

Nursing Assistant Training Program Skills Check List

Skill	Lab Practice	Competency Achieved Date	Instructor Initial Date	Clinical Practice	Competency Achieved Date	Instructor Initial Date
Handwashing						
Donning/ Removing Gloves, Gown, Mask						
Measuring Height						
Measuring Weight						
Standing Scale						
Wheelchair Scale						
Thermometer						
Electronic						
Tympanic						
Other						
Temperature						
Oral						
Ear						
Axillary						
Pulse						
Radial						
Apical						
Respirations						
Blood Pressure						
Manual						
Electronic						
Recording Vital Signs						
Measuring I&O						
Recording I&O						
Documenting ADLs						
Collecting a Urine Specimen						
Collecting a Stool Specimen						
Observe and Report Pain						
Apply Clean Bandages						
Make an Unoccupied Bed						
Make an Occupied Bed						
Turning/Repositioning in Bed						
Move Resident Up in Bed						
Mechanical Lift Transfer						
Transferring Resident from Wheelchair to Bed						
Using Gait Belt						
Total Lift						
Transferring Resident from Bed to Wheelchair						
Using Gait Belt						
Total Lift						

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Skill	Lab Practice	Competency Achieved Date	Instructor Initial Date	Clinical Practice	Competency Achieved Date	Instructor Initial Date
Ambulate Resident						
Using Gait Belt						
With Walker						
A.M. Care						
P.M. Care						
Oral Care						
Brush Teeth						
Swab Mouth						
Denture Care						
Range of Motion Exercises						
Care and Use of Prosthetic Eye						
Dress Resident						
Undress Resident						
Apply Antiembolitic Stockings						
Feed a Dependent Resident						
Assistive Devices in Feeding						
Record Meal Percentages						
Give a Shower						
Give a Bed Bath						
Shampoo Hair						
Shave a Resident						
Male						
Female						
Skin Care						
Report Skin Condition						
Nail Care						
Hair Care						
Give Back Rub						
Put Resident On/ Off Bed Pan						
Change Soiled Brief						
Foley Catheter Care						
Empty Colostom Bag						
Assist in Admit Resident						
Assist in Discharge Resident						
Post Mortem Care						

Student Name (Print)

Student Signature

Instructor Name (Print)

**Nursing Assistant Training Program
Skills Check List**

Instructor Signature

Date of Program Completion
