**Trinity Valley Community College**

**Continuing and Workforce Education Division**

**RECEIPT of COPY OF TEXAS NURSE AIDE PERFORMANCE RECORD**

*By signing this form, I acknowledge that I have received a copy of my Texas Nurse Aide Performance Record*  **Program #\_\_\_TX~~0099~~\_\_\_\_\_ Program Name: Trinity Valley Community College/~~Athens~~**

**Course Section #’s\_NURA 1401.\_\_\_\_\_\_\_\_& NURA 1160.\_\_\_\_\_\_\_\_ DADS Training End Date\_\_**~~03/31/2017~~

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|  | Trainee’s Name Printed | Signature | Date |
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Signature of Program Representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# REV 7/24/2017