



Alabama Board of Nursing
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Executive Officer

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ATTESTATION TO EDUCATIONAL PREPARATION

This document is required to be completed by facility personnel attesting to the educational preparation of an applicant for the Nursing Support Technician – Certified (NST-C) permit.

Name of Applicant:

Last 4 of SSN:

Address:

Telephone:

Name of Facility/ACCS Skills for Success Program:

Name of Attesting Facility/ACCS Program Personnel:

Address:

Email:

Telephone:

Attestation: I hereby certify that the applicant listed above has successfully completed a hospital-based, nursing education program qualifying course, or Alabama Community College System Skills for Success program that substantially meets the training and competency validation requirements* to function as an NST-C in Alabama, as provided in ABN Administrative Code 610-X-17-.02.

*The competency validation requirements include attestation to the competency of the applicant to perform the functions included in the approved skills list (attached for the convenience of the attesting party).

Signature of Applicant: _____ Date: _____

Signature of Attesting Personnel: _____ Date: _____

Submit completed attestation form to NST@abn.alabama.gov.



NURSING SUPPORT TECHNICIAN – CERTIFIED

ABN NST-C APPROVED SKILLS LIST	
LEGEND	<input type="checkbox"/> MEANS THE SKILL REQUIRES COMPETENCY VALIDATION IN FACILITY <input checked="" type="checkbox"/> MEANS THE COMPETENCY HAS BEEN VALIDATED
ITEM	NST CORE SKILLS
COMMUNICATION	<input type="checkbox"/> Interpersonal skills <input type="checkbox"/> Respecting client rights <input type="checkbox"/> Promoting independence <input type="checkbox"/> Caring for the client's environment <input type="checkbox"/> Modifying communication/behavior in response to clients' behavior <input type="checkbox"/> Awareness of development tasks associated with aging <input type="checkbox"/> Appropriate responses to clients' behavior <input type="checkbox"/> Communicating with cognitively impaired clients <input type="checkbox"/> Supportive care to clients' personal choices and reinforcing clients' dignity <input type="checkbox"/> Recognizing abnormal findings and changes in body functions and reporting to a supervisor
EMERGENCY CARE	<input type="checkbox"/> CPR <input type="checkbox"/> Crash cart <input type="checkbox"/> Application of AED <input type="checkbox"/> Application of cardiac monitor
VITAL SIGNS	<input type="checkbox"/> Height/weight <input type="checkbox"/> Temperature <input type="checkbox"/> Blood pressure <input type="checkbox"/> Pulse <input type="checkbox"/> Respiration <input type="checkbox"/> O ₂ Saturation/Pulse Oximetry <input type="checkbox"/> Pain observation <input type="checkbox"/> Pediatric vital signs <input type="checkbox"/> Rectal temp <input type="checkbox"/> Documentation <input type="checkbox"/> Measuring Vital Signs

	<input type="checkbox"/> Application of Telemetry
INTAKE AND OUTPUT	<input type="checkbox"/> Assisting with eating and hydration <input type="checkbox"/> Emesis <input type="checkbox"/> Oral intake <input type="checkbox"/> Ostomy <input type="checkbox"/> Water pitcher <input type="checkbox"/> 24-hour urine/test <input type="checkbox"/> Drains (emptying) <ul style="list-style-type: none"> <input type="checkbox"/> Hemovacs <input type="checkbox"/> Jackson-Pratts <input type="checkbox"/> ConstaVacs <input type="checkbox"/> Urine (filter, hat, drainage bag) <input type="checkbox"/> Stools
BED MAKING	<input type="checkbox"/> Occupied <input type="checkbox"/> Unoccupied <input type="checkbox"/> Post Surgery Bed
BED BATH	<input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Chlorhexidine Gluconate (CHG) Treatment <input type="checkbox"/> Oral hygiene (teeth/dentures) <input type="checkbox"/> Perineal care <input type="checkbox"/> Shampooing and hair care <input type="checkbox"/> Shaving <input type="checkbox"/> Indwelling catheter care <input type="checkbox"/> Skin and nail care <input type="checkbox"/> Dressing and grooming
POSITIONING CLIENTS	<input type="checkbox"/> Turning client toward you <input type="checkbox"/> Turn client away from you <input type="checkbox"/> Moving client to head of bed <input type="checkbox"/> Logrolling the client ROM (simple) <input type="checkbox"/> Passive ROM
FEEDING CLIENTS	<input type="checkbox"/> NPO <input type="checkbox"/> Percentage consumed <input type="checkbox"/> Diet restrictions <input type="checkbox"/> Fluid restrictions <input type="checkbox"/> Feed client (cannot feed self)

