

**NCC HEALTHCARE EDUCATION – NURSE AIDE TRAINING  
 ENROLLMENT REQUIREMENTS PACKET - INSTRUCTIONS & FORMS**

☑	TIMELINE *	ENROLLMENT REQUIREMENTS CHECKLIST	p. 1
	6-8 weeks	<b>Start COVID vaccination process – Proof of vaccination must be provided for entrance into class. Allow 21-28 days in between vaccinations</b>	
	4-6 weeks	<b>BASIC</b>	p. 5-9
		Review “Nurse Aide Essential Qualifications” & “Nurse Aide Enrollment Requirements”	
		Review “Estimated Costs for Enrollment Requirements” & “NCC Non-Credit Courses Refund Policy”	p. 9
		Register for Enrollment	
		Locate HS Diploma or GED	
	4-6 weeks	<b>BACKGROUND CHECKS</b>	p. 10-14
		Complete a PA State Police Criminal History Record Check (online)	
		<b><u>ONLY IF YOU HAVE NOT RESIDED IN PA FOR PAST 2 CONSECUTIVE YEARS:</u></b> <ul style="list-style-type: none"> <li>➤ Complete FBI Fingerprinting Criminal Background Check</li> <li>➤ Provide legible <b>written request</b> via fax to the PDE at 717-783-6672</li> <li>➤ <b>-OR-</b> email to <a href="mailto:ra-natcep@pa.gov">ra-natcep@pa.gov</a>. Letter to include the following information:           <ul style="list-style-type: none"> <li>▪ Applicant’s full name</li> <li>▪ Address to Sheri Weidman, Coordinator, NATCEP</li> </ul> </li> <li>➤ One copy of the FBI report will be sent via certified mail to the Applicant within 30 calendar days; submit report to NCC</li> </ul>	
	4-6 weeks	<b>HEALTH &amp; SCREENINGS</b>	p. 15-16
		Provide Proof of Personal Health Insurance	
		Schedule Physical Examination with Physician – Bring “ <b>Nurse Aide Health Form</b> ” with you to your appointment for doctor to complete; make sure fully completed	p. 27
	3-4 weeks	Have Physical Examination Performed by your Physician - and - Have Step 1 of Tuberculin Test Administered	
		Have Step 1 Test Results Read 48-72 hrs. (2-3 days) after Administered – see calendar	
	2-3 weeks	Have Step 2 of Tuberculin Test Administered 7-21 days (1-3 weeks) after date of Step 1 Test Results Reading. <b>NO LESS THEN 7 DAYS OR MORE THAN 21 DAYS</b>	
		Have Step 2 Test Results Read 48-72 hrs. (2-3 days) after Administered	
	1-2 weeks	Obtain Influenza Vaccine for Current Flu Season (must submit receipt or proof if not at doctor’s office) <b>REQUIRED ONLY IF</b> class has clinical during months of September through April	
	<b>Wait further instruction</b>	<b><u>DO NOT</u></b> screened until further instruction from NCC program staff <b><u>Immediate M-cup 10 urine Drug Screen Urine Test &amp; Show Proof of Negative Results</u></b>	
	1-2 weeks	<b>IDENTIFICATION</b>	p. 16
		Purchase Uniform and Watch with second-hand	
		Provide Proof of Being 18 yrs. or older & proof of high school diploma or GED	
		Complete “ <b>PDE Verification of PA Residency</b> ”	p.19
		Complete “ <b>Attestation of Compliance with Act 14 Form</b> ”	p. 21
		Provide 2 Types of Signature-Bearing Identification, 1 must be photo ID	

		Complete " <b><u>NCC Student Information Form</u></b> "	<b>p. 25-26</b>
	<b>2 weeks</b>	<b>REQUIREMENTS DUE DEADLINE &amp; UPLOAD TO MYRECORD TRACKER</b>	<b>p. 17</b>
		After <b><u>ALL</u></b> Requirements are Completed: <b>Make &amp; Keep a Copy of <u>ALL</u> Documents Before Submitting</b> onto myRecordTracker (details to follow). <b>Note: Student will not be accepted into the program if requirements are not completed in full by requirement due date (2 weeks before start of class).</b>	
	<b>1 week</b>	<b>ORIENTATION DAY</b>	<b>p. 17</b>
		Bring <b><u>all</u></b> required documents to the scheduled orientation day.	

*\* Timeline represents the time needed before the Requirements Due Date and Orientation Meeting.*

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**NOTES / QUESTIONS TO ASK:**


**Please feel free to contact us with any questions or concerns:**

Nurse Aide Program Manager, Karen Kostolanci (questions regarding requirements) Phone: 610-332-6536 <a href="mailto:kkostolanci@northampton.edu">kkostolanci@northampton.edu</a>	Healthcare Education Office Phone: 610-332-6585 <a href="mailto:healthcare@northampton.edu">healthcare@northampton.edu</a> Fax: 610-332-6556
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<p>Nurse Aide Program Coordinator, Instructor, Mariellen Hittner, MSN (questions regarding classroom/clinical/state testing) Phone: 610-332-8669 <a href="mailto:mhittner@northampton.edu">mhittner@northampton.edu</a></p>	<p>Nurse Aide Co-Instructor Leah Walia, LPN (questions regarding classroom/clinical/state testing) Phone: 610-332-6376 <a href="mailto:lwalia@northampton.edu">lwalia@northampton.edu</a></p>
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## Overview

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As a Certified Nurse Assistant (CNA), you will provide direct personal care, assist clients with Activities of Daily Living (ADLs), observe and report changes, communicate well, and have compassion for those in your care. In this field, you can find work in hospitals, nursing homes, assisted living, home health care, rehabilitation services, group homes, and other settings.

