

Nurse Delegation: Credentials and Training Verification

1. CLIENT NAME	2. DATE OF BIRTH	3. ID/SETTING (OPTIONAL)
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4. NURSING ASSISTANT'S NAME (PRINT)

5. Credential Verification

Attach a copy of internet Provider Credential Search https://fortress.wa.gov/doh/hpqa1/Application/Credential_search/profile.asp.

OR COMPLETE THE FOLLOWING

A. RN Delegator has verified that the nursing assistant is currently registered or certified in Washington state and is in good standing without restriction. Date of verification: _____

B. Washington State Certificate/Registration Number for NAR/NAC: _____

C. Expiration Date: _____ Registered Certified

6. Training Verification

Required for both NAR and NAC before delegating.

Nurse Delegation for Nursing Assistants (9 hours) Date: _____

Nurse Delegation Special Focus on Diabetes class Date: _____
(ONLY if providing delegated insulin injections)

Basic Caregiver class required for NAR's before delegating

Fundamentals of Caregiving (FOC) Date: _____
OR

DDD Basic Training (Supported Living or Group Training Homes) Date: _____
OR

PRIDE Training (**Foster Care setting**) Date: _____

7. RND SIGNATURE	8. DATE
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4. NURSING ASSISTANT'S NAME (PRINT)

5. Credential Verification

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OR COMPLETE THE FOLLOWING

A. RN Delegator has verified that the nursing assistant is currently registered or certified in Washington state and is in good standing without restriction. Date of verification: _____

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6. Training Verification

Required for both NAR and NAC before delegating.

Nurse Delegation for Nursing Assistants (9 hours) Date: _____

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(ONLY if providing delegated insulin injections)

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Fundamentals of Caregiving (FOC) Date: _____
OR

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OR

PRIDE Training (**Foster Care setting**) Date: _____

7. RND SIGNATURE	8. DATE
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To register concerns or complaints about Nurse Delegation, please call 1-800-562-6078

COPY IN CLIENT CHART AND RND FILE

INSTRUCTIONS – NURSE DELEGATION: CREDENTIALS AND TRAINING VERIFICATION

All fields are required unless indicated “OPTIONAL”.

1. Client Name: Enter ND client’s name (last name, first name).
2. Date of Birth: Enter ND client’s date of birth (month, day, year).
3. ID Setting: OPTIONAL – Enter client’s ID number as assigned by your business OR enter settings “AFH”, “BH”, DDD Program, “In-home”.
4. Nursing Assistant’s Name: Enter name of nursing assistant (print).
5. 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, complete A., B., and C. with the proper dates and check “Registered” or “Certified”, as appropriate, for this individual.
6. Training Verification: Check the box and insert the date class was completed for the 9 hour class. Check the box and insert the date class was completed for “Special Focus on Diabetes” (only if providing delegated insulin injections). If caregiver is an NAR, check the box and insert the date you verified that the appropriate basic caregiver class was completed.

Reminder – For an NA-R working in supported living or group training homes, DD-Basic Training (32 hours) fulfills the requirement for FOC. For an NA-R working in any other DD setting, or with HCS clients, a basic caregiving class usually FOC (or modified FOC), must be completed before performing a delegated task.

7. & 8. RND Signature and Date: The delegating nurse signs and dates each caregiver entry.