



Instructor Completion Form
Health Support Specialist

Please return this completed form
by mail **after** the class is completed
to:

Linda Bitner
1132 S 170th
Cherokee, KS 66724

- 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/OSHA
- HS-104A Dining Services/Serv Safe
- HS-105A Dementia Care

Class Information

Class/Course Name _____

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

Start Date _____ End Date _____

Number of Students _____ Facility Name _____

Instructor Name _____

Instructor Phone Number _____

Instructor Address _____ City _____ State _____

Zip _____ Instructor Email _____

Instructor Signature _____ Date _____

PLEASE PROVIDE A LIST OF ALL STUDENTS WHO ATTENDED THIS CLASS ON THE BACK OF THIS FORM.
PLEASE INDICATE IF THE STUDENT PASSED, FAILED, OR DROPPED THE CLASS. THIS CLASS STUDENT
ROSTER NEEDS TO MATCH THE ROSTER SUBMITTED ON THE CLASS/COURSE SCHEDULING FORM
BEFORE THE CLASS BEGAN.