At Northampton Community College, you can be trained at either our Fowler (Southside Bethlehem) or Monroe (Tannersville) locations. Both locations offer courses that are full-time (three and a half weeks). Your training will include lecture, skills labs and clinical learning experiences. You will need to pass your classroom lecture & skills labs with an 80% prior to going on to clinical.

Once you successfully complete clinical, you are then eligible to register for the PA Nurse Aide Examination for placement on the PA Nurse Aide State Registry. The examination includes a written test and skills demonstrations. Prior to your test date, a free and optional “Skills Refresher” day is offered at NCC.

## Review “Nurse Aide Essential Qualifications”

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Before choosing this course, please read the “Nurse Aide Essential Qualifications” p. 6-8, which describes what specific essential functions would be performed and outlines the abilities and behavioral characteristics, which are considered standards for admission, and are necessary to be admitted to, continue in, and complete the nurse aide training program.

All individuals, including persons with disabilities, who apply for admission in the nurse aide program, must be able to perform essential functions with or without reasonable accommodation. If you think you may need accommodations, or have any questions about the qualifications and requirements, please discuss with the Nurse Aide Program Manager or Coordinator in advance. You may also need to meet with

NCC Disability Services staff in advance to arrange for accommodations. Waiting until class starts makes it difficult due to the short timeframe of the class. Northampton Community College does not discriminate on the basis of race, color, national origin, sex, gender identity, disability or age in its programs or activities.

## Review “Nurse Aide Enrollment Requirements”

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If interested in taking this course, please read through this document to understand what is required to be accepted into the program. These requirements include basic eligibility criteria, background checks, health tests/screenings, appropriate identification, and completion of forms. Use the “Enrollment Requirements Checklist” on p. 1 as a guide. You may have some extra expenses to complete the requirements, so review the “NCC Estimated Training Costs for Nurse Aide Students” on p. 9. It is also recommended that you attend a Free Nurse Aide Information Session to learn how to get started. Visit [www.northampton.edu/healthcarecourses](http://www.northampton.edu/healthcarecourses) (course code HINFO100) to enroll. Enrollment is not guaranteed, and acceptance is based on successful completion of **all** the requirements by the **requirements due date**.

## Register for Enrollment

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To register for a nurse aide class, please visit [www.northampton.edu/healthcarecourses](http://www.northampton.edu/healthcarecourses). For additional questions regarding registering call [610-332-6585](tel:610-332-6585) (Bethlehem Healthcare Education office) 511 E. Third Street, Bethlehem, PA 18015.

The tuition is due at the time of registration via a debit or credit card using the LifeLearn registration system. If you need to pay by cash or check, please go to the records department in the Student Enrollment Center on main campus, located at 3835 Green Pond Rd., Bethlehem, PA 18020.

Enrollment in NCCs nurse aide training program is on a first-come, first-serve basis, since registration reserves a seat for you. You can register anytime up until 2 business days before the Mandatory Orientation Day. For example, if the Orientation Day is on Tuesday, March 7<sup>th</sup>, then you should be registered by Friday, March 3<sup>rd</sup> (2 business days before the meeting date), no later than 6pm.

Most classes have a maximum of 10 students. If a class is full you can request to be added to a “wait list” by calling the Healthcare Education office. If you are put on a wait list, please proceed in getting the requirements met by the **requirements due date** and attend the Orientation Day.

If you’re planning to register, but are waiting for funds to be available, notify our Healthcare Education office of your interest/intent for the class and proceed in getting the requirements met by the deadline and plan to attend the Orientation day.

***NOTE: The name you use to register for class, residency verification, and both forms of ID, must all match. If you use a state/government issued ID, it must have your current address on it or you must provide a change of address card.***

## Locate HS Diploma or GED

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Participants will need to verify completion of high school using: high school diploma or general equivalency document (GED) so we can make a copy for verification. If you cannot find your diploma, you may call your high school and request it. If you have taken college level courses, a transcript from that college’s records department will be accepted only if the original diploma is not available.

## NURSE AIDE ESSENTIAL QUALIFICATIONS

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All individuals, including persons with disabilities, who apply for admission to the nurse aide program, must be able to perform specific essential functions with or without reasonable accommodation. The following information outlines the abilities and behavioral characteristics necessary for the student to be admitted to, continue in, and complete, the nurse aide program at NCC and are considered standards of admission. The applicant should carefully review the essential qualifications for the program and ask questions if not familiar with the activities or functions listed. The applicant must decide if he or she has any limitations that may restrict or interfere with satisfactory performance of any of the requirements. It is ultimately the applicant's responsibility to meet these essential qualifications if accepted into the program. The applicant should consult with the program coordinator or the Director of Healthcare Education to discuss any individual situation if he or she may not be able to meet these essential qualifications. Requests for reasonable

accommodation will be considered. Contact the noncredit Healthcare Education Office at [610-332-6585](tel:610-332-6585) if you have any questions about this matter.

Northampton Community College does not discriminate on the basis of race, color, national origin, sex, gender identity, disability or age in its programs or activities.

**Any candidate *not* meeting these criteria will be denied admission into the program:**

- **Hearing** - Able to hear and understand clients and staff, to interpret conversation, to assess and monitor clients.
  1. Communicate and interact with clients, staff and families from a variety of cultural backgrounds.
  2. Follow verbal instructions.
  3. Use a stethoscope to hear blood pressure sounds.
  4. Detect and discriminate between sounds of normal conversation.
  5. Ability to hear sounds of a variety of equipment alarms; i.e. bed/chair alarms and call bells.
  
- **Mobility** - Mobile and strong enough to support and move clients. Able to move quickly from place to place to perform client care.
  1. Support and transfer clients safely from bed to wheelchair, and modify client position in bed.
  2. Lift 40 lbs. to waist level.
  3. Reach above shoulder height to manipulate equipment.
  4. Reach below waist level to manipulate equipment.
  
