Health Care Personnel Education and Credentialing Section

N.C. Department of Health and Human Services

Phone: 919-855-3970

Fax: 919-733-9764

Division of Health Service Regulation

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):		

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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):		

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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):		

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NURSE AIDE I TRAINING Clinical Site Approval Request for New Programs

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):		