

Center for Aide Regulation and Education Branch

Division of Health Service  
Regulation

N.C. Health Care Personnel Registry Section

N.C. Department of Health  
and Human Services

CLINICAL SITE ADDITION FOR NURSE AIDE I TRAINING PROGRAM

Prior to adding an additional clinical site, a new form must be completed and submitted via e-mail (pdf only) to [brenda.sanders@dhhs.nc.gov](mailto:brenda.sanders@dhhs.nc.gov).

School/Facility: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Area Code and Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Program Coordinator's Name: \_\_\_\_\_

Current Clinical Site with Address and Zip Code		Program Numbers
1.		
2.		
3.		
4.		
5.		
6.		

**Please use an additional form if more than six (6) sites.**

Requested Clinical Site Approval (Name, Address, City, State, Zip)		Program Numbers
1.	Name of Facility _____ Address and Zip Code _____ Administrator _____	
2.	Name of Facility _____ Address and Zip Code _____ Administrator _____	
3.	Name of Facility _____ Address and Zip Code _____ Administrator _____	

**Please use an additional form if more than three (3) sites.**

**FOR OFFICE USE ONLY- DO NOT WRITE BELOW THIS LINE**

Approved  Not Approved EXCEL LOG IN \_\_\_\_\_ EXCEL LOG OUT \_\_\_\_\_  
Comments: \_\_\_\_\_  
Division of Health Service Regulation: Reviewed by: \_\_\_\_\_  
Signature \_\_\_\_\_ Date entered in dbase \_\_\_\_\_