Affirmation of Required Sixteen (16) Hours of Training

This form is the nurse aide trainee’s and instructor’s affirmation the trainee has met the required qualifications in Oklahoma Administrative Code 310:677-11-4(a) (2).

310:677-11-4(a) (2)

(a) The training program for long term care aides shall include

(2) At least sixteen (16) hours of training in the following areas prior to any direct contact with a resident that is documented and signed by the nurse aide trainee.

(A) Communication and interpersonal skills.
(B) Infection control.
(C) Safety and emergency procedures, including the Heimlich maneuver.
(D) Promoting resident’s independence.
(E) Respecting a resident’s rights.

Please indicate the number of hours that the trainee has received in the following areas to verify the 16 hours of required training:

<table>
<thead>
<tr>
<th>Date</th>
<th>Hours</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Communication and Interpersonal Skills</td>
</tr>
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<td>Infection Control</td>
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<td></td>
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<td>Safety/Emergency Procedures, Including the Heimlich Maneuver</td>
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<td></td>
<td>Promoting Resident’s Rights</td>
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<tr>
<td></td>
<td></td>
<td>Respecting Resident’s Rights</td>
</tr>
</tbody>
</table>

TOTAL HOURS: __________

The trainee and instructor affirm the trainee has received at least 16 hours of training (total) in the above areas prior to any direct contact with residents.

__________________________________________  ________________  ____________________________
SIGNATURE OF TRAINEE DATE PRINTED NAME OF TRAINEE

__________________________________________  ________________  ____________________________
SIGNATURE OF INSTRUCTOR DATE PRINTED NAME OF INSTRUCTOR

NAME OF TRAINING PROGRAM

** This model is provided as a courtesy by OSDH and is not a required form. **

OSDH/NAR/August/2010