

UNIVERSITY OF  
**LOUISVILLE**  
SCHOOL OF NURSING

**Nurse Aide Training  
Work Validation Form**

**Section 1- To be completed by Healthcare Agency Representative**

Name of Student/Employee: \_\_\_\_\_

Program of Enrollment (select one):

Upper Division BSN Louisville \_\_\_\_\_ Upper Division BSN Owensboro \_\_\_\_\_

Accelerated BSN Louisville \_\_\_\_\_ Accelerated BSN Owensboro \_\_\_\_\_

MEPN \_\_\_\_\_

Healthcare Agency Name: \_\_\_\_\_

Healthcare Agency Address:

\_\_\_\_\_  
\_\_\_\_\_

Job Title of Student/Employee: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To: \_\_\_\_\_

Has student/employee worked at least 100 hours in the past 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

Did the student/employee work at least 1000 hours in the past 10 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Are/were quality of work and work habits satisfactory? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered no, please elaborate in the space provided:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can the student/employee satisfactorily complete the following skills?:

Skill	Yes	No
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Hand hygiene		
Provide for environmental safety		
Report unsafe conditions to appropriate person		
Vital signs		
Introducing self and communicating with patients		
Donning/Doffing PPE		
Complete Bed Bath		
Occupied Bed Making		
Male or Female Pericare		
Ambulation with Gait Belt		
Assist with Oxygen Delivery		
Assist with Bedpan		
Assist with Urinal		
Apply Elastic Stockings		
Range of Motion		

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Printed Name of Supervisor

\_\_\_\_\_  
Supervisor Title/Credentials

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

**Section 2- To be completed by Student**

Upon receipt of required information above from the healthcare agency representative, email the completed form to Meredith Grisanti, at [meredith.mcgreg@louisville.edu](mailto:meredith.mcgreg@louisville.edu), for review. Students should expect approval or denial of NAT Work Validation Form within ***10 business days of email submission.***

**Section 3- Approval/Denial**

\_\_\_ Approved                      \_\_\_ Denied

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

#### **Section 4- Clinical Compliance**

For **approved forms**, the student should submit the completed form to Castlebranch.

For **denied** forms, the student should contact their advisor in Office of Student Services