



**Nursing Assistant
Certificate of Proficiency
2009-2010**

Name _____ Anticipated Graduation Date _____

COURSE	TITLE	TERM	GRADE	COMMENT	CREDIT
NA 1001	Introduction, Ethics, and Legal Aspects				1
NA 1201	Clinical Practicum				1
NA 1202	Nursing Arts				2
NA 1301	Restorative Care				1

This program is ineligible for financial aid.

Student Signature Date

Advisor Signature Date

As mandated by Act 472 of 2007, I have been informed of the Arkansas Course Transfer System, and how to determine which courses will transfer to other Arkansas public institutions. Website <http://acts.adhe.edu>