- **Visual** - Able to monitor and assess client, to read fine print on monitors, devices and gauges.
  1. Read written instructions.
  2. Ability to see and discriminate between a varieties of equipment visual alarms.
  3. Ability to observe demonstrations and clients close up and at a distance to learn skills and to gather client data (e.g., observe a client and the client's gait, appearance, posture, etc.).
  
- **Motor Skills (fine and gross)** - Perform multiple motor tasks simultaneously. Fine and gross motor skills sufficient to handle equipment and provide safe and effective client care; steady arm and hand movements while manipulating objects or assisting clients.
  1. Operate and manipulate equipment; i.e. mechanical lifts, wheelchairs/gurneys.
  2. Push/pull beds; transport clients.
  3. Lift and move clients safely.
  4. Able to chart/write in medical records/record client data.
  
- **Tactile** - Able to assess client's vital signs.
  1. Distinguish pulse rate, textures, firmness and strength.
  
- **Communication** - Candidates must be able to communicate orally and in writing with clients and members of the health-care team using correct medical terminology, grammar, punctuation, spelling, and be able to read and comprehend written material in English.
  
- **Intellectual and Cognitive Abilities** - Candidates must be able to measure, calculate, reason, analyze, and apply information.

- **Behavioral and Social Attributes** - Candidates must possess the emotional health required to use their intellectual abilities fully, such as exercising good judgment, promptly completing all responsibilities attendant to the care of clients, and developing mature, sensitive and effective relationships with clients and other healthcare workers. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of many clients. Compassion, integrity, concern for others, interpersonal skills, interest and motivation are personal qualities that will be assessed during the education process.
- **Ethical Standards** - A candidate must demonstrate professional demeanor and behavior and must perform in an ethical manner in all dealings with peers, faculty, staff and clients and their families.

**Physical/Mental Requirements:**

When physical requirements are not essential job functions, reasonable accommodations may be made for individuals with disabilities. Required to stand and walk continuously. Work is of heavy demand with lifting up to 100 pounds maximum with frequent lifting and/or carrying of objects up to 25-50 pounds. Activities required include frequent stooping, bending, pushing, pulling and reaching and occasional kneeling, crawling and squatting. Ability to see, hear and speak continuously at a level to meet all essential functions of the job. Work is of high attention and mental demands including the ability to prioritize and process with accuracy.

**Working/Environmental Conditions:**

In the course of performing job duties, the nurse aide is reasonably anticipated to have occupational exposure to blood borne pathogens, i.e. skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious material. Working schedules include day, evening, night and weekend shifts. May also be required to be on-call, work overtime or shift reduced or cut. Must be prepared to handle physically stressful situations, including acute/medical situations and infectious or hazardous materials.



**NCC Estimated Training Costs for Nurse Aide Students**
*(As of July, 2018)*

<b>Estimated Training Costs</b>	<b>When Needed</b>	<b>Amount</b>
Tuition (includes textbook & workbook)	<i>Pay When Enrolling &amp; Before Requirements Due Meeting Date</i>	<b>\$1,225</b>
PA Background Check	<i>Before Requirements Due Meeting Date</i>	<b>\$22 *</b>
<i>FBI Background Check (if PA resident less than 2 yrs.)</i>	<i>Before Requirements Due Meeting Date</i>	<b>\$23 *</b>
Drug Screen – location/time is as directed by NCC	<i>Before Requirements Due Meeting Date</i>	<b>\$34 *</b>
<i>Personal Health Insurance (if not currently covered; must be covered for duration of class)</i>	<i>Before Requirements Due Meeting Date</i>	<b>\$0-\$375 (varies)</b>
<i>Physical by Physician's Office or Clinic &amp; Physical Form Completion</i>	<i>Before Requirements Due Meeting Date</i>	<b>\$50</b>
<i>2-step Tuberculin Test, Quantiferon, or Chest X-ray</i>	<i>Before Requirements Due Meeting Date</i>	<b>\$20 - \$150</b>
<i>Flu Shot</i>	<i>Before Requirements Due Meeting Date</i>	<b>\$30</b>
<i>Uniform: Solid Maroon/Burgundy/Wine Colored Scrubs (2 tops &amp; 2 pants @ \$25 ea.)</i>	<i>Before Class</i>	<b>\$100</b>
<i>Uniform: Solid White, and Leather or Vinyl Shoes or Sneakers</i>	<i>Before Class</i>	<b>\$40</b>
<i>Uniform (Optional): Solid Maroon/Burgundy/Wine Colored or White Lab Coat (sweaters &amp; sweatshirts are not permitted)</i>	<i>Before Class</i>	<b>\$40</b>
<i>Watch with a second-hand</i>	<i>Before Class</i>	<b>\$35</b>
Nurse Aide Certification Exam (\$135 for both written or oral and skills evaluation) (If re-testing: only written or oral is \$50, and if only skills demonstration is \$85)	<i>After Class Completed</i>	<b>\$135</b>
<b>ESTIMATED TOTAL OUT-OF-POCKET EXPENSES</b> (not including tuition)		<b>\$250- \$1001</b>

*Estimated Total Out-of-Pocket Expenses varies, ranging from \$250 - \$1001. Italicized items are estimated, and some may not be required based on circumstances. \*Fees are subject to change.*

## Refund Policy Non-Credit Courses/Community Education

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### Effective Summer, 2012

Students who wish to withdraw must formally request withdrawal with the College and will be eligible for a refund as follows:

- 100% Refund - Withdraw 5 business days prior to the first day of class
- 50% Refund - Withdraw 3-4 business days prior to the first day of class
- 0% Refund - Withdraw less than 3 business days prior to the first day of class

Refunds resulting in a credit balance on the account are reimbursed within 14 days.

