

**Verification of Direct Care Worker Testing**

This is a request for testing information; it is not a reference check.

**FAX****From:**

Organization Name: \_\_\_\_\_ FAX Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Person Requesting Information: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Employee Information:**

Name: \_\_\_\_\_

Day and Month of Birth: \_\_\_\_\_ Last 2 digits of Social Security Number: \_\_\_\_

Consent to release information: *I give permission to release information about my testing.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Organization Providing the Information:**

Organization Name: \_\_\_\_\_ FAX Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Person Providing Information: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Testing Information:**

Please fill in the date of the test(s) completed, whether the test score was passing (P) or failing (F) and initial each line. Please put a line through any modules not completed. **A student must have a score of 80% or more for each written (knowledge) test and all (100%) of skills demonstrations completed successfully to be considered as passing.** If you have no records of training or testing for this applicant, please fill out the first line below.

We have no record of training/testing for this applicant. \_\_\_\_\_

		(date / signature)	
	Date Completed	Pass/Fail	Initials
<b>Level I</b>			
Written Test	_____	_____	_____
Skills Demonstration	_____	_____	_____
<b>Level II</b>			
<i>Aging &amp; Physical Disabilities</i>			
Written Test	_____	_____	_____
Skills Demonstration	_____	_____	_____
<i>Developmental Disabilities</i>			
Written Test	_____	_____	_____
Skills Demonstration	_____	_____	_____
<i>Alzheimer's Disease/Dementia</i>			
Written Test	_____	_____	_____
Skills Demonstration	_____	_____	_____

**Other (write in, e.g. Article 9, CIT, CPR, First Aid, and so forth)**

_____	_____	_____	_____
_____	_____	_____	_____