

Student Name:
 Local Program Name: Nursing Options
 Student Type:
 Schedule Type:
 Cohort/Block Number:
 Campus HSC

FY:

Block/Instructor(PID):		CTSO	Distance Education	HOURS: 8:00 AM-10:50 AM 12:00 PM-2:50 PM	
Block/Instructor(PID):				HOSA	ADDITIONAL BREAK/INTERSSION DATES:
Class Schedule:	Day: Monday Tuesday Wednesday Thursday Friday				Start Date:
	Hours:				End Date:
Weeks of Instruction	OCAS Code: 9301	CIP Code: 51.2601	CM Code: HL0016008	SOC Code: 31-1014	

COURSE #	OCAS	OHLAP	COURSES	Theory	Lab	Clinical	Total	START DATE	END DATE	#DAYS	Grade	Notes
			Long Term Care Nurse Assist Course	38	37	0	75					
			Home Health Care Aide Deeming	10	6	0	16					
			Core Medical Terminology	45	0	0	45					
			AUA - Theory	40	0	0	40					
			AUA - Lab	0	160	0	160					

TOTAL HOURS 133 203 0 336

			AUA - Clinical	0	0	40	40					
			Capstone for Nursing Options	20	100	0	120					

TOTAL COMPLETED HOURS 153 303 40 496

Comments:
 In order to complete all hours of the academic program, students must complete additional ___ hours outside of the scheduled class time.
 Students will receive a written plan for these hours.

B & I Certifications			
	Certification Name	Number	A-F?
Primary:	Long Term Care Nurse Aide	8607	
Additional:	Home Health Care Nurse Aide	8605	
	Advanced Unlicensed Assistant	8627	

SIGNATURES:

Student: _____
 Instructor: _____
 Coordinator: _____
 Administrative: _____