

# Resident Transfer Training Checklist

NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

TITLE \_\_\_\_\_

DATE OF HIRE \_\_\_\_\_

Instructions for the following were reviewed during orientation:

1. Proper posture when transferring a resident
2. Using a gait belt properly
3. Walking a resident:
  - a. with a cane
  - b. with a walker
4. Transferring a resident:
  - a. from bed to wheelchair
  - b. from bed to standing
  - c. from wheelchair to commode or toilet
5. Assisting a resident who is prone to falling
6. How to properly position a resident:
  - a. in bed
  - b. in a chair

I confirm that I have been taught the techniques listed above and have full understanding of the proper procedures.

\_\_\_\_\_  
Orientee's Signature

\_\_\_\_\_  
Date

I certify that the above-named employee has successfully demonstrated proper technique, as evidenced by return demonstration.

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

\_\_\_\_\_  
Date