



145 Pavilion Lane, Youngwood PA 15697

NURSE AIDE REGISTRATION FORM

Name _____

Address _____

County _____

Phone Number _____

Email Address _____

Social Security Number _____

Birth Date _____

Class Location, Date & Time _____

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

- Check
- Evidence of high school diploma or GED
- PA Criminal History Report and, if applicable, an FBI Clearance
- Physical exam form
- 2-step Mantoux
- Verification of residency form (documents showing 2 years residency in PA)
- Photo ID
- Two (2) letters of reference