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
(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 1. 2. 3. **Each test score must be at least 80% (must be completed prior to final exam)**			(11A) APPROVED FOR FINAL EXAM	(11B) NOT APPROVED FOR FINAL EXAM
(12) 1ST INSTRUCTOR SIGNATURE - INSTRUCTIONAL HRS			(12A) LICENSE NO.	(12B) LAST NAME
(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
(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				■		35. Give complete bed bath				■	
2. Take axillary temperature				■		36. Give tub bath				■	
3. Count radial pulse				■		37. Give shower bath				■	
4. Count apical pulse				■		38. Make an unoccupied bed				■	
5. Count respirations				■		39. Make an occupied bed				■	
6. Measure blood pressure				■		40. Give back rub				■	
7. Wash hands				■		41. Give stage 1 pressure ulcer care & discuss prevention				■	
8. Put on/remove daily care non-sterile gloves				■		42. Discuss pressure relieving devices					
9. Put on/remove mask				■		43. Reposition for pressure relief in bed				■	
10. Put on/remove non-sterile gown				■		44. Reposition for pressure relief in chair				■	
11. Feed a resident that requires total assistance				■		45. Suspend resident's heels				■	
12. Serve a food tray				■		46. Give perineal care with catheter					
13. Clear airway obstruction in conscious resident						47. Change a drainage bag					
14. Clear airway obstruction in unconscious resident						48. Empty a urinary drainage bag					
15. Thicken liquids				■		49. Assist resident in using urinal				■	
16. Distribute drinking water				■		50. Assist resident in using bedpan				■	
17. Measure fluid intake				■		51. Care of an uncomplicated established colostomy					
18. Measure fluid output				■		52. Turn resident to one side (¾ turn)				■	
19. Shave with disposable razor				■		53. Move resident to head of bed (two-person assist)				■	
20. Shave with electric razor				■		54. Demonstrate one-person pivot transfer from bed to chair				■	
21. Assist with oral hygiene				■		55. Demonstrate one-person pivot transfer from chair to bed				■	
22. Administer oral hygiene to resident that requires assistance				■		56. Demonstrate two-person pivot transfer from chair to bed (resident can assist)				■	
23. Denture care				■		57. Demonstrate two-person transfer with a mechanical lift to chair				■	
24. Fingernail care				■		58. Ambulate resident using a gait belt				■	
25. Toenail care				■		59. Ambulate resident using a walker				■	
26. Comb/brush hair				■		60. Ambulate resident using a cane				■	
27. Shampoo tub bath/shower bath				■		61. Range of Motion (ROM) exercises neck and shoulders				■	
28. Bed shampoo				■		62. ROM exercises elbow				■	
29. Perineal care to male resident				■		63. ROM exercises wrist/fingers				■	
30. Perineal care to female resident				■		64. ROM exercises hip/knee				■	
31. Assist resident to dress				■		65. ROM exercises ankle/toes				■	
32. Changing a brief				■		66. Measure weight of resident				■	
33. Assist resident to undress				■		67. Measure height of resident				■	
34. Apply and remove therapeutic stockings				■		68. Give post-mortem care					

COMMENTS