STATE OF HAWAII   Social Services Division
Department of Human Services

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 a written statement to DHS when I discontinue my services.

_____   Telephone: _____
                Name of Registered Nurse

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

RN Signature: _____   Date: _____

Mail form and all referenced requirements to: **Department of Human Services
                                                       Adult Protective and Community Services Branch
                                                       1010 Richards Street, Room 216
                                                       Honolulu, HI 96813**

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                                (To completed by DHS)
☐ **Approved as an RN Evaluator, requirements met**.

☐ **Not approved. Comments:** _____

                                Signature: _____
                                                       DHS Representative
                                    Date: _____

DHS 1646a (Rev. 12/19)