



DIRECT PATIENT CARE WORK EXPERIENCE FORM

APPLICANT INFORMATION

Applicant Name: _____

Program Name: _____

This form is for applicants entering a program that requires CNA (Certified Nursing Assistant) certification as a prerequisite. By submitting this form, the applicant affirms they have gained equivalent work experience in direct patient care that can substitute for the CNA course curriculum. Additionally, human resources or a direct supervisor of the applicant must initial by each criteria verifying that all the criteria outlined below have been met.

- _____ Providing personal care to patients (bathing, dressing, grooming)
- _____ Assisting with daily living activities (feeding, mobility)
- _____ Monitoring and recording vital signs (temperature, pulse, respiration, blood pressure)
- _____ Assisting patients with toileting and incontinence care (perineal care, catheter care)
- _____ Helping patients with rehabilitation exercises as directed
- _____ Communicating effectively with patients and staff regarding patient needs and changes
- _____ Maintaining a clean and safe environment for patients (cleaning and sanitizing equipment and surfaces)
- _____ Assisting with medical equipment and procedures as directed (positioning, transferring)
- _____ Documenting patient information and care provided accurately
- _____ Supporting patients with emotional and psychological needs (providing comfort and companionship)
- _____ Reporting changes in patient conditions to nursing staff
- _____ Ensuring patient confidentiality and adherence to HIPAA regulations

I hereby confirm that I have performed direct patient care duties at a facility for a minimum of 120 hours within the last 5 years.

Applicant Signature: _____ Date _____

Applicant Printed Name: _____

EMPLOYER INFORMATION

Facility Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

VERIFICATION OF DIRECT PATIENT CARE DUTIES

I hereby confirm that the above-named applicant has performed direct patient care duties at our facility for a minimum of **120 hours within the last 5 years** and met all criteria stated above.

Signature: _____ Initials: _____

Printed Name: _____

Title _____ Date: _____

When complete, this form is to be submitted to the Registrar's Office at registrar@southeasttech.edu.