

Statement of Accountability for Delegation of Nursing Tasks under Montana Board of Nursing Rule 8.32.1722: DELEGATION

My initials next to the each of the following statements indicates that I am in agreement.

I have completed my employee required training on the delegation of nursing tasks that are within my Scope of Practice under the Administrative Rules of Montana Chapter 32.

I understand the legal, professional, and organizational foundation for delegation

I understand and will follow standards of nursing practice when making decisions to delegate

I can determine that a specific task is within my legal scope of practice

I can identify inappropriate delegation

I can supervise unlicensed assistive personnel performing delegated nursing tasks

I understand I am responsible for the patient/client care that I delegate

I can plan and implement appropriate actions when delegated tasks have resulted in unexpected outcomes

Printed name of Employee/Delegator	Signature	Date
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Printed name of Training Staff	Signature	Date
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Printed name of Supervisor/Verifier	Signature	Date
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Printed name of Chief Nursing Officer	Signature	Date
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It is recommended that this signed document be retained in the employee's personnel file and training records and a copy be given to the employee.