

**NURSE AIDE I TRAINING
Clinical Site Approval Request for New Programs**

Please Complete Electronically. Return Pages Listing Clinical Sites Only.

Date:	
Name of Training Program:	
County Location of Training Program:	
Clinical Site (1)	
Facility Identification Number:	
Name of Facility:	
Site Address:	
City:	Zip Code:
Telephone Number (include area code):	
Clinical Site (2)	
Facility Identification Number:	
Name of Facility:	
Site Address:	
City:	Zip Code:
Telephone Number (include area code):	
Clinical Site (3)	
Facility Identification Number:	
Name of Facility:	
Site Address:	
City:	Zip Code:
Telephone Number (include area code):	
Clinical Site (4)	
Facility Identification Number:	
Name of Facility:	
Site Address:	
City:	Zip Code:
Telephone Number (include area code):	

**NURSE AIDE I TRAINING
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Clinical Site (5)	
Facility Identification Number:	
Name of Facility:	
Site Address:	
City:	Zip Code:
Telephone Number (include area code):	
Clinical Site (6)	
Facility Identification Number:	
Name of Facility:	
Site Address:	
City:	Zip Code:
Telephone Number (include area code):	
Clinical Site (7)	
Facility Identification Number:	
Name of Facility:	
Site Address:	
City:	Zip Code:
Telephone Number (include area code):	
Clinical Site (8)	
Facility Identification Number:	
Name of Facility:	
Site Address:	
City:	Zip Code:
Telephone Number (include area code):	
Clinical Site (9)	
Facility Identification Number:	
Name of Facility:	
Site Address:	
City:	Zip Code:
Telephone Number (include area code):	

**NURSE AIDE I TRAINING
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Clinical Site (10)	
Facility Identification Number:	
Name of Facility:	
Site Address:	
City:	Zip Code:
Telephone Number (include area code):	
Clinical Site (11)	
Facility Identification Number:	
Name of Facility:	
Site Address:	
City:	Zip Code:
Telephone Number (include area code):	
Clinical Site (12)	
Facility Identification Number:	
Name of Facility:	
Site Address:	
City:	Zip Code:
Telephone Number (include area code):	
Clinical Site (13)	
Facility Identification Number:	
Name of Facility:	
Site Address:	
City:	Zip Code:
Telephone Number (include area code):	
Clinical Site (14)	
Facility Identification Number:	
Name of Facility:	
Site Address:	
City:	Zip Code:
Telephone Number (include area code):	

**NURSE AIDE I TRAINING
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Clinical Site (15)	
Facility Identification Number:	
Name of Facility:	
Site Address:	
City:	Zip Code:
Telephone Number (include area code):	
Clinical Site (16)	
Facility Identification Number:	
Name of Facility:	
Site Address:	
City:	Zip Code:
Telephone Number (include area code):	
Clinical Site (17)	
Facility Identification Number:	
Name of Facility:	
Site Address:	
City:	Zip Code:
Telephone Number (include area code):	