### 5. Credential Verification

- Attach a copy of internet Provider Credential Search
  

**OR COMPLETE THE FOLLOWING**

A. RN Delegator has verified that the Long Term Care Worker 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  
   - [ ] HCA – C

C. Expiration Date: ________________
   - [ ] Registered  
   - [ ] Certified

### 6. Training Verification

**Required for NAR, NAC, and HCA-C before delegating.**

- [ ] Nurse Delegation for Nursing Assistants (9 hours) Date: ________________
- [ ] Nurse Delegation Special Focus on Diabetes class (3 hours) Date: ________________  
  (ONLY if providing delegated insulin injections)

**Basic Caregiver Training class required for NAR’s before delegating:**

- [ ] Basic Training (Core Competency) Date: ________________
- [ ] Revised Fundamentals of Caregiving (RFOC) or alternative DSHS approved course Date: ________________
- [ ] DDD Basic Training (Supported Living or Group Training Homes) Date: ________________
- [ ] PRIDE Training ([Foster Care setting](#)) Date: ________________

**Basic Training certificate required of HCA before delegating***:

- [ ] NAR credential Date: ________________  
  * Dual credential is no longer required after the HCA becomes certified.

**EXEMPT LONG TERM CARE WORKERS**

The long-term care worker employed sometime during the time frame between January 1, 2011 and January 6, 2012 should have a letter from the employer who employed them stating they have completed basic training requirements in effect on the date of his or her hire prior to January 6, 2012.

- [ ] Letter of employment verification Date: ________________
- [ ] Basic Training (Core Competency) OR Date: ________________
- [ ] Revised Fundamental of Caregiving (RFOC) Date: ________________

7. **RND SIGNATURE**  
8. **DATE**

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*To register concerns or complaints about Nurse Delegation, please call 1-800-562-6078*

**DISTRIBUTION:** Copy in client chart and in RND file

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DSHS 10-217 (REV. 04/2013)
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”, “ALF”, DDD Program, “In-home”.

4. **Long Term Care Worker’s Name**: Enter name of long term care worker (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 or HCA, check the box and insert the date you verified that the appropriate basic caregiver class was completed.

HCA are required to complete the 40 hours Basic Training of the 75 hour Home Care Aide Training if they are being delegated prior to completion of their certification.

**EXEMPT LONG TERM CARE WORKERS**
The long-term care worker employed sometime during the time frame between January 1, 2011 and January 6, 2012 should have a letter from the employer who employed them stating they have completed basic training requirements in effect on the date of his or her hire prior to January 6, 2012. Basic training could be the Revised Fundamental of Caregiving or Basic Training Core Competency (40 hours of 75 hour HCA-C)

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

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