

*Home Health Aide*  
*Certificate of Completion*  
This is to certify that

\_\_\_\_\_  
(Name of Student)

\_\_\_\_\_  
(WSBN Certification Number)

**Has successfully completed Home Health Training at**

\_\_\_\_\_  
(Name of Agency)

**On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.**

\_\_\_\_\_  
Print Name of Agency Director or Primary Instructor

\_\_\_\_\_  
Signature of Agency Director or Primary Instructor

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Signature of Agency Director or Primary Instructor

IN FULFILLMENT  
OF THE  
CONDITIONS OF PARTICIPATION FOR HOME HEALTH AIDES (HHA)

Name: \_\_\_\_\_

Nursing Assistant Certificate Number: \_\_\_\_\_

This is to certify that the above named certified nursing assistant successfully completed an additional 16 hours of home health aide/nurse aide training and competency evaluation in the following skill and subject areas:

COMPETENCY EVALUATION  
(place a check mark in the appropriate column)

Subject and/or Skill Area	Pass	Fail
1. Communication skills.		
2. Observation, reporting, & documentation of patient status & the care or services furnished		
3. Reading & recording temperature, pulse, & respiration.		
4. Ability to demonstrate basic infection control procedures, including:		
hand washing;		
universal precautions;		
5. Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor.		
6. Maintenance of a clean, safe, & healthy environment.		
7. Ability to recognize emergencies & knowledge of emergency procedures, including Heimlich maneuver; and CPR.		
8. Knowledge of the physical, emotional, & developmental needs of and ways to work with the populations served by the Home Health Aide, including:		
Respect for the patient;		
Respect for his/her privacy; and		
Respect for his/her property.		
9. Ability to demonstrate appropriate & safe techniques in personal hygiene & grooming, including:		
bed bath;		
sponge, tub, & shower bath;		
shampoo, sink, tub, or bed;		
nail & skin-care;		
oral hygiene,		
including assisting in brushing teeth;		
toileting and elimination		
perineal care; and		
catheter care.		

10.	Ability to demonstrate safe transfer techniques & ambulation.		
11.	Ability to demonstrate normal range of motion & positioning.		
12.	Ability to assess adequate nutrition & fluid intake and output.		
13.	Ability to demonstrate other tasks, including:		
	making an occupied bed;		
	making an unoccupied bed;		
	assisting with elastic stockings;		
	other (please specify). For example, blood pressure		

IN FULFILLMENT OF THE CONDITIONS OF PARTICIPATION FOR HHA

HHA NAME: \_\_\_\_\_

PASSED       DID NOT PASS      DATE OF COMPLETION \_\_\_\_\_

NAME OF INSTRUCTOR (PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_      DATE \_\_\_\_\_

NAME & ADDRESS OF AGENCY  
 \_\_\_\_\_  
 \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_