

(LOCAL/SCHOOL LOGO GOES HERE)

**PROGRAM COMPLETION AWARD FOR THE
ASSISTANT TO NURSES PROGRAM**

Awarded By:

(Local educational agency)

(Program approval #)

This is to certify that

(Student's Name)

**has successfully completed the Nursing Assistant Training Program and
Competency Evaluation Approved by the Maine Department of Education utilizing
a curriculum prescribed by the Maine State Board of Nursing.**

**The training and competency evaluation program was conducted in accordance
with the Rules and Regulations of the Maine Department of Education and the
Maine State Board of Nursing (32 M.R.S.A § 2104, Sub § 4), and the Federal OBRA
Regulations (42 CFR 483.152)**

Total Classroom/Laboratory Hours _____

Total Correlated Supervised Clinical Practice _____

Beginning Date _____

Ending Date _____

**Given at _____, Maine, this _____ day of _____,
A.D. 20____.**

(Program Instructor)

(Program Administrator)