

2709 Mail Service Center  
Raleigh, NC 27699-2709

### Health Care Personnel Education and Credentialing Section

Phone: 919-855-3970  
Fax: 919-733-9764

Division of Health Service  
Regulation

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 faxed to the Raleigh office. The fax number is listed above.

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

Mailing Address: \_\_\_\_\_

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

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

Program Coordinator's E-mail Address: \_\_\_\_\_

Program Coordinator's Area Code/Telephone # \_\_\_\_\_ Extension: \_\_\_\_\_

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/Zip Code: _____ Administrator: _____ Area Code/Phone #: _____	
2.	Name of Facility: _____ Address/Zip Code: _____ Administrator: _____ Area Code/Phone #: _____	
3.	Name of Facility: _____ Address/Zip Code: _____ Administrator: _____ Area Code/Phone #: _____	

**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: \_\_\_\_\_