meets hours' requirements and all other qualifying standards included in <u>WAC 246-841A-440</u>.

## Instructions

- The training program provides students who choose to work as NARs with this form and checklist. **Note:** The program must provide a traditional clinical rotation for students who do not choose to or are unable to work as NARs.
- The NAR works under a supervising licensed nurse who initials each skill for which the NAR demonstrates competency (corresponding to skills assigned to the NAR) (<u>Note</u>: the skills checklist must be complete or substantially complete to receive credit).
- The NAR provides a signed checklist to the training program and to the facility where they are working, and they keep a copy for themselves.
- The training program keeps this completed checklist in the student file in addition to the NAR's (student's) skills lab competency evaluation checklist form; to award credit, the program must have this completed checklist and formal documentation of at least 40 hours of work experience in the student's file (i.e., pay stub, letter from human resources, etc.)
- The facility where the NAR is working keeps a copy of the signed checklist in the NAR's file; this documentation may be requested during site surveys.



Washington State Board of Nursing Nursing Assistant Training WABONEducation@doh.wa.gov

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NAR (Student) Name: Training Program Name: Name of Facility:

Name of Facility.			
1. Basics prior to resident contact	4. Mental health and social service needs	6. Basic restorative services	
Communication/interpersonal skills	Modifying aide's behavior in response to	Training the resident in self-care according to	
Infection control	residents' behavior.	the resident's abilities.	
Safety/emergency procedures,	Awareness of developmental tasks	Use of assistive devices in transferring,	
including the Heimlich maneuver.	associated with the aging process.	ambulation, eating, and dressing	
Promoting residents' independence.	How to respond to resident behavior.	Maintenance of range of motion	
Respecting residents' rights	Allowing the resident to make personal	Proper turning and positioning in bed and chair	
Basic nursing skills	choices, providing, and reinforcing other	Bowel and bladder training	
Taking and recording vital signs.	behavior consistent with the resident's	Care and use of prosthetic and orthotic devices	
0 0	dignity.		
Measuring and recording height and	Using the resident's family as a source of	7. Residents' rights	
weight.	emotional support.	Providing privacy and maintenance of	
Caring for the residents' environment.		confidentiality.	
		Promoting the residents' right to make personal	
Recognizing abnormal changes in	5. Care of cognitively impaired residents	choices to accommodate their needs.	
body functioning and reporting to a supervisor.	Techniques for addressing the unique	Giving assistance in resolving grievances and	
•	needs and behaviors of individual with	disputes.	
Caring for residents when death is imminent.	dementia (Alzheimer's and others)	Providing needed assistance in getting to and	
	Communicating with cognitively impaired	participating in resident and family groups and	
3. Personal care skills, including, but	residents.	other activities.	
not limited to	Understanding the behavior of cognitively	Maintaining care and security of residents'	
Bathing	impaired residents.	personal possessions.	
Grooming, including mouth care.	Appropriate responses to the behavior of	Promoting the resident's right to be free from	
Dressing	cognitively impaired residents	abuse, mistreatment, and neglect and the need	
Toileting	Methods of reducing the effects of	to report any instances of such treatment to	
Assisting with eating and hydration.	cognitive impairments	appropriate facility staff.	
Proper feeding techniques		Avoiding the need for restraints in accordance	
Skin care		with current professional standards.	
Transfers, positioning, turning			
The skills listed on this form were taken directly from the nursing assistant competencies listed in federal regulations (42 CFR § 483.152(b))			

**Supervising Nurse's Attestation:** The NAR named on this form has demonstrated competency for each skill I initialed above during at least 40 hours of work experience under my supervision.

Printed Name:		
Signature:	_Date:	
NAR Attestation: All information on this form is true and correct to the best of my knowledge.		
Signature:	_ Date:	

**Employer, NAR, and Training Program Each Retain a Copy**