**Resident Specific Delegated Tasks**

The following employees have been delegated by a licensed nurse and verified by the Delegating/Supervising RN for the following resident.

Resident Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Move in Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Name | Date Delegated | RN Signature |
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