CNA On-Line Training Solutions 3.5©
Training Documentation Form

Documentation must be submitted **10 business days prior to CNA testing,** If late, test date will not be guaranteed if held at AESS.

Facility Name: _____

CNA Student Name: _____

The above student, enrolled in the Avera CNA On-Line Training Solutions program, has completed the following:

Unit 1	Score (percentage)	Date
Chapter 1	_____	_____
Chapter 2	_____	_____
Chapter 3	_____	_____
Chapter 4	_____	_____
Chapter 5	_____	_____
Chapter 6	_____	_____
Chapter 7	_____	_____
Chapter 19	_____	_____

8 Hour Skills Videos Group I-5 reviewed?   Yes

Unit 1 EXAM _____ _____

*Complete **Nebraska Abuse & Neglect** if choosing to be certified in NE _____ _____

Unit 2	Score (percentage)	Date
Chapter 8	_____	_____
Chapter 9	_____	_____
Chapter 10	_____	_____
Chapter 11	_____	_____
Chapter 12	_____	_____
Chapter 13	_____	_____
Chapter 14	_____	_____
Chapter 15	_____	_____

Unit 2 EXAM _____ _____

Unit 3	Score (percentage)	Date
Chapter 16	_____	_____
Chapter 17	_____	_____
Chapter 18	_____	_____
Chapter 20	_____	_____
Chapter 21	_____	_____
Chapter 22	_____	_____
Chapter 23	_____	_____
Chapter 24	_____	_____
Sample Test 1	_____	_____
Sample Test 2	_____	_____
Sample Test 3	_____	_____

Unit 3 EXAM _____ _____

8 Hour Skills Review Completion Date(s): _____
_____

At least 16 Hours of Clinical Training	Date
# Hours _____	_____
# Hours _____	_____
# Hours _____	_____
# Hours _____	_____

NOTE: May increase clinical hours to facility preference

If testing with AESS, please register at www.averasolutions.org. This form along with the Eligibility Verification Form must be received at least 10 business days prior to testing.

Requested Testing Date: _____

Facility Instructor PRINT: _____**Signature**_____

Student PRINT: _____**Signature**_____