

NURSE AIDE I TRAINING PROGRAM
FACULTY REMOVAL FORM

In an effort to keep the Center for Aide Regulation and Education training database reflective of current faculty information, when you have an instructor who leaves your facility or becomes inactive, please complete this form and mail to the address above or e-mail (pdf only) to brenda.sanders@dhhs.nc.gov. Please remember that should you wish to make changes to your program, including faculty, curricula or clinical sites, please contact this office for guidance. The Nurse Aide I training program telephone line is (919) 855-3970. Thank you for your cooperation.

RN's Name	RN's Certificate Number	Program Number(s)

Facility Name: _____

Program Coordinator/Administrator/DON Signature: _____

Date: _____

DHSR Office Use Only:	<input type="checkbox"/> Dbase updated	Date:	Initial:
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