



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey Board of Nursing
124 Halsey Street, P.O. Box 45010
Newark, New Jersey 07101
(973) 504-6430

**Homemaker-Home Health Aide Training Program,
Program Coordinator and Instructor Personnel Record**

Name _____

Home address _____

Telephone Number (Include area code)

Agency/School name and address _____

Agency/School Telephone Number (include area code)

E-mail address

Check each session for which you are applying for approval to teach:

- I. Introduction to the role of the U.A.P. in nursing care settings
- II. Foundations for working with people
- III. Safety
 - a. Conditions
 - b. Fire
 - c. Standard precautions for infection control
 - d. Preventing the spread of disease
 - e. Body mechanics
 - f. Emergencies
- IV. Systems and related care
 - a. Musculoskeletal
 - b. Integumentary
 - c. Gastrointestinal system: upper
 - d. Gastrointestinal system: lower
 - e. Urinary system
- f. Cardiovascular and respiratory system
- g. Neurological system
- h. Endocrine system
- i. Reproductive system
- j. Immune system
- k. Rest and sleep
- l. Death and dying
- V. Homecare/Hospice module
- VI. Clinical/Laboratory Hours
(Must have supervision experience of CHHA.)

Education: (Please upload your resume)

Name of college or professional school	Type of degree and major	Year graduated

Professional Licenses and/or Certificates Related to the Session(s) for which you are applying.

Type	State of authority	License or Certificate number	Expiration date

Work Experience: (Please attach resume)

Name of employer	Title of position	Number of hours worked per week	Dates employed (month/year)
			From: _____ To: _____

Signature: _____ Date: _____
Social Worker, Physical Therapist (etc.)

Registered Nurses Applying to Instruct Certified Homemaker-Home Health Aide Program

The following qualifications are required to be an instructor for the Homemaker-Home Health Aide Training Program:

- (1) You must be a registered nurse currently licensed in the State of New Jersey.
- (2) You must have been a registered nurse for at least two years preceding application.
- (3) You must have at least one year of community health, public health or home care experience.
- (4) You must have at least six months' experience supervising homemaker-home health aides.

Please sign to certify that you meet these requirements:

_____ Date _____
Signature Date