



## Nurse Aide WRITTEN and CLINICAL Examination Registration Form

Please email this form to [education@nehca.org](mailto:education@nehca.org)

**Students will not be eligible to State test until this form is received as a verification of test eligibility.**

Name (First, M., Last)	Date of Birth	Social Security Number	Course Completion Date

I certify that all individual(s) listed above completed at least a 76-hour training program (75 hours of training plus 1 hours of Abuse and Neglect) at this facility under my responsibility. This facility has current approval from Nebraska Department of Health and Human Services to conduct Nursing Assistant training.

\_\_\_\_\_  
Program Coordinator Full Name

\_\_\_\_\_  
Program Coordinator Signature

\_\_\_\_\_  
R.N./ LPN License #

\_\_\_\_\_  
Facility Name and City