Texas Department of Aging and Disability Services

Regulatory Services

Nurse Aide Training Program

Daily Sign-In Record

Instructor’s Name:

Instructor’s Signature:

Class Date: Facility Name:

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| --- | --- | --- | --- |
| **Student’s Name** | **Time In** | **Time Out** | **Student’s Signature** |
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To be completed by the instructor at the end of class

Total Class Hours:

Total Clinical Hours: