**Yearly Tracking Log for CNA Training and Evaluation of Competency**

**EMPLOYEE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Date of Annual Performance Review** | **Education Recommended Based Upon Review**  **(list topics)** | **Date Recommended**  **Education Completed** | **Other Facility Required Education**  **(list topics)** | **Date Required Education Completed** | **Length of Educational Program** |
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\*\* Attach forms with evidence of evaluation of competency or completion:

* Sign in sheets
* Return Demonstration Forms
* Skills Check Lists
* Post Tests

**Employee has met the requirement for at least 12 hours of education for this calendar year:**

\_\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_ No Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Education program(s) were provided based on outcome of annual performance evaluation:**

\_\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_ No Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Yearly Review of Education**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

(Nurse Manager Signature) (Date)