

**REGISTERED NURSE EVALUATOR FOR NURSE AIDE
COMPETENCY/PROFICIENCY EVALUATION**

I, _____ certify that the Registered Nurse (RN) Evaluator requirements submitted are true and correct, and subject to Sections 346-46 and 457A-2, Hawaii Revised Statutes, pertaining to Hawaii nurse aide recertification competency evaluation with 24 hours of appropriate continuing education hours over two years and demonstrated skill competency/proficiency. I have **attached copies** for all referenced requirements.

- Current Hawaii RN license;
- One (1) year RN nursing experience in providing care for the elderly or the chronically ill of any age;
AND
- Detailed description of services to ensure completion of nurse aide recertification competency evaluation. Include as appropriate: 1) process to receive, evaluate, and document nurse aide competency evaluations; 2) dates/locations of continuing education classes; 3) nurse aides eligible for services; and 4) remedial class/options for nurse aides requiring further review.

I understand I am not to receive or complete competency/proficiency evaluation forms until approved as an RN Evaluator with the completion of the bottom portion below. I will renew my RN Evaluator authority with submission of this form and requirements to DHS prior to expiration of my Hawaii RN license. I understand I may be disallowed as an RN Evaluator if I do not submit a renewal after expiration of my Hawaii RN license. I will provide DHS a written statement to DHS when I discontinue my services.

Name of Registered Nurse Telephone: _____

Address (Street, City, State) ZIP Code: _____

RN Signature: _____ Date: _____

**Mail form and all referenced requirements to: Department of Human Services
Adult and Community Care Services Branch
810 Richards Street, Suite 400
Honolulu, HI 96813**

(To completed by DHS)

- Approved as a RN Evaluator, requirements met.
- Not approved. Comments: _____

Signature: _____
DHS Representative

Date: _____

