



Serving Richmond and Scotland Counties

Nursing Assistant I Refresher Checklist

Name: _____

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

Exam Grade	
Lab Grade	(Circle One) Pass / fail

Signature

Date