## AZ STUDENT FILE

## **Nursing Assistant Student File**

		_	Program Name						
Last Name.			First Name.			Middle Name:			
		Date of Birth:		Place	e of Birth:	•			
Mailing Address:			City:		State:		Zip Code:		
Phone:	Email:								
		om Phase				Clinical P			
Day Outline	DATE	HOURS	PRES	ABS	DATE	HOURS	PRES	ABS	
								_	
							_	_	
								-	
Total Classroom Hou	rs:		-	Total Clinic	al Hours:				
Test Scores:	2.	3. Final % Exam:							
Lab/Clinical Skills Cor	mpletion Date:			Clinical Per	formance:	Pass	Fail		
Eligibility for State Exa	am: Yes	□ No		Exam Appli	ication Mailed:	Yes [	No		
Date of State Exam:			CNA Certifica	te Receive	d: Yes	□ No			

Manual:

☐ Fail

Pass

Pass

Written:

Fail