

VERIFICATION OF PENNSYLVANIA RESIDENCY

Please print legibly in ink

Date of Application _____ Proposed Date of NA Class Enrollment _____

Personal Information

Name: _____

Current PA Mailing Address: _____

Check a box Yes No *I have lived in Pennsylvania for 2 years prior to the date of NATCEP application.**

No. of Months _____ Years _____ at this Address: Telephone: (_____) _____

Provide an official photo identification showing a PA address. [Verified by _____]

Signature of an Authorized NATCEP Representative

*If you have resided at your current address for less than two years, record previous addresses and months and years of residency on the back of this form. It is important that you record at least two (2) years of residency in Pennsylvania.

I understand that by submitting this completed form for Verification of Pennsylvania Residency to enroll in a Nurse Aide Training Program, I am certifying that all of the information I have provided on this application is complete, accurate, true and correct. I make this declaration subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Applicant's Signature

Date

ATTESTATION OF COMPLIANCE WITH ACT 14

- The box attesting to compliance with Act 14 must be checked and a non-electric signature must be included.
- If you were convicted of a Prohibitive Offense in PA, a PA Criminal History Record Information (CHRI) report must be processed through the PA State Police and dated within one year of the application.
- If a Federal or out-of-State conviction or offense similar in nature to those crimes listed under paragraphs (1) and (2) of the *Prohibitive Offenses Contained in Act 14 of 1997* was committed, an FBI report is required.

Attestation of Compliance with Act 14

Nurse Aide Resident Abuse Prevention Training Act, 63 P.S. § 671 et seq.

This form represents my request to enroll in a nurse aide training program and verification of Compliance with Act 14 – Nurse Aide Resident Abuse Prevention Training Act, 63 P.S. § 671 et seq.

I have reviewed the list of *Prohibitive Offenses Contained in 63 P.S. § 675* and hereby testify that I have not been convicted of any of the criminal offenses set forth in 63 P.S. §§ 675(a)(1)-(3).

- (1) an offense designated as a felony under the act known as “The Controlled Substance, Drug, Device and Cosmetic Act”,
- (2) an offense under one or more of the following provisions of Title 18, and
- (3) a Federal or out-of-State offense similar in nature to those crimes listed under paragraphs (1) and (2).

By checking this box I state that I have not been convicted of any of the *Prohibitive Offenses Contained in Act 14 of 1997* (set forth in 63 P.S. § 675 and found on the following page).

I understand that if I have been convicted of any of the criminal offenses set forth in 63 P.S. §§ 675(a)(1)-(3), it is possible that I will not be eligible for employment in a long term care or other health care setting. A potential employer is also responsible for reviewing my Criminal History Record Information report.

By signing this form, I certify under penalty of law that the information I have provided on this application is true, correct and complete. I understand that false statements herein shall subject me to criminal prosecution under 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

Applicant's Signature

Date

5/14