

Homemaker Aide Qualification Requirements

Date

Employee/Applicant Name: Date of Hire:			
TABLE 1: Qualification Requirements Homemaker Aide must meet 1 or more of the following q	ualifications.		
isted on the Ohio Department of Health's nurse aide registry as "active," "in good		NO	
standing," or "expired." Retain a copy of the search results for employee record.		See next	
	Table 2	requirement	
Successful completion of the Medicare competency evaluation program for home health	YES	NO	
aides required under 42 C.F.R., Part 484 & 484.36 (if met on or before 1/12/2018) or 42	Go to	See next	
C.F.R. 484.80 & 484.115 (if met on or after 1/13/2018), without a 24-month lapse in	Table 2	requirement	
employment as a nurse aide or home health aide.			
Minimum of 1-year supervised employment experience in a health or human services field,	YES	NO	
AND have successfully completed written testing & skills testing by return demonstration	Go to	See next	
prior to initiation of service provision. Former employer's name:	Table 2	requirement	
Supervisor's name & contact Information:			
Date person began working:	VEC	110	
Successful completion of a certified vocational training AND have successfully completed	YES	NO	
written testing & skills testing by return demonstration prior to initiation of service	Go to Table 2	See next requirement	
provision.	'		
Successful completion of 20-hours of training AND have successfully completed written	Complete & document Table 3		
testing & skills testing by return demonstration that includes, but is not limited to Table 3.		Go to Table 2	
TABLE 2: Orientation & Training Requirements PCA must complete the following prior to working TRAINING TOPIC	_	TION DATE	
Expectation of employees	COIVIFL	TION DATE	
Ethical standards/PASSPORT Code of Ethics			
Overview of personnel policies			
Organization & lines of communication			
Incident reporting procedures			
Emergency procedures			
Person-centered care			
Reporting of significant changes & suspicions of abuse/neglect/exploitation			
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	d skill testing b	y return	
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Form Updated: 06/29/2021 - OAC 173-39-02.8 (effective 06/11/2020) & OAC 173-3-06.4 (effective 06/11/2020)

Signature of Supervisor

Name & Title of Supervisor



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Training Site:	Employee/Applicant Name:				
TABLE 3: 20-Hour Training Requirements					
SUBJECT AREAS (At least 20 hours)	Instruction Materials Used	Date of Training	Number of Hours	Written Test Results	Return Demonstration Date
UNIVERSAL PRECAUTIONS for infection control, including	g				
hand washing and the disposal of bodily waste.					
MEAL PREPARATION/NUTRITION that includes special die	et				
preparation, grocery purchase planning and shopping; as	nd				
other errands, such as picking up prescriptions.					
LAUNDRY, including folding, ironing, and putting away					
laundry.					
BASIC HOME SAFETY.					
HOUSE CLEANING SKILLS that include dusting furniture; sweeping, vacuuming and washing floors, kitchen care (including washing dishes, appliances and counters), bathroom care, emptying and cleaning bedside commod changing bed linens, washing inside windows within read from the floor, and removing trash. BODY MECHANICS. EMERGENCY PROTOCOLS. DOCUMENTATION SKILLS. ADDITIONAL TRAINING AREAS (Please specify):					
TOTAL NUMBER OF HOURS					
By signing below, the employee &	& trainer/tester verifies t	he accura	cv of this re	ecord.	
	ature of Applicant/Employee			Date	
Name & Title of trainer/tester Sign	ature of trainer/tester			 Date	