



**Employer CNA and Skills Verification Form  
ENMU-Roswell Nursing Program**

This is to certify that \_\_\_\_\_  
did work as a Nursing Assistant at \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

**The above named individual demonstrated competency in the following skills:**

- \_\_\_\_\_ Hand Hygiene
- \_\_\_\_\_ Communication with Patients
- \_\_\_\_\_ Transfer Techniques
- \_\_\_\_\_ Turning and Positioning of Patients
- \_\_\_\_\_ Use of Gait Belt
- \_\_\_\_\_ Vital signs
- \_\_\_\_\_ Assessment of temperature/pulse rate/and respiratory and manual blood pressure

**Name of Employer/Supervisor:** \_\_\_\_\_  
**Please print name and title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**