

Tracking Log for CNA Evaluation of Competency and Education Requirements

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**** Attach forms with evidence of evaluation of competency or completion:**

- Sign in sheets
- Return Demonstration Forms
- Skills Check Lists
- Post Tests

Employee has met the requirement for at least 12 hours of education for this calendar year:

_____ Yes _____ No Comment: _____

Education program(s) were provided based on outcome of annual performance evaluation:

_____ Yes _____ No Comment: _____

Yearly Review of Education: _____

(Nurse Manager Signature)

(Date)