Formal withdrawal should be requested through your NCC LifeLearn enrollment account or by emailing [lifelearn@northampton.edu](mailto:lifelearn@northampton.edu). For assistance, call 1.877.543.0998.

**Refund Example:** *If a class starts on a Monday, NCC will issue a 100% refund for anyone who withdraws the Monday before or earlier. Students who withdraw on Tuesday or Wednesday will receive a 50% refund. No refund will be provided to anyone who withdraws Thursday or Friday.*

### Financial Obligation

Please note that a drop, withdrawal or failure to successfully attend and/or complete a course or courses does not absolve a student's financial responsibility for his/her educational expenses. The student is responsible for payment of charges outstanding after the drop or withdrawal is processed and charges are adjusted.

### Effective Fall, 2021

Successful completion of the Nurse Aide (CNA) Program can now equate to a 3-credit free elective in the Health Sciences AAS, the Public Health AAS, the Emergency Services Administration AAS, and Emergency Services Technology AAS degrees. Students will need to submit a copy of their completed certificates and/or transcripts to the Records Office to kick off the credit evaluation process.

## BACKGROUND CHECKS (4-6 weeks)

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### Complete a PA State Police Criminal History Record Check

#### Pennsylvania Access to Criminal History (PATCH)

Each applicant is required to submit a completed history record information (CHRI) report which was obtained during the year prior to enrolling in a nurse aide program.

A Criminal History Check can take 4-6 weeks to process. At times records are randomly selected for review as a means of auditing the website and processes. Both scenarios can happen even if there is no criminal record, so it is important that you get this done first.

Before you begin the online request for your PATCH, you will need to pay **\$22.00\*** with a credit card and a working printer. To get the results, click on the link titled "[Certification Form](#)" and print the "**Record Check Certification.**" The printed copy of your results will have the PA State Seal in the background.

(See p. 11), "[Instructions for Submitting a Request for a PA Criminal History Check \(PATCH\)](#)".

For entry in this training program, the background check has to be free of “Prohibitive Offenses according to the Nurse Aide Resident Abuse Prevention Training Act 14 of 1997” and performed within the last year of the class end date (see p. 21). It is best to inform the nurse aide credentialing staff if you have a known criminal history to determine if the offense(s) are prohibitive. If a criminal history is reported, based in part or the whole PATCH, the record will be reviewed internally by the NCC Nurse Aide Program Coordinator to determine if applicant can be accepted into the program, and notifies the applicant by letter.

**INSTRUCTIONS FOR SUBMITTING A REQUEST FOR A CRIMINAL HISTORY RECORD CHECK (PATCH)**

A Pennsylvania Criminal Background Check is required of all NCC Nurse Aide students. To obtain your record, you need to submit a request for the record check by following the steps below.

1. Go to: <https://epatch.state.pa.us/Home.jsp>
2. Select **Submit a New Record Check** **DO NOT** select the gold box titled “New Record Check - Volunteers Only.” You will need a debit or credit card.\*
3. Read the **Terms and Conditions** regarding use of the system in order to proceed. Click on **Accept**
4. Complete the **Personal Information** form
  - a. Select **Other** from the drop down list as **Reason for Request**
  - b. Name, address and telephone number are required fields
5. Click **Next** and screen will display the personal details entered in the last step. Review details and click the **Proceed** button
6. Complete the **Record Check Request Form**.
  - a. Name, Social Security Number, Date of Birth, Sex, & Race
  - b. List all aliases and/or Maiden Names
  - c. Click **Enter this Request**
7. Confirm the **Record Check Request Review** and click on **Submit** - the charge is **\$22.00\*** per request
8. Complete the **Credit Card Information** form (PATCH accepts\* **MasterCard, Visa, Discover, Diner’s Club, American Express, JCB & MasterPass**)

Required information:

  - a. Name and address
  - b. Credit card type and credit card number
  - c. Card Verification Method (CVM) number (on back of credit card)
  - d. Expiration date
9. Click **Next** once the form has been completed
10. PATCH will display the credit card information entered in the last step - review the details and click **Back** if any of the information needs to be changed, otherwise, click **Submit**
11. At this point, PATCH will charge the credit card entered for the amount shown. Once the “Submit” button is clicked, the transaction will be processed – and cannot be undone.
12. PATCH will display a summary listing of the Record Check Results.
  - a. Details on the record check result can be reviewed by clicking on your name.
  - b. Click on the Invoice Number in the Record.
  - c. Check Details page to access a printable invoice.
  - d. Click on blue link titled **Certification Form** in the Record. **This will bring up the record with the State Seal. Please print multiple copies, as you may need this for employment, licensure, and or education purposes.**

**NOTE: You will only be able to print results when they’re first obtained, otherwise, you’ll have to pay another \$22.00\* to print the results.**

13. PATCH report will either show:
  - a. *No Record* status if there are no records found for the request, *or*
  - b. *Request Under Review*. A “Request Under Review” response **does not** necessarily indicate a criminal record. If this occurs, log on to the website daily to check status. If no record is found, the results will state “No Criminal History Found”. If there is a criminal record, the results will be indicated on your background check, along with a RAP sheet of violations – both must also be submitted.
14. Submit **original** of the results of your PATCH Clearance before requirement due date and bring to the Orientation Day Meeting.

