

**PROGRAM OF STUDIES
FOR NURSE AIDE
OCCUPATIONAL CERTIFICATE OF COMPLETION**
(Submit to Graduation Office after all signatures obtained)

Student Name: _____ **Student ID:** _____

Name of Program: Nurse Aide

Completion Date: _____

REQUIREMENTS:

Core Requirements:

Course #	Title	Credits	Term	Completed	Grade
HLTH 107	Nurse Aide Training <u>OR</u>	9			
HLTH 111	Personal Care Attendant Training	5			
<u>AND</u> HLTH 113	Personal Care Attendant to nursing Assistant Bridge	4			

Additional Requirements:

Total Credits Required Minimum: 9

I certify that the above named student has successfully completed all of the requirements for this Occupational Certificate of Completion and request that it be posted to his/her transcript for _____ semester _____ year.

Program Head: _____ Signature _____ Date: _____
(printed name)

Campus Director: _____ Signature: _____ Date: _____
(printed name)

Dean: _____ Signature: _____ Date: _____
(Printed name)

For Enrollment Services Only:
Process date _____ Processed by _____