**Trinity Valley Community College**

**Continuing and Workforce Education Division**

**Confirmation of Receipt of Letter of Nurse Aide Course Completion**NURA 1401 and NURA 1160

**Program # Program Name: \_Trinity Valley Community College/**

**By signing this form, I acknowledge that I have received a Letter of Nurse Aide Completion.**

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| **PRINTED NAME** | **Signature** | **Date** |
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Nurse Aide Program Director: Janith M Fritz MSN, RN 903-670-2673 jm.fritz@tvcc.edu

Instructor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_