

Best Healthcare Institute, Inc.

26236 Industrial Blvd, Hayward, CA 94545 • (510) 783-1274

www.besthealthcareinstitute.com

OFFICIAL TRANSCRIPT CERTIFIED NURSE ASSISTANT PROGRAM

Name of Student: _____

Social Security Number: _____

Course Name: **Certified Nurse Assistant Program**

Entry Date: _____ Leave Date: _____

Total Hours Attended: **160 Hours**

Theory Grade: _____ Clinical Grade: _____

Certificate of Completion received on: _____

Leopoldo Reyes
Chief Executive Officer/Chief Operating Officer

Gloria Escano
Chief Academic Officer/Director of Nursing

Approved by the CA Department of Public Health
Provider Identification Training Number: Approval Pending

Approved to Operate by the CA Bureau for Private Postsecondary Education
Provider Identification Training Number: Approval Pending

GRADING SCALE

A+ = 4

A = 4

A- = 3.7

B+ = 3.3

B = 3

B- = 2.7

C+ = 2.3

C = 2

C- = 1.7

D+ = 1.3

D = 1

D- = 0.7

F = 0

S = Satisfactory

U = Unsatisfactory