**\* (Fees subject to change)**

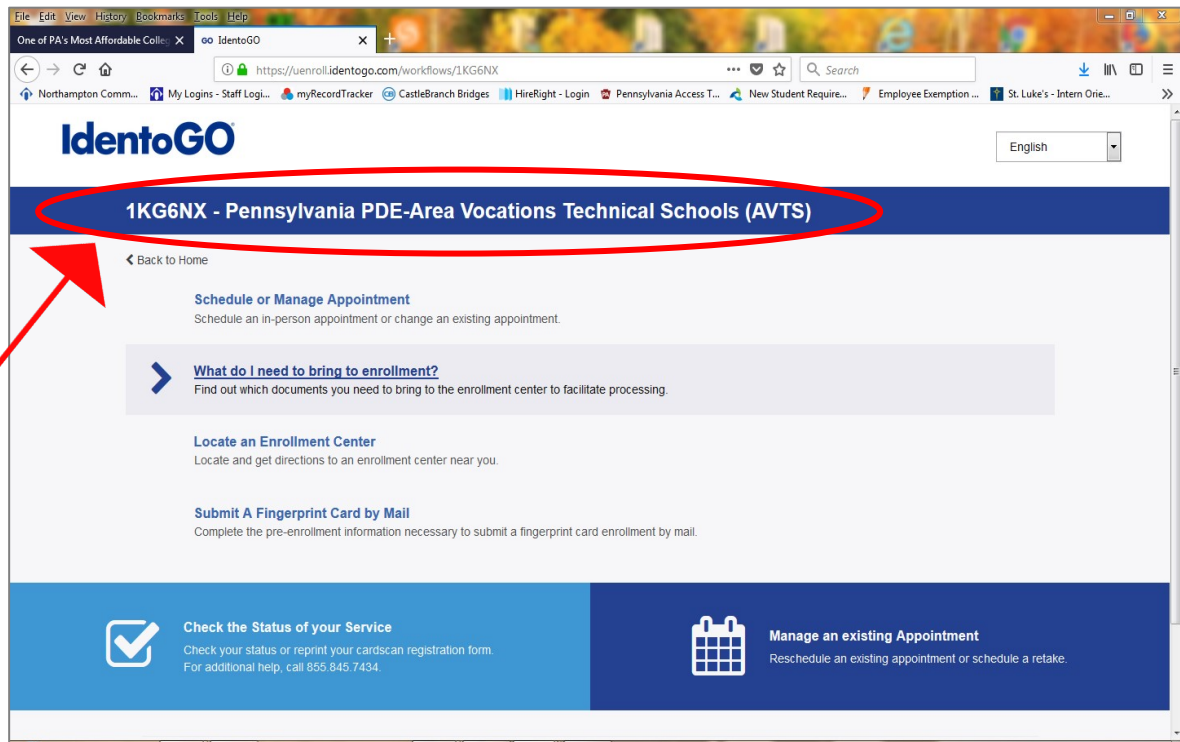
If you have resided in PA for the past two consecutive years, you **SKIP** p. 12-14).

**ONLY IF YOU HAVE NOT RESIDED IN PA FOR THE PAST 2 CONSECUTIVE YEARS (complete p. 12-14), complete an FBI Fingerprinting Criminal Background Check using the online Identogo system used by the vendor, IDEMIA / MorphoTrust.**

Before you begin the request for FBI fingerprinting, see [FBI Fingerprinting Criminal Background Check Steps](#) on the next page.

(\* Fees are subject to change.)

### FBI Fingerprinting Background Check – Identogo Webpage:



### FINGERPRINTING LOCATIONS NEAR NCC CAMPUSES: (hours & locations subject to change)

#### Identogo (located in Allentown Commons Plaza)

1382 Hanover Ave.  
Allentown, PA 18109  
Mon. – Fri., 9:00 am – 12:00 p.m. & 1:00 p.m. – 4:30 p.m.

#### Identogo (Creekside Marketplace)

1866 Leithsville Rd. (Rt. 412)  
Hellertown, PA 18055  
Mon. – Fri., 9:00 a.m. – 5:00 p.m., Sat. 9:00 a.m. – 1:00 p.m.

#### Identogo (Off Rt. 209)

5224 Milford Rd., Suite 155  
East Stroudsburg, PA 18302  
Mon. – Fri., 9:30 a.m. – 6:30 p.m., Sat. 9:30 a.m. – 2:30 p.m.

**FBI BACKGROUND CHECK STEPS:**

Register with IDEMIA, to use the Identigo system for pre-enrollment before going to the fingerprinting location, using the **Service Code: 1KG6NX** for the **PA Department of Education (PDE)** to ensure your fingerprints are processed for the correct agency and purpose. When registering, you'll select the **"Digital Fingerprinting"** service.

- a) Online at: <https://uenroll.identigo.com> (24 hours/day, 7 days/week)
- b) Telephone: 844-321-2101 (Mon.-Fri., 8am-6pm EST)
- c) Walk-in service may be done without an appointment, but will still require pre-enrollment online or by phone. It is highly recommended that you make an appointment to avoid possible wait times.

- 1) You will need to pay with a major credit card (**Visa, Mastercard, Discover & American Express**), or by money order or business check made payable to: **MorphoTrust**. Note: No Cash or Personal Checks will be accepted.
- 2) When registering, select a location of your choice, which offers fingerprinting site locations, days and hours of operation, and the ability to schedule an appointment to get the fingerprints done. At your appointment, you'll be asked to show an approved form of State or Federal photo identification before fingerprints are scanned. Failure to provide proper ID will result in no scanning of fingerprints. The most common form of ID is the "Driver's License issued by a State of outlying possession of the U.S."

