Health Certification Project
TRAINING VERIFICATION FORM – Supportive Home Assistant

CANDIDATE INFORMATION
Name ________________________________

TRAINING INFORMATION
Training Facility Name: ____________________________________________________________
Training Facility Address: _________________________________________________________
Training Completion Date: ________________________________
Instructor’s Name (Please print clearly) ________________________________
Instructor’s Signature ________________________________

TRAINING VERIFICATION STATEMENT
I verify that the above named candidate has successfully completed the minimum number of training hours and all required performance checklists for program indicated above. I further attest that documentation of this candidate’s training is available for review upon request by the Oklahoma State Department of Health.

Training Supervisor’s Name (Please print clearly) ________________________________
Training Supervisor’s Signature ________________________________
Training Supervisor’s Telephone Number ________________________________
Date ________________________________

CLINICAL SKILLS EXAMINATION RECORD
The Test Site Coordinator must sign and date this form after scoring each skill in the clinical skills test packet. Candidates that do not pass the clinical skills examination after three attempts must retrain and repeat the testing process.

Exam 1: CSO # __________ Form: _____ Date __________ Pass/Fail
Test Site Coordinator Signature ________________________________

Exam 2: CSO # __________ Form: _____ Date __________ Pass/Fail
Test Site Coordinator Signature ________________________________

Exam 3: CSO # __________ Form: _____ Date __________ Pass/Fail
Test Site Coordinator Signature ________________________________

WRITTEN COMPETENCY EXAMINATION RECORD
The Test Site Coordinator must sign and date this form at each written competency test administration. Candidates that do not pass the written competency examination after three attempts must retrain and repeat the testing process.

Written Exam 1 ________________________________ Date __________ Pass/Fail
Test Site Coordinator Signature ________________________________

Written Exam 2 ________________________________ Date __________ Pass/Fail
Test Site Coordinator Signature ________________________________

Written Exam 3 ________________________________ Date __________ Pass/Fail
Test Site Coordinator Signature ________________________________

NOTE: Documentation of the candidate’s training and written exam result must be retained by the candidate’s employer in the candidate’s personnel file.

Revised August 4, 2016