



CAREER & TECHNICAL EDUCATION - CERTIFICATE

NURSE AIDE

PROGRAM WORKSHEET AND GRADUATION REQUIREMENTS

Student Name: _____ **Aims #:** _____ **Graduation Evaluator:** _____

Advisor: _____ **Ext:** _____ **Date:** _____

<u>Course Number</u>	<u>Requirements</u>	<u>Required Credits</u>	<u>Term Complete</u>	<u>Transfer Credits</u>	<u>Transfer School</u>	<u>Needs</u>
NUA 101	Nurse Aide Health Care Skills	4	_____	_____	_____	_____
NUA 170	Nurse Aide Clinical Experience	1	_____	_____	_____	_____
Total:		5				