**Appendix B**

**Nurse Assistant Capitation Reporting**

**Expectation**

* Please report all funds received utilized for Prometric’s $125 fee for the Certification exam (Written and Clinical). Please document the overall pass rate by College and/or Program code.
* Overall College Pass rate will meet or exceed the Louisiana State Prometric 1st time pass rate of 78.66%.

Name, Credentials and Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direct Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fall 2020 Cohort**

*Reporting to Fall 2020 Cohort is due March 1, 2021.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **College** | **Campus** | **Total Funding Received** | **NA students** | **Nursing Students** | **Total Pass Rate for Prometric Exam** |
|  |  |  | Total #:  Total Pass #:  Pass Rate: % | Total #:  Total Pass #:  Pass Rate: % | Total #:  Total Pass #:  Pass Rate: % |
|  |  |  | Total #:  Total Pass #:  Pass Rate: % | Total #:  Total Pass #:  Pass Rate: % | Total #:  Total Pass #:  Pass Rate: % |
|  |  |  | Total #:  Total Pass #:  Pass Rate: % | Total #:  Total Pass #:  Pass Rate: % | Total #:  Total Pass #:  Pass Rate: % |

\*Add additional rows as needed.

**Spring 2021 Cohort**

*Reporting for Spring 2021 Cohort is due June 1, 2021.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **College** | **Campus** | **Total Funding Received** | **NA students** | **Nursing Students** | **Total Pass Rate for Prometric Exam** |
|  |  |  | Total #:  Total Pass #:  Pass Rate: % | Total #:  Total Pass #:  Pass Rate: % | Total #:  Total Pass #:  Pass Rate: % |
|  |  |  | Total #:  Total Pass #:  Pass Rate: % | Total #:  Total Pass #:  Pass Rate: % | Total #:  Total Pass #:  Pass Rate: % |
|  |  |  | Total #:  Total Pass #:  Pass Rate: % | Total #:  Total Pass #:  Pass Rate: % | Total #:  Total Pass #:  Pass Rate: % |

My signature certifies that all information reported on this form is truthful and accurate to the best of my knowledge. I also certify that I have read and understand all information listed on this form. I understand and agree to report outcomes to both the Board of Regents and Dr. Wendi Palermo as directed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date