



Please Complete and Fax to: 800-807-1963

Or mail to:

Medical Staffers, LLC
910 Brooks St.
Missoula, MT 59801

Questions? 800-393-1559

Last Name _____ First Name _____ MI _____

CERTIFIED NURSING ASSISTANT (CNA) SKILLS CHECKLIST

The following checklist is used to assess your experience and skills and help us place you in the proper assignment. Please provide an accurate self-assessment of your skills using the following guidelines:

1. No experience
2. Limited Experience
3. Experienced
4. Highly Skilled
5. Able to teach and supervise

CERTIFIED NURSING ASSISTANT	1	2	3	4	5
Documentation					
Clinical Note					
Personal Care					
Total Bed Bath					
Tub Bath					
Shower					
Sponge Bath					
Sitz Bath					
Hair Care					
Shampoo					
Nail and Foot Care					
Skin Care					
Perineal Care					
Oral Care					
Denture Care					
Shave					
Assist with Dressing					
Other: (List)					
Elimination					
Monitor Bowel Movements					
Measure Output					
Bedpan					
Bedside Commode					
Assist to Bathroom					
Assist with Bowel Program					
Assist with Ostomy Change					
Empty Foley Catheter Bag					
Empty Drainage Bag					
Other: (List)					
Activity					
Repositioning					
Walk with Assistance					
Walk with Supervision					

Activity - continued	1	2	3	4	5
Up in Chair					
Dangle					
Walker					
Passive Range of Motion					
Active Range of Motion					
Transfer					
Hoyer Lift					
Assist with Exercise Program					
Other: (List)					
Observation					
Temperature					
Oral					
Axillary					
Tympanic					
Rectal					
Respiration					

Age Appropriate Care: The ability to adapt care to incorporate normal growth and development, adapt method and terminology of client instructions as it relates to the age and comprehension level of the client, and to ensure a safe environment - reflecting specific needs of the client and various age groups.

AGE	1	2	3	4	5
Newborn (birth- 30 days)					
Infant (30 days-1 year)					
Toddler (1-3 years)					
Preschooler (3- 5 years)					
School Age (5 -12 years)					
Adolescents (12-18 years)					
Young Adults (18-39 years)					
Middle Adults (39-64 years)					
Older Adults (64+ years)					

The information I have provided above is true and accurate to the best of my knowledge, and I hereby authorize Medical Staffers, LLC to release this checklist to any potential employer that is contracted with Medical Staffers, LLC.

Employee Signature _____ Date _____

Name and Title (please print) _____