

Student Name:

FY:

Local Program Name: Nursing Assistant-One Semester

Student Type: Senior and Adult

Schedule Type:

Cohort/Block Number:

Campus: PEO

Offsite Location:

Block/Instructor(PID):

CTSO	Distance Education	HOURS: 8:00AM-10:50 AM 12:00 PM-2:50 PM
HOSA		ADDITIONAL BREAK/INTERSSION DATES:
		Start Date:
		End Date:
OCAS Code: 9301	CIP Code: 51.3902	CM Code: HL0068008
		SOC Code: 31-1014.00

Class Schedule:	Day:	Monday	Tuesday	Wednesday	Thursday	Friday
	Hours:					

Weeks of Instruction	OCAS Code: 9301	CIP Code: 51.3902	CM Code: HL0068008	SOC Code: 31-1014.00
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COURSE #	OCAS	ACAD & OHLAP	COURSES	THEORY	LAB	TOTAL	START DATE	END DATE	#DAYS	Grade	Notes
			Long Term Care Nurse Aide Course	34	41	75					
			Home Health Care Aide Deeming	10	6	16					
			Core Medical Terminology	45	0	45					
			Capstone for the Nursing Assistant	60	60	120					

TOTAL COMPLETED HOURS 149 107 256

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	Y
Additional: BLS CPR		N
Heartsaver First Aid		N

SIGNATURES:

Student: _____

Instructor: _____

Coordinator: _____

Administrative: _____