

**Health Certification Project**  
**TRAINING VERIFICATION FORM - Supportive Home Assistant**

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**CANDIDATE INFORMATION**

Name \_\_\_\_\_

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**TRAINING INFORMATION**

Training Facility Name: \_\_\_\_\_

Training Facility Address: \_\_\_\_\_

Training Completion Date: \_\_\_\_\_

\_\_\_\_\_  
Instructor's Name (Please print clearly)

\_\_\_\_\_  
Instructor's Signature

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**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

RN  
LPN

\_\_\_\_\_  
Training Supervisor's Telephone Number

\_\_\_\_\_  
Date

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**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

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**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.**