**3) Approved Forms of State or Federal Photo Identification for Scanning Fingerprints:**

Canadian Commercial Driver's License (CDL)	Merchant Mariner Document (MMD)
Commercial Driver's License issued by a State or outlying possession of the U.S.	Military Dependent's Card
Department of Defense Common Access Card	Military ID Card
Driver's License PERMIT issued by a State or outlying possession of the U.S.	Passport Book or Card
Driver's License issued by a State or outlying possession of the U.S.	Permanent Resident Card / Green Card (I-551)
Employment Authorization Card/Document (I-766) with Photo	Photo ID Waiver for Minors
Enhanced Tribal Card (ETC)	State ID (or outlying possessions of the U.S.) with a seal or logo from State or State Agency
Foreign Driver's License (Mexico & Canada Only)	Uniformed Services Identification Card (Form DD-1172-2)
Foreign Passport	Visa

- 4) Upon successful registration, you will receive an email confirming your request for Digital Fingerprinting and information about your fingerprinting location and appointment. This email also contains a **"UE ID"** code, which will be needed to obtain the results of the FBI background check, so be sure to print the confirmation email. Your results will be emailed to you for you to print and submit.
- 5) Reviewing an FBI Report – Nurse Aide training program staff cannot access the applicant's FBI Report online. In order for the designated and approved PDE staff to access an applicant's FBI report, the prospective nurse aide trainee must provide to PDE a legible **written request** via fax 717-783-6672 or email [ranatcep@pa.gov](mailto:ranatcep@pa.gov) that includes all of the following information:

- Applicant's full name
- Current mailing address
- Universal enrollment identification (UEID) number
- Email address
- Telephone number

PDE staff print the FBI report and stamp each page **ORIGINAL** in red ink. PDE will send only one copy of FBI report per UEID via certified mail to the applicant within 30 calendar days of the completed written request. The designated and approved PDE staff member is:

- Sheri Weidman, Coordinator, NATCEP, Email: [ra-natcep@pa.gov](mailto:ra-natcep@pa.gov) Fax: 717-738-6672

Based on the FBI findings, PDE will send an approval or disapproval letter to the applicant regarding enrollment in a state-approved nurse aide training program. Only a letter of approval is acceptable for enrollment, in compliance with PA Act 14. You must submit the original Letter of Approval from PDE, to the NCC Healthcare Education department prior to the "Requirements Due Date".

- 6) Applicants have a one-time opportunity to obtain an unofficial copy of their report via email from the IDEMIA website.

## HEALTH & SCREENINGS (6-8 weeks)

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**ALL STUDENTS MUST HAVE THE COVID VACCINE, EITHER THE 2 STEP PFIZER OR MODERNA, OR THE ONE STEP J&J. (PFIZER VACCINE REQUIRES 21 DAYS BETWEEN VACCINE 1 & 2; MODERNA REQUIRES 28 DAYS BETWEEN INJECTIONS). RECEIVE INJECTION ONE AT LEAST 6-8 WEEKS BEFORE REQUIREMENTS ARE DUE. YOU MAY OBTAIN THE VACCINE THROUGH YOU PHYSICIAN OR LOCAL PHARMACY PROVIDING THE VACCINE.**

### Provide Proof of Personal Health Insurance

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If you are covered for personal health insurance as the policy holder or a dependent, you will need to bring your insurance card as proof. If you are unable to provide the insurance card, documentation must include the insurance company's name, address, phone, the agreement or plan and group ID numbers, and the guarantor's name.

For those not currently enrolled in a healthcare plan, you may obtain personal health insurance through any private company. To obtain information and/or to purchase health insurance coverage through the official government insurance exchange website, go to <https://www.healthcare.gov>. This information is being provided for your information only. Northampton Community College does not recommend or endorse any plan outside of our school-sponsored student insurance plan. A nurse aide student must be insured for the duration of the class.

### Schedule Physical Examination with Physician

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All students must be examined by an M.D., D.O., C.R.N.P. or P.A. You may go your family/primary physician or a "Walk-In Care/Occupational Health Testing" site. Based on the date of your physical, you may also want to schedule the two-step tuberculin skin tests & readings, based on 2-Step TB Test Instructions below. The results of your physical and screenings must be recorded on the "Nurse Aide Health Form." Please bring the form on (p. 25) with you to your appointment. A physical may be acceptable if it was performed within one year prior to the start of class, and with a current and completed "Nurse Aide Health Form". **DO NOT** fax or send physical forms to the physician's office or to the NCC Healthcare Education office.

### Have Physical Examination Performed by your Physician and Step 1 Tuberculin Test Administered

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The examining physician (**M.D., D.O., C.R.N.P. or P.A.**) must complete the "Nurse Aide Health Form" on (p. 25) with any test results entered, including that the participant is:

- 1) free from communicable disease in the communicable state
- 2) has no medical conditions or restrictions which will prevent the applicant from performing the essential functions of the job, or if the applicant has restrictions that require accommodation
- 3) able to lift 40 pounds to waist level without any physical limitation/restrictions

All students must have a two-step tuberculin (TB) skin test and have the results entered on the "Nurse Aide Health Form". This test is also referred to as: TB Test, PPD or Mantoux. If the test results are positive, then a



negative chest x-ray (less than a year old) must be submitted. A QuantiFERON blood test may also be used in place of the 2-step tuberculin skin testing.

### **Have Step 1 Test Results Read 48-72 hrs. After Administered (approx. 2-3 days)**

Approximately 2-3 days (48-72 hrs.) after having the Step 1 Tuberculin skin test administered, go back to your physician and have your skin test results read and entered on the Nurse Aide Health Form. If you already scheduled the second step skin test, then schedule it for 7 days after the results of the first skin test were read. For Example: if the first is administered Monday (2/5) and read Wednesday (2/7), the second is administered Wednesday (2/14).

### **Have Step 2 of Tuberculin Test Administered (7 days After Date of Step 1 Test Results Reading)**

Step 2 should be administered between 7-21 days after the first test is read. The second test must be administered within 30 days of the first test.

### **Have Step 2 Test Results Read 48-72 hrs. After Administered (approx. 2-3 days)**

Approximately 2-3 days after having the Step 2 Tuberculin skin test administered, return to your physician and have your skin test results read and entered on the "[Nurse Aide Health Form](#)".

