

EMPLOYEE NAME	EMPLOYEE E-MAIL ADDRESS
AGENCY NAME & ADDRESS	PHONE # (Include Area Code)
EMPLOYMENT ADDRESS	PHONE # (Include Area Code)

Employee has obtained a test score of 80% or above based on the tube feeding course held at:			
LOCATION		DATE	
INSTRUCTOR (Print)		SIGNATURE	
CO-INSTRUCTOR		SIGNATURE	

Clinical Practicum

This employee has completed three errorless demonstrations of tube feeding and the documentation of the same, and has demonstrated knowledge of the equipment and techniques utilized by the particular agency and is certified to provide tube feedings for one year from:

CERTIFICATION BEGIN DATE		to	CERTIFICATION END DATE

INSTRUCTOR'S NAME (Print)	SIGNATURE	DATE

Recertification: Required Yearly

Directions: The following areas should be addressed by a registered nurse who will complete the yearly recertification.

- Assess that tube feeding remains part of the direct support staff's assigned duties.
- Review of previous year's performance.
- Review of procedure, technique and policies related to that task.
- One written examination of not less than 50 questions with a passing grade of 80% or greater.
- One demonstration of the task during actual care of an individual, passed with 100% accuracy.

NAME (Print)	SIGNATURE	DATE