

# Competency Record Sheet of Restorative Nurse Assistant

## Student Final Record

Name of Student: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Permanent Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Training Site: \_\_\_\_\_

Date Started: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Final Oral or Written Exam Score: \_\_\_\_\_ OJT Started: \_\_\_\_\_ OJT Completed: \_\_\_\_\_

Instructor(s): \_\_\_\_\_  
(Signature(s))

Licensed Therapist(s) Signatures:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

Examiner: \_\_\_\_\_  
(Signature)

Additional Comments:

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\_\_\_\_\_  
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