

Nurse Aide II Tasks Performed by Nurse Aide I Personnel Request Form



Agency Name	
Address	
Phone	
Email Address <i>(please print clearly)</i>	

Select up to four Nurse Aide II tasks

Agencies may select **up to four** Nurse Aide II tasks to be performed in that agency by Nurse Aide I personnel following training and competency assessment as required by the North Carolina Board of Nursing. The tasks are selected for the agency as a whole, and may not differ in the different clinical settings/areas/units within the agency. Completion of the entire Nurse Aide II Training and Competency Evaluation Program is required for the Nurse Aide to perform more than the 4 selected tasks.

The tasks from which to select are listed below. To select a task, please enter a checkmark to the left of the Nurse Aide II task(s) to be performed by Nurse Aide I personnel in your agency. For each task selected, indicate the effective date of the written policy and procedure for the performance of this task by the Nurse Aide I.

Module Number & Task		Effective Date of Written Policy and Procedure <i>(developed by your agency based on module selected)</i>
	Module 2 - Oxygen Therapy	
N/A	Module 3 – Sterile Technique - <i>The Sterile Technique module is included as a required component of the following modules: Module 4 (Wound Care); Module 5 (Suctioning); Module 6 (Tracheostomy Care); Module 7 (Peripheral IV Fluids).</i>	N/A
	Module 4 - Wound Care – <i>Sterile Technique is subsumed under this module.</i>	
	Module 5 - Suctioning – <i>Sterile Technique is subsumed under this module.</i>	
	Module 6 - Trach Care – <i>Sterile Technique is subsumed under this module.</i>	
	Module 7 - Peripheral IV Fluids – <i>Sterile Technique is subsumed under this module.</i>	
	Module 8 - Urinary Catheter	
	Module 9 - Oral Naso, Gastro Jejun PEG Feeding	
	Module 10 - Elimination Procedures	
	Module 11 - Break-up and Removal of Fecal Impaction	

Verification Signature

As the Chief Nurse Administrator, I hereby verify that the requirements set forth by the North Carolina Board of Nursing for Nurse Aide I personnel performing the above listed Nurse Aide II tasks in this clinical agency, including documentation of the clinical competency of each Nurse Aide I for each task to be performed, have been met. I also verify that there are no more than a total of four tasks selected for NAI personnel to perform in this agency.

Signature: _____ Date: _____

Print Name: _____ Title: _____ RN License # _____

Send form to: Practice@ncbon.com or Fax: 919-781-9461 ATTN: Paulette

Please allow 10 business days for processing.

The NAI plus 4 approval letter will be sent to the email address you provide on this form. Please be certain the email address is legible.