If you are currently working in a facility where you are tested for TB annually, please discuss this requirement in advance with the program manager.

## **Obtain Influenza Vaccine for Current Flu Season**

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This is required **ONLY IF** class has clinical during months of September through April. Vaccines can be administered with your physician or at a local pharmacy, food store or Occupational Walk-In Testing facility. If you obtain the flu shot from any location other than your physician, please be sure to get a receipt showing the vaccine administered and the date administered. This can be included along with the health form.

## **Obtain Drug Screening as Instructed & Show Proof of Negative Results**

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A negative drug screen result is required for entry into the Nurse Aide program

**DO NOT** get screened until further instruction from the program staff. You will be given 24 hour notice to obtain the screening, cost is **\$34.00\***, and due at the time of the service – so be sure to have this amount available. \* *(Fees subject to change)*

**NOTE:** If you obtained a drug screen for the Nurse Aide training and were unable to take the course for which you were screened, you will need to re-do the drug screen if the "Requirements Due" date for another section of the course surpasses 60 days of the original screening date.

Hepatitis B Inoculation is Preferred, But Not Required

### **IDENTIFICATION (1-2 weeks)**

## Purchase Uniform and Watch with second-hand

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- Solid maroon/burgundy/wine colored scrubs (pants & shirt) and solid white uniform shoes or white leather/vinyl sneakers. The shoes must have a closed toe & closed heel. No “Crocs” brand shoes, clogs, sandals or flip-flops are allowed.
- If you wish to wear long sleeves, then either a white, solid, long sleeve shirt or solid maroon or white lab coat can be worn over scrubs. Sweaters, sweatshirts, jackets, and hats are not permitted as part of the uniform.
- Wristwatch that has a “second” hand on it for taking pulse, respirations, etc.

## Provide Proof of Being 18 yrs. or Older – Copy of HS Diploma or GED

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To verify your age, please provide your driver’s license or a birth certificate.

**Complete “Verification of PA Residency & Attestation of Compliance with Act 14 Form” (pg. 19 & 20)**

**Verification of PA Residency** – The **name you use must match** when you: register for the class, verify residency, both forms of ID, and application for state examination. You will provide two types of signature bearing identification containing the **same first and last names**, and at least one must be a photo ID. Acceptable forms of ID: PA Driver’s License, PA Identification Card, Social Security Card, US Passport, and/or debit/credit card. If a debit/credit card is used, a photocopy is made and the card # & Card Verification Method (CVM) #, are redacted (whited out) in the student’s file.

**Attestation of Compliance with Act 14** – Nurse Aide Resident Abuse Prevention Training Act of 1997 (P.L. 169), 63 P.S. § 671 and “**Prohibitive Offenses**” Contained in 63 P.S. § 675, found on (p. 20).

## Complete “NCC Student Information” Form

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Provide your background information on this form, (p. 24).

**Upload all requirements to MyRecord Tracker (an email will be sent to you to set up account after you register).**

The Requirements Due Date is scheduled for two weeks prior to the first day of class. If you are unable to complete the requirements in time, then you would need to request to be withdrawn & refunded, according to the “**NCC Non-Credit Refund Policy**” on (p. 10).

## ORIENTATION DAY MEETING

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**Make & Keep a Copy of ALL Documents before uploading them in MyRecord Tracker as you may need for future employment or education (instructions will be given). These documents MUST BE uploaded before the requirements due date. Bring all documents along to orientation.**

### What to Expect:

- Your attendance is expected at this meeting.
- You do not need to wear your uniform when attending this meeting, uniform must be worn for all classes/labs.
- Your photo will be taken at this meeting to make ID badges for you to wear while at clinical.

- Your “Enrollment Requirements” documents are verified, copied, and securely filed by the credentialing coordinator(s).
- You will learn about the program policies and procedures.
- You will take a pre-test to assess your knowledge (does not count towards grade).
- You will be oriented to both the Nurse Aide training program, the building and classrooms.

**All Requirements/Originals must be brought to the Requirements Due Meeting.**

***DO NOT*** FAX or SEND forms to the NCC Healthcare Education Office, unless instructed to by the Credentialing Coordinator(s).

<b>NCC Healthcare Education – Nurse Aide Training Program Staff:</b>			
	<b>NCC Healthcare Education</b> 510 E. Third St., Room 510 Bethlehem, PA 18015 <a href="mailto:healthcare@northampton.edu">healthcare@northampton.edu</a> 610-332-6585	<b>Karen Kostolanci,</b> Nurse Aide Program Manager <a href="mailto:kkostolanci@northampton.edu">kkostolanci@northampton.edu</a> 610-332-6536	
	<b>Mariellen Hittner,</b> Nurse Aide Program Coordinator, Primary Instructor <a href="mailto:mhittner@northampton.edu">mhittner@northampton.edu</a> 610-332-8669	<b>Jaye Pascarosa,</b> Credentialing Coordinator <a href="mailto:jpascarosa@northampton.edu">jpascarosa@northampton.edu</a>	
	<b>Leah Walia,</b> Nurse Aide Assistant Instructor <a href="mailto:lwalia@northampton.edu">lwalia@northampton.edu</a> 610-332-6376	<b>Eileen Truscott,</b> Associate Director of Healthcare Education <a href="mailto:etruscott@northampton.edu">etruscott@northampton.edu</a>	
<b>NCC Healthcare Education – Campus Locations:</b>			
	<b>Fowler Family Southside Center</b> 510 E. Third St., Classroom #28 Bethlehem, PA 18015 610-332-6585	<b>Kapp Hall</b> 2411 Rt. 715, Classroom #011 Tannersville, PA 18372 570-369-1800	



## Verification of Residency for Enrollment into a Nurse Aide Training Program

Date of application \_\_\_\_\_ (MM/DD/YYYY)      Class start date \_\_\_\_\_ (MM/DD/YYYY)

Printed name  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle initial \_\_\_\_\_

Current address  
Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

I lived at the above Pennsylvania address for 2 consecutive years or more.

