**Academic Transcript**

You School

Address

City, State Zip Code

Email School Administrator

Website Phone Number

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| --- | --- | --- | --- |
| Name: Laura Washington | DOB: 10/20/1998 | Gender: Female | Transcript Print Date: 07/01/2020 |
| Address: 123 Street | City: Chicago | State: IL | Zip: 60007 |
| Start Date: 9/6/2009 | Withdraw date: N/A | Graduation date: 10/15/2009 | Cumulative Grade: 85% |

Class Title: Nurse Aide Training Program

**Assignments Grade Total Hours**

Theory 60

Intro to Healthcare 87%

Resident Rights 90%

Infection Control 84%

Emergency Procedures 95%

Injury Prevention 88%

Care of the Resident 79%

Rehabilitation and Restorative Care 76%

End of Life care 78%

Alzheimer’s and Dementias 78%

Final Exam 90%

Practical

Lab Skills P 20

Clinical Rotation P 40

Lab Final P

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| --- | --- |
| Class Rank: 2/10 | Total Hours: 120 |

Official Certifying Transcript: Sig\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_