Recertification Option A (24-Hour Recertification Program Only)
Competency/Proficiency Evaluation – List of Student(s)

I certify the below referenced nurse aide(s) have successfully completed the Department of Human Services Nurse Aide Competency/Proficiency Evaluation (DHS 1646).

______________________	______________________	______________________	__________
Print Name of RN Evaluator	*Signature*	*Agency/Company*	*Date*

Name	Nurse Aide Certification #	Last 4 of SSN	Date of Evaluation Completion
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By the first week of the next month, submit this form electronically to hicna@prometric.com
email a copy to nurse_aide@dcca.hawaii.gov