



Class/Course Scheduling Information
Health Support Specialist

Return form prior to
class start date to:

Date completed _____

Linda Bitner
1132 S 170th
Cherokee, KS 66724

Class Information

- AH-010A Certified Nurse Aide
- AH-011A Certified Medication Aide
- HS-100A Rehabilitative Aide
- HS-101A Medical Terminology
- AH-012A CPR/First Aid
- HS-102A Culture Change
- HS-103A Environmental Service
- HS-104A Dining Services
- HS-105A Dementia Care

Class/Course Name _____

Please check the class/course to the right to correspond with the above information.

Start Date _____ End Date _____

Class Sessions to be Held _____ Time _____
(Day(s) of the Week)

Number of Hours (Clock) _____ (Credit) _____

Number of Students _____ Number of Books Requested _____

Facility Information

Facility Name _____

Facility Coordinator Name _____

Facility Phone Number _____

Instructor Information

Instructor Name _____

Instructor Phone Number _____

PLEASE PROVIDE A LIST OF ALL STUDENTS WHO WILL ATTEND THIS CLASS ON THE BACK OF THIS FORM.
BOOKS WILL ONLY BE PROVIDED FOR STUDENTS LISTED ON THIS FORM.

