

CARE FOR U PLUS

177 Franklin Corner Rd, Ste 2B
Lawrenceville, NJ 08648
Phone: 609-985-0188
Fax: 609-895-0729

800 N. Kings Hwy, Ste 507
Cherry Hill, NJ 08034
Phone: 856-330-4797
Fax: 856-330-4806

100 Plainfield Ave, Ste 5
Edison, NJ 08817
Phone: 732-603-0020
Fax: 732-603-0025

In-Service Completion Form

I, _____, have received, read, understand the self-study take-home material give to me by Care For U Plus. By signing this form, I acknowledge that I have completed the in-service for the number of hours listed below. I understand that I should contact my clinical supervisor if I have any question or concern regarding the in-service material. I also understand that this in-service completion is a NJ Board of Nursing requirement.

Topic	Minutes/Hours	Date Completed	Initial
Autism	30 Minutes		
Back Safety	40 Minutes		
Blood Borne Pathogens	30 Minutes		
Care for Bedbound Clients	30 Minutes		
Care for Clients with Advanced Dementia	40 Minutes		
Corporate Compliance	40 Minutes		
COVID 19/PPE	60 Minutes		
Danielle's Law	30 Minutes		
Domestic Violence	30 Minutes		
Employee Safety	30 Minutes		
Fall Prevention	40 Minutes		
Fraud and Abuse Prevention	30 Minutes		
HIPAA	30 Minutes		
Hospice	30 Minutes		
Identification and Report Child Abuse	30 Minutes		
Identification and Reporting Elder Abuse	30 Minutes		
Infection Control and Hand Washing	40 Minutes		
Needle Stick Safety	30 Minutes		
Pressure Ulcers and Skin Care for Elderly	40 Minutes		
Standard Precautions	30 Minutes		
Workforce Protection	30 Minutes		
Total	12 Hours	-----	-----

Signature of CHHA

Date

Signature of Evaluator

Date