

# Nurse Delegation: Credentials and Training Verification

1. LONG TERM CARE WORKER'S (LTCW) NAME (PRINT)

## 2. Credential Verification

Attach a copy of internet Provider Credential Search

<http://www.doh.wa.gov/LicensesPermitsandCertificates/ProviderCredentialSearch>.

### OR COMPLETE THE FOLLOWING

Washington State Certificate / Registration Number for \_\_\_\_\_

NAR     NAC     HCA – C    Expiration Date: \_\_\_\_\_

## 3. Training Verification

### NAR

#### Non-exempt LTCW (employed after January 7, 2012 (HCS) and January 1, 2016 (DDA)):

9 hour ND for nursing assistants    Date: \_\_\_\_\_

3 hour special focus on diabetes    Date: \_\_\_\_\_

#### Basic training:

HCS – 40 hours basic training    Date: \_\_\_\_\_

DDA – 40 hour CORE basic    Date: \_\_\_\_\_

#### Exempt LTCW

#### (employed one day from January 1, 2011 – January 6, 2012 (HCS) or employed prior to January 1, 2016 (DDA)):

9 hour ND for nursing assistants    Date: \_\_\_\_\_

3 hour special focus on diabetes    Date: \_\_\_\_\_

#### Basic training:

HCS – Fundamentals of Care (FOC)    Date: \_\_\_\_\_

HCS – Revised Fundamentals of Care (RFOC)    Date: \_\_\_\_\_

DDA – 32 hour letter    Date: \_\_\_\_\_

### NAC and HCA-C

9 hour ND for nursing assistants

Date: \_\_\_\_\_

3 hour special focus on diabetes

Date: \_\_\_\_\_

## 4. Exempt Long Term Care Workers

The HCS LTCW employed one day between **January 1, 2011 and January 6, 2012** and the DDA LTCW employed any time prior to **January 1, 2016** should have a letter from the employer who employed them stating they have completed the basic training requirements in effect on the date of his or her hire. The Registered Nurse Delegator must obtain proof of employment prior to delegation of an exempt LTCW.

Letter of employment verification type: \_\_\_\_\_ Date of verification: \_\_\_\_\_

## 5. Notes

6. RND SIGNATURE

7. DATE

## Instructions – Nurse Delegation: Credentials and Training Verification

All fields are required unless indicated “**OPTIONAL**”.

1. Long Term Care Worker’s (LTCW) Name: Enter name of Long Term Care Worker (print).
2. Credential Verification: If you use the internet site, print a copy of the results of this caregiver’s credential search. Mark the box with an “X” and fasten copy to this form. If you do not use the internet site, identify certification type (NAR, NAC, HCA-C) and the expiration date of the credential.
3. Training Verification:
  - a. If the LTCW is an **NAR**, verify the following:
    - i. Employment dates
    - ii. Nurse delegation training. The LTCW must complete the 9 hour nurse delegation for nursing assistance prior to delegation. If the LTCW will also be administering or drawing up insulin, they must also complete the 3 hour special focus on diabetes prior to delegation.
    - iii. Basic training certificate (the 40 hour basic training/CORE basic training is part of the 75 hour Home Care Aide training. The LTCW may present 40 or greater hours of approved training).
  - b. If the LTCW is **certified** as a Home Care Aide (HM) or Nursing Assistant (CNA) verify the following:
    - i. Nurse delegation training. The LTCW must complete the 9 hour nurse delegation for nursing assistance prior to delegation. If the LTCW will also be administering or drawing up insulin, they must also complete the 3 hour special focus on diabetes prior to delegation.
4. Exempt LTCW: If the HCS LTCW was employed one day between January 1, 2011 and January 6, 2012 they are considered an exempt LTCW, not requiring the LTCW to complete the Home Care Aide Certification curriculum.  
  
If the DDA LTCW was employed any time prior to January 1, 2016 they are considered an exempt LTCW, not requiring the LTCW to complete 75 hours of Home Care Aide training.  
  
Each exempt LTCW must provide proof of employment to the Registered Nurse Delegator. Proof may be in the form of a letter from a past employer, or any other documentation the Nurse Delegator approves.
5. Notes: The notes section may be used for any form of notes useful to the Nurse Delegator.
6. RND Signature: The delegating nurse must sign verifying they have observed approved training and credentials for the LTCW.
7. Date: The delegating nurse dates on the day of verification of training and credentials.