

IN ADDITION TO YOUR CNA RENEWAL APPLICATION, PLEASE COMPLETE AND ATTACH THIS FORM IF YOU ARE A NURSING ASSISTANT WHOSE PRACTICE HOURS ARE WORKED IN A PRIVATE/HOME SETTING

TO: AZ STATE BOARD OF NURSING

\_\_\_\_\_ provided the following nursing assistant duties at my  
Name of employed Caregiver

direction for \_\_\_\_\_ for a total of at least 160 hours for the past 2 years.

Please check duties provided:

- |  |   |
|--|---|
| <input type="checkbox"/> Vital Signs                         | <input type="checkbox"/> Transfers bed to wheelchair                |
| <input type="checkbox"/> Ambulation                          | <input type="checkbox"/> Intake & Output                            |
| <input type="checkbox"/> Denture Care/oral care              | <input type="checkbox"/> Weight                                     |
| <input type="checkbox"/> Range of motion                     | <input type="checkbox"/> Specimen Collection                        |
| <input type="checkbox"/> Feeding and hydration               | <input type="checkbox"/> Observe & report pain                      |
| <input type="checkbox"/> Bathing                             | <input type="checkbox"/> Apply clean bandages                       |
| <input type="checkbox"/> Skin care                           | <input type="checkbox"/> Change soiled briefs                       |
| <input type="checkbox"/> Turning & repositioning in bed      | <input type="checkbox"/> Hair care                                  |
| <input type="checkbox"/> Nail Care                           | <input type="checkbox"/> Dressing the patient                       |
| <input type="checkbox"/> Toileting                           | <input type="checkbox"/> Perineal care                              |
| <input type="checkbox"/> Maintaining a patient's environment | <input type="checkbox"/> Recognizing and reporting abnormal changes |

(Must perform at least 16 of the tasks listed)

Dates of care: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Employer printed name

\_\_\_\_\_  
Signature of employer

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_