

CLINICAL SITE ADDITION FOR NURSE AIDE I TRAINING PROGRAM

Prior to adding an additional clinical site, a new form must be completed and faxed to the Raleigh office. The fax number is listed above.

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 _____