	<ul style="list-style-type: none"> <input type="checkbox"/> Blind client who can feed self <input type="checkbox"/> Aspiration precautions/feeding
ELIMINATION ASSISTANCE URINARY/BOWEL	<ul style="list-style-type: none"> <input type="checkbox"/> Bedpan <input type="checkbox"/> Urinal <input type="checkbox"/> Bedside commode <input type="checkbox"/> Stool
GASTROINTESTINAL SKILLS	<ul style="list-style-type: none"> <input type="checkbox"/> Collecting a stool specimen <input type="checkbox"/> Giving a Soap Solution enema <input type="checkbox"/> Commercially prepared (Fleet) enema <input type="checkbox"/> Routine stoma care (colostomy)
URINARY SKILLS	<ul style="list-style-type: none"> <input type="checkbox"/> Routine urine specimen <input type="checkbox"/> Clean catch urine specimen (male and female) <input type="checkbox"/> 24-hour urine specimen <input type="checkbox"/> Fractional urine (Ketostix) <input type="checkbox"/> Routine drainage check <input type="checkbox"/> Apply and care for external catheter (male & female) <input type="checkbox"/> Emptying urinary drainage, measure urine, record amount, and note character <input type="checkbox"/> Applying condom catheter <input type="checkbox"/> Connecting catheter to a leg bag <input type="checkbox"/> Emptying a leg bag
AMBULATION /ASSISTANCE	<ul style="list-style-type: none"> <input type="checkbox"/> Use of assistive devices in transferring <input type="checkbox"/> Ambulation <input type="checkbox"/> Wheelchair <input type="checkbox"/> Stretcher <input type="checkbox"/> Lift device <input type="checkbox"/> Transfer belt <input type="checkbox"/> Client transfer-bed, stretcher, chair, wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Crutch, Cane, and Three-Point Gait <input type="checkbox"/> Walker and Three-Point Gait <input type="checkbox"/> Fall Prevention <input type="checkbox"/> Assisting the falling client
PRESSURE INJURY/PREVENTIVE CARE	<ul style="list-style-type: none"> <input type="checkbox"/> Turning and positioning frequently <input type="checkbox"/> Heel offloading

	<ul style="list-style-type: none"> ❑ Commercial boot ❑ Pillow repositioning ❑ Wedge ❑ Offloading sacrum, body in proper alignment ❑ Observation and reporting of: <ul style="list-style-type: none"> ○ Skin breakdown ○ Wound condition ○ IV site care
OXYGEN DEVICES	<ul style="list-style-type: none"> ❑ Oxygen tank storage ❑ Incentive spirometer ❑ Flowmeter and nipple adapter ❑ Assist with nasal cannula application or O₂ device
ISOLATION PRECAUTIONS	<ul style="list-style-type: none"> ❑ Isolation carts ❑ Hand hygiene ❑ Contact <ul style="list-style-type: none"> ○ Enteric ○ Enhanced ○ Droplet ○ Airborne ○ Respiratory Enhanced ❑ Personal Protective Equipment (PPE) <ul style="list-style-type: none"> ○ Putting on a mask ○ Putting on a gown ○ Putting on gloves ○ Removing contaminated gloves, mask, and gown ❑ Serving a meal in an isolation unit ❑ Vital signs in isolation unit ❑ Specimen collection in isolation ❑ Transporting clients in isolation

BEDSIDE TESTING	<ul style="list-style-type: none"> <input type="checkbox"/> 12-Lead EKG <input type="checkbox"/> Accu-Check Inform II Glucose System <input type="checkbox"/> Glucometer <input type="checkbox"/> Gastrocult <input type="checkbox"/> Hemocult <input type="checkbox"/> Urinalysis <input type="checkbox"/> Sputum collection <input type="checkbox"/> Phlebotomy
DYING/POSTMORTEM CARE	<ul style="list-style-type: none"> <input type="checkbox"/> Care of the dying <input type="checkbox"/> Postmortem care
HOT AND COLD THERAPIES	<ul style="list-style-type: none"> <input type="checkbox"/> Ice bag <input type="checkbox"/> Disposable cold pack <input type="checkbox"/> Aquamatic K-Pad <input type="checkbox"/> Warm soak <input type="checkbox"/> Warm moist compress
POST OPERATIVE SKILLS	<ul style="list-style-type: none"> <input type="checkbox"/> Assisting with deep breathing and coughing <input type="checkbox"/> Post-op leg exercises <input type="checkbox"/> Applying elastic stockings (TED hose) <input type="checkbox"/> Dangling <input type="checkbox"/> Applying SCD device
NST ADVANCED SKILLS (NST core skills plus advanced certification in another field (IE paramedic) and a standardized procedure filed and approved by the Board)	<ul style="list-style-type: none"> <input type="checkbox"/> Application of Basic Boot traction <input type="checkbox"/> IV insertion <input type="checkbox"/> IV discontinue <input type="checkbox"/> Pulling arterial sheaths