**A Servants Heart Training Institution Foundation INC**

**Qualified Medication Aide (QMA) STUDENT FILE CHECKLIST**

STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REGISTRATION DOCUMENTS**

\_\_\_ Application for Admission

\_\_\_ Copy of Social Security Card

\_\_\_ Copy of State or Government Issued ID (Unexpired)

\_\_\_ Pre-enrollment Test

\_\_\_ Tuberculosis Testing (1 of 3 required)

* Two Step Skin Test
* TB blood test
* Chest X-ray

\_\_\_ Physical Examination

\_\_\_ Covid Vaccination

\_\_\_ Limited Criminal History (LCH)

\_\_\_ Background Check Authorization

\_\_\_ Fingerprinting (if applicable)

\_\_\_ Proof of Indiana Nurse Aide Registry Verification (including Ohio and Illinois)

\_\_\_ Copy of CNA Certificate

\_\_\_ Copy of proof 0f 1,000 hours as CNA

\_\_\_ Proof of being employed for the last 6 months as a CNA

**COURSE REQUIREMENTS**

\_\_\_ Classroom Log Sheet

\_\_\_ Clinical Log Sheet

\_\_\_ Quizzes /Tests / Final Exam

**COURSE COMPLETION**

\_\_\_ Copy of Certificate of Course Completion

\_\_\_ Copy of QMA State Exam Application

\_\_\_ Copy of State Exam Results

\_\_\_ Proof of Placement on Indiana QMA Registry

**NOTES**

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