COMPLETION LIST FOR CMT-I COURSE
UNLICENSED ASSISTIVE PERSON

Full Name	Date of Birth	Mother's Maiden Name	Social Security Number	Work Place	Work Address	Work Title	Home Address

I verify that the above named individuals have completed the requirements for the CMT-I course with a test score of 85% or higher.

Signature_____Print Name _____

Nursing Licensure # _____

Address _____City_____State_____Zip_____

Date of Completion_____