



# NURSE AIDE REGISTRATION FORM

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Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

County \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Birth Date \_\_\_\_\_

Preferred Class start time: \_\_\_\_\_

Scrub size: \_\_\_\_\_

Sponsorship: Yes/No      WPCC/LCC

Consent to perform background:      ☐ Yes      ☐ No

The following must be enclosed with this form to be considered for the program:

- ACT 14 attestation form
- Evidence of high school diploma or GED
- Verification of residency form (documents showing 2 years' residency in PA)
- Photo ID

**The Academy will perform and/or schedule the following via facility of choice:**

- PA Criminal History Report and, if applicable, an FBI Clearance
- Physical exam form (Academy will schedule)
- 2-step Mantoux/QuantiFERON/Chest Xray
- Pre education drug screen

Signature: \_\_\_\_\_

Date: \_\_\_\_\_