

NURSE AIDE TRAINING PROGRAM – MILITARY TRAINING VERIFICATION

- Prior to issuing approval to take the State of Wisconsin nurse aide competency examination, the Department of Health Services reviews the training of all military personnel. Completion of this form is mandatory, as the information collected on this form is used to determine if federal and state nurse aide training program requirements have been met by military personnel.
- To be eligible, you must complete the courses that satisfy all nurse aide training requirements and complete 32 hours of hands-on clinical experience.
- In order to assist the department in determining if your training is substantially equivalent to the nurse aide training requirements found in the Code of Federal Regulations CFR 42 part 431 and Wis. Admin. Code ch. DHS 129, the following documentation is required:
 - **DQA form F-00657, Military Training Verification**, with Sections I and II completed
 - **Service school academic reports**, including course start/end dates, course of study, and grade
 - **Certificates of training** for specific programs completed, such as apprenticeships, specialization courses, or hands-on training courses
 - **Training documentation** signed by your unit's training non-commissioned officer
 - **Written personal narrative** as to why you feel your military education/training/experience has prepared you for this profession
 - Submit these documents for verification and approval to: **DQA / Office of Caregiver Quality
Nurse Aide Training Consultant
P.O. Box 2969
Madison, WI 53701-2969**
- Your Social Security number is requested so as to facilitate the timely processing of this form and is used for no other purpose. The provision of your Social Security number is voluntary.

I. PERSONAL INFORMATION			
Name		Social Security No.	
Address		City	State Zip Code
Telephone No.	Email Address		

II. EDUCATION					
<i>Indicate the specific, completed, course number for the courses in which the following criteria were taught and in which the minimum of 32 hours of "hands-on" clinical experience was obtained.</i>					
Aging Process:		Communication Skills:		Safety/Emergency Procedures:	
Basic Nursing Skills:		Infection Control:		Care of Cognitively Impaired:	
Basic Restorative Skills:		Personal Care Skills:			
Death/Dying:		Residents' Rights:			
Title – Clinical Course:					
Name – Clinical Facility				Type of Clinical Facility	

DHS USE ONLY		
<input type="checkbox"/> Approved <input type="checkbox"/> Approval Pending, Information Needed <input type="checkbox"/> Denied		
Reason for Denial		
Name – Reviewer	Title	Date