



Manual Skills Evaluation Form

Health Care Worker Registry, 525 W. Jefferson St., Fourth Floor, Springfield, IL 62761
Phone 217-785-5133 Fax 217-524-0137 E-mail DPH.HCWR@Illinois.gov

The nursing assistant listed below was previously deemed competent as a certified nurse aide either by evaluation (grandfathered in - military trained - nursing student - foreign LPN/RN - inactive out of state CNA) or by completing an Illinois Approved Nurse Aide Training Program. This individual has not worked for pay for 24 consecutive months, or longer since his or her last Competency Exam. This individual is now taking steps to regain his or her approved certification.

I have administered the Manual Skills Competency Test to this individual and he or she has successfully passed all 21 Manual Skills.

CNA's Name (Print or Type) _____

Social Security Number (required) _____ - _____ - _____

Street Address _____

City, State, ZIP Code _____ / _____ _____

Telephone _____ - _____ - _____

Skills Evaluation Site _____

RN License Number _____
(Required - enter on state's copy only)

Evaluator's Social Security _____ - _____ - _____
(Required - enter on state's copy only)

Evaluator's Name (Print or Type) _____

Evaluator's Signature _____

Date Completed _____

Distribution: Give one copy to nurse aide.
Mail one copy to:

**Illinois Department of Public Health
Health Care Worker Registry
525 W. Jefferson St., Fourth Floor
Springfield, IL 62761
Phone 217-785-5133**