



Manual Skills Evaluation Form

Southern Illinois University Nurse Aide Testing
1840 Innovation Drive, Suite 103, Carbondale, IL 62903
Phone: 877-262-9259 Fax: 618-453-4300 Email: inat@siu.edu

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 Manual Skills tested.

* All form fields are required.

CNA's Name (Print or Type)	_____
Social Security Number	_____
Date of Birth	_____
CNA's Email	_____
Street Address	_____
City, State, Zip Code	_____ , _____ , _____
Telephone	_____
Skills Evaluation Site	_____
Evaluator's Code	_____
Evaluator's Email	_____
Evaluator's Name (Print or Type)	_____
Evaluator's Signature	_____
Date Completed	_____

Distribution: Send one copy to nurse aide. Keep a copy for your records.

Use your Approved Evaluator (AE) credentials to submit applicant information through the INACE online registration system.