

CCAC Nurse Aide Training

Date of Application _____

Proposed Date of NA Class Enrollment _____

I. Personal Information

NAME: _____

SS# _____

ADDRESS: _____

DATE OF BIRTH _____

_____ COUNTRY OF BIRTH _____

Pennsylvania State regulations stipulate that **BEFORE** any person may be considered for acceptance into an approved nurse aide training program, the program operator must have "in their hands" a completed PA CHRI Report from the Pennsylvania State Police during the year prior to enrolling in the class. A PA State Police CHRI is **required** for all potential nurse aide trainees who have resided in Pennsylvania in the **last two years**.

Prospective nurse aide trainees, who have **not** resided in Pennsylvania for the two years must obtain a **PA State Police Background Check** and an **FBI Check**. **It is the responsibility of the student to obtain the FBI Check, if they have not resided in the state of Pennsylvania for the past two years.**

I have been a resident of Pennsylvania for the past two years: YES _____ NO _____

I do hereby authorize the disclosure to Community College of Allegheny County any information that may be requested concerning my age, residence, physical and mental health history, employment and training history, record of arrest/conviction, income and resources. It is understood that the information obtained will be used for purposes directly related to my ability to obtain employment and training services.

II. Student Identification

Please provide two (2) additional forms of Official, signature bearing identification (one of which **MUST** be a current photo identification document.) Please attach a copy of the two forms . Examples of proper identification include:

- Driver's License Clinic card State Issued Identification card
- Passport Library card Alien Registration card Other Please see attached list

III. Education

A. Do you have a high school diploma or GED? Yes _____ No _____

If yes, please check one _____ High School Diploma _____ GED

B. Name of High School or place you obtained GED _____

Address	City and State	Dates Attended	Date of Graduation

C. Did you attend an educational institution beyond high school? ____yes ____ No

If yes enter the name of school _____

IV. Nurse Aide Student Signature

I understand that by submitting this completed form for Verification of PA Residency to enroll in a nurse aide training program, I am certifying that all 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.

Signature _____

Date _____