



## PATIENT CARE APPRENTICESHIP

Date: \_\_\_\_\_ Student's High School: \_\_\_\_\_

Student Name: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_

<b>Academic Related Training &amp; Instruction (RTI)</b>		
<b>Initial if completed</b>	<b>Career Academy of Pella Course Name</b>	<b>Equivalent Course Name &amp; school/organization providing the training*</b>
	Nurse Aide (Basic CNA)	
	Health – CPR training	

**\*Course providers outside of the Career Academy of Pella may have classes by a different name, which teach the same academic competencies as the Career Academy Course listed.**