Nurse Aide I Checklist for: _____

Forms		Yes	No
Registration Form	**Required at time of registration**		
Valid, state-issued picture ID	**Required at time of registration**		
Valid, Signed Social Security Card	**Required at time of registration**		
Signed Statement of Understanding	**Required at time of registration**		
Completed and signed Good Standing form	**Required at time of registration**		

Reading Scores/Transcript:
     Accuplacer Next-Generation Reading 250 or higher
     ENG 111 with completion grade of "C" or better
	Required at time of registration		

Immunization records:
               MMR x 2
               Hep B x 3
               Varicella x 2
               Tdap (within 10 years)
	Required at time of registration		

Flu vaccine (seasonal)			
COVID vaccine			
Physical			
TB Skin Test Results			
Policies			
Skills Evaluations			
Certificate of Completion			

GRADES:

Quiz 1	
Quiz 2	
Quiz 3	
Quiz 4	
Cumulative Final	
Total Theory Grade	
MOCK skills	
MOCK written test results	

_____   _____
Signature of instructor who verified folder   Date

EQUAL OPPORTUNITY INSTITUTION

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