



## Nursing Assistant Students Orientation

**Employee Name:** \_\_\_\_\_

**A. General Orientation was completed on:** \_\_\_\_\_

**B. CNA Program and Testing completed on:** \_\_\_\_\_

**C. General Orientation for Nursing Services completed on:** \_\_\_\_\_

**C. CNA Skills Check completed on:** \_\_\_\_\_

*(Attach skills check to this sheet.)*