

Tracking Log for CNA Evaluation of Competency and Education Requirements



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Yearly Tracking Log for CNA Training and Evaluation of Competency

EMPLOYEE NAME: _____ Year: _____

Date of Annual Performance Review	Education Recommended Based Upon Review (list topics)	Date Recommended Education Completed	Other Facility Required Education (list topics)	Date Required Education Completed	Length of Educational Program



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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)

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