D .	I D 1	ъ.	CD	. 1
Personne	i Kecord	Review	tor L)elegation
	LICCOIG		IUI	CICSULOII

Nurse_____

Date____

Date of Hire	AWM Card	Completed 16 Hr Orientation	Attended Delegation Training	Pre-Test & Skills Verified In Skills Lab	Monitored Performing Tasks by Nurse	Delegation Accepted by UAP	Supervisory Visit Dates	Delegation Rescinded
	Date of Hire		Hire Card 16 Hr	Hire Card 16 Hr Delegation	Hire Card 16 Hr Delegation Skills Orientation Training Verified	Hire Card 16 Hr Delegation Skills Performing Orientation Training Verified Tasks by Nurse	Hire Card 16 Hr Delegation Skills Performing Accepted by UAP	Hire Card 16 Hr Delegation Skills Performing Accepted Visit Dates Orientation Training Verified Tasks by Nurse by UAP

Comments:			