

Office of Licensure and Certification
Virginia Department of Health

Application for Paid Feeding/Hydration Assistant Training Program

Facility Name: _____

Date Submitted: _____

Address: _____

Complete this form in its entirety and send it along with the complete feeding/hydration training program to:

Training Division
Office of Licensure and Certification
Virginia Department of Health
9960 Mayland Drive, Ste. 401
Richmond, VA 23233

Content of Training Program	Location of Element in the Program Content (page, chapter, etc.)	Instructor(s) Responsible for Teaching Content
Feeding techniques		
Communication and interpersonal skills		
Good nutrition <ul style="list-style-type: none">• Overview of aging process• Signs of dehydration and malnutrition• Types of dietary restrictions		
Recognizing and reporting inconsistencies in resident behavior		
Emergency procedures <ul style="list-style-type: none">• Use of the Heimlich maneuver• Alerting licensed staff to other health emergencies		
Infection control and universal precautions		
Resident rights		
Other:		

I certify that this training program meets the requirements for assuring feeding and hydration assistant are qualified to assist identified residents.

Signature of Facility Administrator

Date

OLC - Approval: _____