Trinity Valley Community College

Continuing and Workforce Education (CWE) Department

**CNA - clinical training** for NURA 1401 and NURA 1160

**OFF CAMPUS PLANNED CLINCIAL TRAINING SCHEDULE**

School District:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is confirmation that I have contacted CWE Coordinator, Sharon Barrett, to confirm that the clinical site(s) to be used for both (1) DADS/HHS certification clinical and (2) NON-Certification clinical activities have been approved. sbarrett@tvcc.edu 903-675-6212

Circle your confirmation response: yes or no

1. **Clinical Site for 40 clock hours of CNA Certification Clinical Training**

Name of Nursing Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Schedule for my students approved by the Nursing Home Administration:

Dates Times

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1. **Clinical Site for Non- Certification Clinical Training**

Name of Medical Facility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Schedule for my students approved by the Medical Facility Administration:

Dates Times

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Developed Aug 2017