KANSAS DEPARTMENT FOR AGING AND DISABILTY SERVICES

NURSE AIDE CONTINUING EDUCATION Instructor Roster

This information must be typed and completed by the instructor. Submit instructor roster, update certification forms completed by each of the trainees, and any attachments to the Kansas Department of Health and Environment after the candidates have successfully completed the course. The trainee must attach a copy of his/her nurse aide certificate to assist in eliminating possible delays. **Please send no fee.**

Instructor Name:			
Instructor Number:	Course Number:	Course Begins: / //	Ends://
Sponsoring School Name:			
Address:			

The students on this roster satisfactorily completed the specified hours of the Kansas Nursing Home Aide Update course in accordance with KAR 28-39-170.

Authorized Signature

/	/	
	Date	

INSTRUCTOR USE ONLY NAME (Last, First, MI, Other)	KDADS USE ONLY

KDADS Verification Date

RETURN TO: HEALTH OCCUPATIONS CREDENTIALING 503 S TOPEKA AVE TOPEKA, KS 66605 OR EMAIL: <u>TABETHA.MOJICA@KS.GOV</u> Continue on other side if necessary

Name (Last, First, MI)	