

## **ABUSE IN-SERVICE DOCUMENTATION**

In accordance with Title 172, NAC 108, this verifies that:

\_\_\_\_\_

Name

\_\_\_\_\_

Social Security Number

received at least one (1) hour of training in procedures for reporting suspected abuse or neglect, including:

003.02C1            The requirements of Nebraska Revised Statute 28-372

003.02C2            Residents' rights as set forth in 175 NAC 12 and 175 NAC 17

Facility/City \_\_\_\_\_ Date of In-Service \_\_\_\_\_

Instructor's Signature \_\_\_\_\_

Instructor's Printed Name \_\_\_\_\_

Instructor's Title and License Number \_\_\_\_\_

**NOTE TO EMPLOYER: Please be sure to send the Nurse Aide Registry Form if you hire this aide. You can obtain the Nurse Aide Registry Form on our website at <http://dhhs.ne.gov/publichealth/Pages/crlCNAHome.aspx> . Click on Applications.**

Please return this form to: **Nebraska Nurse Aide Registry**  
**ATTN: Wanda Vodehnal**  
**PO Box 94986**  
**Lincoln, NE 68509-4986**

**PH: 402-471-4971**  
**FAX: 402-471-1066**  
**E-Mail: [wanda.vodehnal@nebraska.gov](mailto:wanda.vodehnal@nebraska.gov)**