

*Serving Richmond and Scotland Counties*

**Nurse Aide I Checklist for:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **Forms** | **Yes** | **No** |
| **Registration Form** |  |  |
| **Picture ID** |  |  |
| **Signed Social Security Card** |  |  |
| **Reading Scores/Transcript:**  **Accuplacer Next-Generation Reading 250 or higher**  **OR**  **ENG-111 with a “C” or higher** |  |  |
| **Immunization records:**  **MMR x 2**  **Hep B x 3**  **Varicella x 2**  **Tdap (within 10 years)** |  |  |
| **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** |  |

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Signature of instructor who verified folder Date