



Nurse Aide Training Program #378

Name: _____ Social Security # _____

Address: _____ Phone # _____ (Home)

_____ (Cell)

_____ (Work)

Have you been a resident of Pennsylvania for more than 2 years? Yes No

Have you ever taken any nursing related courses prior to this one? Yes No

Do you have any lifting restrictions per your family physician? Yes No

Have you ever had the Hepatitis B series of vaccinations? Yes No

Do you presently work in the health care setting? Yes No

Please feel free to list any concerns you may have about taking this course:

Please return with tuition payment (\$1,000).

Signature

Date