

EMPLOYEE NAME	EMPLOYEE E-MAIL ADDRESS
AGENCY NAME & ADDRESS	PHONE # (Include Area Code)
EMPLOYMENT ADDRESS	PHONE # (Include Area Code)

Employee has obtained a test score of 80% or above based on the colostomy care course held at:

LOCATION		DATE	
INSTRUCTOR (Print)		SIGNATURE	
CO-INSTRUCTOR		SIGNATURE	

Clinical Practicum

This employee has completed three errorless demonstrations of colostomy care and the documentation of the same; has demonstrated knowledge of changing a colostomy appliance, cleaning of the area, inspection of skin, and emptying of the bag; and is certified to perform colostomy care for one year from:

CERTIFICATION BEGIN DATE		to	CERTIFICATION END DATE

INSTRUCTOR'S NAME (Print)	SIGNATURE	DATE

Recertification: Required Yearly

Directions: The following areas should be addressed by a registered nurse who will complete the yearly recertification.

- Assess that colostomy care remains part of the direct support staff's assigned duties.
- Review of previous year's performance.
- Review of procedure, technique and policies related to that task.
- One written examination of not less than 50 questions with a passing grade of 80% or greater.
- One demonstration of the task during actual care of an individual, passed with 100% accuracy.

NAME (Print)	SIGNATURE	DATE