



Crosswalk Verification for Nursing Assistant - HEAL 1060 - 5 cr.

Student Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

1. \_\_\_\_\_ Original certificate issued by the Minnesota Department of Health verifying the student is currently on the MDH Nursing Assistant registry.
2. \_\_\_\_\_ Documentation is provided showing the training took place in a state-approved college/facility. The documentation must:
  - A. indicate the college/facility where the training took place
  - B. include the number of classroom and clinical hours (must be at least 75)
  - C. include the dates of training
  - D. be signed by an administrator or instructor
3. \_\_\_\_\_ Student must have the required documentation before seeking the program faculty advisor signature.

I have confirmed that all the above requirements have been satisfied and the documentation is attached.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Approving Signature \_\_\_\_\_ Date \_\_\_\_\_

Registrar Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*The Nursing Assistant testout does NOT fulfill the documentation required for this crosswalk.*