Gracefully Chosen Foundation Inc.

McDonough, GA
Telephone: (404) 514-7981
Email: info@gracefullychosen.net

REGISTERED NURSE (RN)

Qualifications:
• Current unrestricted GA RN license.
• Minimum of 2 years of experience in a clinical setting.
• Strong assessment and clinical skills.
• Excellent communication and interpersonal abilities.
• Knowledge of homecare regulations and best practices.

Responsibilities:
• Provide clinical oversight and direction.
• Develop and monitor care plans.
• Conduct initial and ongoing assessments.
• Train and supervise PCAs and CNAs.
• Coordinate with other healthcare providers.

REGISTERED NURSE (RN)

Credible Evidence of Abuse Statement

I, _____, accept the position and have the proper training and experience. I also have never been shown by credible evidence (e.g. a court or jury, a department investigation, or other reliable evidence) to have abused, neglected, sexually exploited, or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct, as evidenced by an oral or written statement to this effect obtained at the time of application. I agree to participate in the orientation and training as required by DCH/HFRD.

Employee Name (print): _____
Social Security Number: _____
Employee Signature: _____
Date: _____

CERTIFIED NURSING ASSISTANT (CNA)

Qualifications:
• Current GA CNA certification.
• Completion of the NLN exam online and assessment of competency, or completion of a provided 40-hour training curriculum and assessment of competency.
• History of no abuse or neglect of others.

• TB testing results.
• Good communication and caregiving skills.

Responsibilities:
• Assist clients with daily living activities (bathing, dressing, grooming, etc.).
• Provide basic healthcare services (checking vital signs, administering medications, etc.).
• Monitor and report changes in clients' health status.
• Assist with mobility and transfers.
• Maintain client safety and comfort.

CERTIFIED NURSING ASSISTANT (CNA)

Credible Evidence of Abuse Statement

I, _____, accept the position and have the proper training and experience. I also have never been shown by credible evidence (e.g. a court or jury, a department investigation, or other reliable evidence) to have abused, neglected, sexually exploited, or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct, as evidenced by an oral or written statement to this effect obtained at the time of application. I agree to participate in the orientation and training as required by DCH/HFRD.

Employee Name (print): _____
Social Security Number: _____
Employee Signature: _____
Date: _____

PERSONAL CARE ASSISTANT (PCA)

Qualifications:
• Completion of the NLN exam online and assessment of competency, or completion of a provided 40-hour training curriculum and assessment of competency.
• History of no abuse or neglect of others.
• TB testing results.
• Good communication and caregiving skills.

Responsibilities:
• Assist clients with personal care tasks (bathing, dressing, grooming, etc.).
• Provide companionship and emotional support.
• Assist with light housekeeping and meal preparation.
• Monitor and report changes in clients' health status.
• Support clients in maintaining independence.

PERSONAL CARE ASSISTANT (PCA)

Credible Evidence of Abuse Statement

I, _____, accept the position and have the proper training and experience. I also have never been shown by credible evidence (e.g. a court or jury, a department investigation, or other reliable evidence) to have abused, neglected, sexually exploited, or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct, as evidenced by an oral or written statement to this effect obtained at the time of application. I agree to participate in the orientation and training as required by DCH/HFRD.

Employee Name (print): _____
Social Security Number: _____
Employee Signature: _____
Date: _____

Required Documentation from Each Employee

Personal Information:
• Identifying information (name, address, phone number).
• Emergency contacts.

Professional Records:
• Copy of professional license (RN, CNA).
• Documentation of completed orientation training.

Employment History:
• Documentation of any available employment history.
• Statements or forms for statements as to history of abuse or neglect of others.
• TB testing results.

Competency Verification:
• Evidence of completion of the NLN exam online and assessment of competency for PCAs and CNAs, or completion of a provided 40-hour training curriculum and assessment of competency.