

Documentation of Competency Assessment

This is to certify that

(Name) _____

has successfully demonstrated each of the following competencies as identified in Title 172 NAC 96, Section 005, and each of these fourteen competencies must be demonstrated and checked off

- #1 Recognizes recipient's right to privacy regarding health information.
- #2 Recognizes recipient's right to refuse medication and reports as necessary to appropriate person.
- #3 Follows appropriate hygiene and infection control measures when providing medications.
- #4 Follows facility policies/procedures regarding medication storage, handling, expiration, disposal and other measures to ensure safe provision of medications.
- #5 Recognizes unsafe conditions indicating that medication should not be given and reports to appropriate person.
- #6 Accurately documents medication name, dose, route, time administered or refusal.
- #7 Provides the right medication, to the right person, at the right time, in the right dose, and by the right route.
- #8 Provides medications according to specialty needs of recipients.
- #9 Recognizes and reports general conditions that may indicate an adverse reaction to medication.
- #10 Safely provides medications for all ages of recipients according to the following routes: oral, topical, inhalation and instillation.
- #11 Recognizes the limits and conditions by which a medication aide may provide medications.
- #12 Recognizes responsibility to report abuse or suspected abuse of a vulnerable adult and to whom to report this information.
- #13 Recognizes responsibility to report abuse or suspected abuse or neglect of a child and to whom to report this information.
- #14 Recognizes the recipient's property rights and physical boundaries.

on

(Date) _____

which was conducted by/or directed by

(Signature of ESU #8 Licensed Health Care Professional/Profession and License #)

(Signature of School District Licensed Health Care Professional/Profession and License #)