



Serving Richmond and Scotland Counties

## Nursing Assistant I Refresher Checklist

Name: \_\_\_\_\_

### FORMS:

	Yes	No
Valid state issued picture ID <b>Due at registration</b>		
Social Security Card <b>Due at registration</b>		
Signed Statement of Understanding <b>Due at registration</b>		
Completed and signed Good Standing form <b>Due at registration</b>		
Verification of lapsed Certification, less than 2 years old <b>Due at registration</b>		
Signed Policies		
Appendix A		
Certificate of Completion		
Mock skill		
Mock written		

Exam Grade	
Lab Grade	(Circle One) Pass / fail

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date