

NEW MEXICO NURSE AIDE INSERVICE EDUCATION FORM

Date of Inservice	Title
Facility Offering Inservice	License #
Facility Address	
City	State
	ZIP Code

➔ Note: Definitions and time codes on the following page of this form ➔

CATEGORY	HOURS	CATEGORY	HOURS
A. Resident Rights		F. Restorative Mobility	
B. Safety/Emergency		G. Personal Care	
C. Advanced Directives		H. Miscellaneous	
D. Mental Health & Aging		I. CPR	
E. Nutrition		J. Infection Control	

NAME OF NURSE AIDE ATTENDING INSERVICE EDUCATION PROGRAM	NURSE AIDE'S SOCIAL SECURITY NUMBER*	NEW MEXICO NURSE AIDE CERTIFICATE NUMBER*

**This form will not be processed without the above information.*

I certify that the above nurse aides attended the inservice education program listed and are on the New Mexico Nurse Aide Registry.

 Inservice Instructor or Administrator Signature Date

 Printed Name Title

**RETURN THE ORIGINAL FORM TO PROMETRIC WITHIN TWO WEEKS OF EACH INSERVICE PROGRAM.
 KEEP A COPY FOR FACILITY RECORDS.**

Prometric, 1260 Energy Lane, St. Paul, MN 55108.

CATEGORY DEFINITIONS

The following definitions are intended to provide examples of appropriate topics under a given category, but are not exhaustive of all topics that may fall under that category.

- A. Resident Rights:** Restraints, privacy, reporting suspected abuse, what constitutes abuse, refusal of treatment/care, etc.
- B. Safety/Emergency:** fire safety, disaster plan, MSDS sheets, back injury, prevention, etc.
- C. Advanced Directives:** Living Wills, Durable Power of Attorney, facility specific policies, etc.
- D. Mental Health & Aging:** Dementia or related topics, needs of the elderly, physiologic changes of aging, etc.
- E. Nutrition:** feeding residents, thickening liquids, bowel and bladder training, nutritional needs of the elderly, etc.
- F. Restorative Mobility:** transfers, ambulation, positioning, use of lift equipment, falls prevention, etc.
- G. Personal Care:** resident-specific care plan review, facility policies and procedures on personal care (bath, shampoo, oral care, dressing residents, etc.)
- H. Miscellaneous:** wound care, customer service, sexual harassment at work, etc.
- I. CPR:** Cardiopulmonary Resuscitation (provider of recertification classes)
- J. Infection Control:** isolation procedures, handwashing, cleaning equipment, glove use, blood borne pathogens, etc.

INSERVICE HOUR CALCULATIONS

Please reflect the amount of time spent for each category in fifteen-minute increments as follows:

15 minutes	=	.25 hours*
30 minutes	=	.50 hours
45 minutes	=	.75 hours
1 hour	=	1.00 hours

*Inservices lasting less than 15 minutes will be recorded as .25 hours for one given category.