

Med Aide On-Line Training Solutions©

Training Documentation

Facility Students: This Form & the Clinical Skills Checklist must be maintained by your facility.
Independent Students: Submit this form to AESS. **Fax:** 605-668-8483 OR **Email:** averasolutions@avera.org

Med Aide Student Name: _____

Facility Name: _____

Submit to Facility to obtain certificate

- High School Diploma or GED
- 1:1 Clinical Skills Checklist

NOTE: Upon program registration, the Facility RN Instructor will be automatically provided a STUDENT ID login and password allowing student to access the program, AND a separate EXAM TESTING password. The EXAM TESTING password is not to be shared with the student at anytime. To view, verify and print a complete listing of the student's course grades: within the program, select grades under "This course." Also a course completion block on right-hand side of screen lists quiz status.

The above student, enrolled in the Avera Med Aide On-line Training Solutions program, has completed the following:

<u>Unit 1</u>	Score	Date
Chapter 1	_____	_____
Chapter 2	_____	_____
Chapter 3	_____	_____
Chapter 4	_____	_____
Chapter 6	_____	_____
Chapter 8	_____	_____
Chapter 9	_____	_____
Chapter 10	_____	_____
Chapter 11	_____	_____
Chapter 12	_____	_____
Chapter 13	_____	_____

<u>Unit 2 - Continued</u>	Score	Date
Chapter 25	_____	_____
Chapter 26	_____	_____
Chapter 27	_____	_____
Chapter 28	_____	_____
Chapter 29	_____	_____
Chapter 30	_____	_____
Chapter 31	_____	_____
Chapter 32	_____	_____
Chapter 33	_____	_____
Chapter 34	_____	_____
Chapter 35	_____	_____

<u>Unit 1 Exam</u>	Score	Date
1 st Attempt:	_____	_____
2 nd Attempt: (if needed)	_____	_____

<u>Unit 2 Exam</u>	Score	Date
1 st Attempt:	_____	_____
2 nd Attempt: (if needed)	_____	_____

<u>Unit 2</u>	Score	Date
Chapter 5	_____	_____
Chapter 7	_____	_____
Chapter 14	_____	_____
Chapter 15	_____	_____
Chapter 16	_____	_____
Chapter 17	_____	_____
Chapter 18	_____	_____
Chapter 19	_____	_____
Chapter 20	_____	_____
Chapter 21	_____	_____
Chapter 22	_____	_____
Chapter 23	_____	_____
Chapter 24	_____	_____

<u>On-Line Lab</u>	Score	Date
Quiz:	_____	_____

(3 HR) 1:1 Skills Performance Evaluation
 Date Completed: _____

* After successful completion of this full 20-hr program and receiving a certification of completion from your facility, you may submit application to take SD BON UMA Exam. You may not pass medications until you receive a certificate of completion from your facility and you have passed the UMA Exam.

I attest that all quiz and Exam scores are accurate and all Exams were proctored:

Facility RN Instructor signature:

Student signature:
