

# EMT Associates

## CNA 2 Student Record

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Class Start Date: \_\_\_\_\_

CLASSROOM PHASE				CLINICAL PHASE		
UNITS	DATE	HOURS	PRESENT	DATE	HOURS	PRESENT
Class 1						
Class 2						
Class 3						
Class 4						
Class 5						
Class 6						
Class 7						
Class 8						
Class 9						
Class 10						

### TEST SCORES:

QUIZZES:

MIDTERM:

FINAL:

Presentations:

Total Classroom Hours:

Total Clinical Hours:

Lab/Clinical Skills Record Completed:

Clinical Performance: PASS / NO PASS

OSBN Notified: