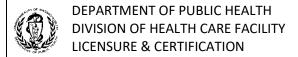
NAME OF NURSING HOME	
NAME OF NURSE AIDE	



# NURSE AIDE ON-SITE OBSERVATION AND WORK CREDIT ATTESTATION

Nurse aides who have worked in licensed Massachusetts nursing homes during the period from March 10, 2020 through June 6, 2022 may receive nurse aide training credit for knowledge obtained in the nursing home setting through onsite observation and working as a nurse aide.

Nurse aides who receive **full credit** (75 hours or more covering all required topic areas) are eligible to register for the Massachusetts Nurse Aide Certification Exam. Nurse aides who receive **partial credit** (less than 75 hours, or training that does not cover all required topic areas) may complete their training with a nurse aide training program that has been approved by the Massachusetts Department of Public Health (Department).

Attestation forms for **full credit** must be submitted directly by the nursing home to the Massachusetts testing agency, Prometric LLC. Forms submitted directly by nurse aides will not be accepted. Forms may be submitted to:

MAIL: Prometric

MA Nurse Aide

7941 Corporate Drive Nottingham, MD 21236

Attestation forms for **partial credit** must be submitted directly by the nursing home to an approved Nurse Aide Training Program. **Partial credit documentation should NOT be submitted to Prometric.** Forms submitted directly by nurse aides will not be accepted. For a list of approved training programs see: **Department-approved Nurse Aide Training Programs** 

#### **FACILITY INFORMATION:**

NAME OF NURSING HOME	
STREET ADDRESS	
CITY OR TOWN	
NURSING HOME LICENSE NUMBER	

### **NURSE AIDE INFORMATION:**

NAME OF NURSE AIDE	
STREET ADDRESS	
CITY OR TOWN	
METHOD OF VERIFICATION OF	
IDENTITY AND ADDRESS	

#### **ATTESTATION TYPE:**

NAME OF NURSING HOME	
NAME OF NURSE AIDE	

FULL CREDIT (75 HOURS OR MORE COVERING ALL REQUIRED TOPIC AREAS)
PARTIAL CREDIT (LESS THAN 75 HOURS, NOT ALL REQUIRED TOPIC AREAS)

## **Attestation for Full Credit:**

I attest that I am the Nursing Director or Staff Development Coordinator of a nursing home licensed in Massachusetts, and that I have personal knowledge or have verified that while working as a nurse aide for this facility, the above-named nurse aide successfully completed training of 75 hours or more covering all required topic areas listed at 42 CFR 483.152(a)(b) during the period from March 10, 2020 through June 6, 2022, including:

- 1. An Initial Core Curriculum totaling at least 16 hours;
- 2. Demonstration of knowledge while performing tasks on an individual under the direct supervision of a registered nurse or a licensed practical nurse totaling at least 21 hours; and,
- 3. The Specified Curriculum Topics at <u>42 CFR 483.152(a)(6)(b)</u> through onsite observation and working as a nurse aide.

SIGNATURE OF ATTESTING	
INDIVIDUAL	
NAME OF ATTESTING INDIVIDUAL	
TITLE	
LICENSE NUMBER	
DATE	
EMAIL ADDRESS	
PHONE NUMBER	

Ī	NAME OF NURSING HOME	
Ī	NAME OF NURSE AIDE	

# **Attestation for Partial Credit – Complete All Relevant Sections:**

# NOTE: If the aide has completed 75 hours of training on all topic areas, the sections below do not need to be completed.

I attest that I am the Nursing Director or Staff Development Coordinator of a nursing home licensed in Massachusetts, and that I have personal knowledge or have verified that while working as a nurse aide for this facility, the above-named nurse aide successfully completed the following training during the period from March 10, 2020 through June 6, 2022:

#### Section I - Initial Core Curriculum

Training Topic	Hours of Training
- Communication & interpersonal skills	Must total at least
- Infection Control	16 hours
- Safety and emergency measures, including dealing with obstructed	
airways and fall prevention	
- Promoting client independence	
- Respecting clients' rights	

SIGNATURE OF ATTESTING	
INDIVIDUAL	
NAME OF ATTESTING INDIVIDUAL	
TITLE	
LICENSE NUMBER	
DATE	
EMAIL ADDRESS	
PHONE NUMBER	

# Section II - Clinical Training

Training Topic:	Hours of Training:
Demonstration of knowledge while performing tasks on an individual under	Must total at least
the direct supervision of a registered nurse or a licensed practical nurse;	21 hours

SIGNATURE OF ATTESTING	
INDIVIDUAL	
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EMAIL ADDRESS	
PHONE NUMBER	

NAME OF NURSING HOME	
NAME OF NURSE AIDE	

# Section III – Specified Curriculum Topics (42 CFR 483.152(a)(6)(b))

Training Topic:	Hours of Training:
Basic nursing skills to include: taking and recording vital signs; measuring and	
recording height and weight; caring for the residents' environment;	
recognizing abnormal changes in body functioning and the importance of	
reporting such changes to a supervisor; and caring for residents when death is	
imminent.	
Personal care skills, including but not limited to: bathing; grooming, including	
mouth care; dressing; toileting; assisting with eating and hydration; proper	
feeding techniques; skin care; transfers, positioning, and turning.	
Mental health and social service needs, including but not limited to: modifying	
aide's behavior in response to residents' behavior;	
awareness of developmental tasks associated with the aging process;	
how to respond to resident behavior;	
allowing the resident to make personal choices, providing and reinforcing	
other behavior consistent with the resident's dignity; and	
using the resident's family as a source of emotional support.	
Care of cognitively impaired residents, including but not limited to: techniques	
for addressing the unique needs and behaviors of individuals with dementia	
(Alzheimer's and others); communicating with cognitively impaired residents;	
understanding the behavior of cognitively impaired residents; appropriate	
responses to the behavior of cognitively impaired residents; and methods of	
reducing the effects of cognitive impairments.	
Basic restorative services, including but not limited to: training the resident in	
self-care according to the resident's abilities; use of assistive devices in	
transferring, ambulation, eating, and dressing; maintenance of range of	
motion; proper turning and positioning in bed and chair; bowel and bladder	
training; and care and use of prosthetic and orthotic devices.	
Residents' Rights, including but not limited to: providing privacy and	
maintenance of confidentiality; promoting the residents' right to make	
personal choices to accommodate their needs; giving assistance in resolving	
grievances and disputes; providing needed assistance in getting to and	
participating in resident and family groups and other activities; maintaining	
care and security of residents' personal possessions; promoting the residents'	
right to be free from abuse, mistreatment, and neglect and the need to report	
any instances of such treatment to appropriate facility staff; avoiding the need	
for restraints in accordance with current professional standards.	

SIGNATURE OF ATTESTING	
INDIVIDUAL	
NAME OF ATTESTING INDIVIDUAL	
TITLE	
LICENSE NUMBER	
DATE	
EMAIL ADDRESS	
PHONE NUMBER	