



Personal Care Aide Qualification Requirements

OAC 173-39-02.11 and OAC 173-3-02.5

Employee/Applicant Name: _____ Date of Hire: _____

TABLE 1: Qualification Requirements PCA must meet 1 or more of the following qualifications.

Listed on the Ohio Department of Health’s nurse aide registry as “active,” “in good standing,” or “expired.” Retain a copy of the search results for employee record.	YES Go to Table 2	NO See next requirement
Successful completion of the Medicare competency evaluation program for home health aides required under 42 C.F.R., Part 484 & 484.36 (if met on or before 1/12/2018) or 42 C.F.R. 484.80 & 484.115 (if met on or after 1/13/2018), without a 24-month lapse in employment as a nurse aide or home health aide.	YES Go to Table 2	NO See next requirement
Minimum of 1-year employment experience as a supervised home health aide or nurse aide, AND have successfully completed written testing & skills testing by return demonstration prior to initiation of service provision. Former employer’s name: _____ Supervisor’s name & contact information: _____ Date person began working: _____ Date person stopped working: _____	YES Go to Table 2	NO See next requirement
Successful completion of the COALA home health training program or a certified vocational training AND have successfully completed written testing & skills testing by return demonstration prior to initiation of service provision.	YES Go to Table 2	NO See next requirement
Successful completion of 60-hours of training AND have successfully completed written testing & skills testing by return demonstration that includes, but is not limited to Table 3.	Complete & document Table 3 Go to Table 2	

TABLE 2: Orientation & Training Requirements PCA must complete the following prior to working with individuals.

TRAINING TOPIC	COMPLETION DATE
Expectation of employees	
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	

**The provider shall retain copies of certificates of completion earned by each PCA after the PCA meets requirements under these rules for successfully completing any training and competency evaluation program, orientation, additional training, and in-service training. Additionally, the provider shall also record the following information for each PCA, and retain it, if it does not appear on the PCA’s certificate of completion (or if the PCA did not receive a certificate of completion): name of the school or training organization, name of the course, training dates, and training hours successfully completed.

Name & Title of Supervisor Signature of Supervisor Date



Personal Care Aide Qualification Requirements

Training Site: _____ Employee/Applicant Name: _____

TABLE 3: 60-Hour Training Requirements

SUBJECT AREAS (At least 60 hours)	Instruction Materials Used	Date of Training	Number of Hours	Written Test Results	Return Demonstration Date
COMMUNICATION SKILLS including the ability to read, write, and make brief and accurate reports (oral, written, or electronic).					
OBSERVATION, REPORTING & RETAINING RECORDS of an individual's status and activities provided to the individual.					
READING & RECORDING an individual's temperature, pulse, and respiration.					
BASIC INFECTION CONTROL.					
Basic elements of BODY FUNCTIONING & changes in body function that should be reported to a PCA supervisor.					
MAINTAINING A CLEAN, SAFE, & HEALTHY ENVIRONMENT , including house cleaning and laundry, dusting furniture, sweeping, vacuuming, and washing floors; kitchen care (including dishes, appliances, and counters), bathroom care, emptying and cleaning beside commodes and urinary catheter bags, changing bed linens, washing inside window within reach from the floor, removing trash, and folding, ironing, and putting away laundry.					
RECOGNITION OF EMERGENCIES , knowledge of emergency procedures, and basic home safety.					
PHYSICAL, EMOTIONAL, & DEVELOPMENT NEEDS of individuals, including privacy and respect for personal property.					
Appropriate & safe techniques in PERSONAL HYGIENE & GROOMING including bed, tub, shower, and partial bath techniques; shampoo in sink, tub, or bed; nail and skin care; oral hygiene; toileting and elimination; safe transfer and ambulation; normal range of motion and positioning; and adequate nutrition and fluid intake.					
MEAL PREP & NUTRITION PLANNING , including special diet preparation; grocery purchase, planning, and shopping; and errands such as picking up prescriptions.					
ADDITIONAL TRAINING AREAS (Please specify):					
TOTAL NUMBER OF HOURS					

By signing below, the employee & trainer/tester verifies the accuracy of this record.

Name of Applicant/Employee

Signature of Applicant/Employee

Date

Name & Title of trainer/tester

Signature of trainer/tester

Date