I lived in Pennsylvania for 2 consecutive years or more at my current address and previous addresses listed below:

1. Prior address  
Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

I lived at this address from \_\_\_\_\_ (MM/DD/YYYY)      Until \_\_\_\_\_ (MM/DD/YYYY)

2. Prior address  
Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

I lived at this address from \_\_\_\_\_ (MM/DD/YYYY)      Until \_\_\_\_\_ (MM/DD/YYYY)

I have not lived in Pennsylvania for the past 2 or more consecutive years and must submit a Pennsylvania Criminal History Report and Federal Criminal History Report to the NATCEP.

By submitting this form, I certify all the information I 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 \_\_\_\_\_ (MM/DD/YYYY)

(For NATCEP Staff)

I am the Authorized NATCEP Representative who received this completed form and verified the applicant by their physical comparison with an official State issued photo identification:

I verified the applicant's residency for the last 2 consecutive years or more.

Signature \_\_\_\_\_ Date \_\_\_\_\_ (MM/DD/YYYY)





**Attestation of Compliance with Act 14**  
**Nurse Aide Resident Abuse Prevention Training Act, 63 P.S. § 671 et seq.**

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All candidates must submit an original or copy of an original PA CHRI obtained through the Pennsylvania State Police during the year prior to enrolling in a PA NATCEP as required by Act 14. If a candidate has not been a resident of Pennsylvania for the last two (2) consecutive years, a PA CHRI and a FBI criminal history report are required prior to enrollment.

As evidence you have not been convicted of any of the Prohibitive Offenses Contained in 63 P.S. § 675, check the box then sign and date the Attestation of Compliance with Act 14 below.

Candidates who were convicted of a Federal or out-of-State offense similar in nature to those crimes listed under paragraphs (1) and (2) of the Prohibitive Offenses Contained in 63 P.S. § 675 must provide a PA CHRI and an FBI report to determine eligibility for enrollment in a PA Nurse Aide Training Program.

**Attestation**

This form represents my request to enroll in a nurse aide training program and is 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).

I check this box to confirm I have not been convicted of any Prohibitive Offense contained in Act 14 of 1997 (set forth in 63 P.S. § 675 and found on the following page).

I understand if a conviction for any of the criminal offenses set forth in 63 P.S. §§ 675(a)(1)-(3) is present, it is possible I will not be eligible for employment in a long-term care or other health care setting. A potential employer is responsible for reviewing my official 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: \_\_\_\_\_  
(MM/DD/YYYY)



## Prohibitive Offenses Contained in 63 P.S. § 675

In no case shall an applicant for enrollment in a State-approved nurse aide training program be admitted into a program if the applicant's criminal history record information indicates a conviction of any of the following offenses:

1. An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as "The Controlled Substance, Drug, Device and Cosmetic Act." (See 35 P.S. § 780-101 et seq.). These offenses may be designated as "CS" on a criminal rap sheet.
2. An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes below.
3. A Federal or out-of-State offense similar in nature to those crimes listed under paragraphs (1) and (2).

Offense Code	Prohibitive Offense Description	Type/Grading of Conviction
CC2501	Criminal Homicide	Any
CC2502	Murder	Any
CC2503	Voluntary Manslaughter	Any
CC2504	Involuntary Manslaughter	Any
CC2505	Causing or Aiding Suicide	Any
CC2506	Drug Delivery Resulting in Death	Any
CC2507	Criminal Homicide of Law Enforcement Officer	Any
CC2702	Aggravated Assault	Any
CC2901	Kidnapping	Any
CC2902	Unlawful Restraint	Any
CC3121	Rape	Any
CC3122.1	Statutory Sexual Assault	Any
CC3123	Involuntary Deviate Sexual Intercourse	Any
CC3124.1	Sexual Assault	Any
CC3125	Aggravated Indecent Assault	Any
CC3126	Indecent Assault	Any
CC3127	Indecent Exposure	Any
CC3301	Arson and Related Offenses	Any
CC3502	Burglary	Any
CC3701	Robbery	Any
CC3901	Theft	1 Felony or 2 Misdemeanors
CC3921	Theft by Unlawful Taking	1 Felony or 2 Misdemeanors
CC3922	Theft by Deception	1 Felony or 2 Misdemeanors
CC3923	Theft by Extortion	1 Felony or 2 Misdemeanors
CC3924	Theft by Property Lost	1 Felony or 2 Misdemeanors
CC3925	Receiving Stolen Property	1 Felony or 2 Misdemeanors
CC3926	Theft of Services	1 Felony or 2 Misdemeanors
CC3927	Theft by Failure to Deposit	1 Felony or 2 Misdemeanors
CC3928	Unauthorized Use of a Motor Vehicle	1 Felony or 2 Misdemeanors
CC3929	Retail Theft	1 Felony or 2 Misdemeanors
CC3929.1	Library Theft	1 Felony or 2 Misdemeanors
CC3929.2	Unlawful Possession of Retail or Library Theft Instruments	2 Misdemeanors
CC3929.3	Organized Retail Theft	1 Felony or 2 Misdemeanors
CC3930	Theft of Trade Secrets	1 Felony or 2 Misdemeanors
CC3931	Theft of Unpublished Dramas or Musicals	1 Felony or 2 Misdemeanors
CC3932	Theft of Leased Properties	1 Felony or 2 Misdemeanors
CC3934	Theft from a Motor Vehicle	1 Felony or 2 Misdemeanors
CC4101	Forgery	Any
CC4114	Securing Execution of Document by Deception	Any
CC4302	Incest	Any
CC4303	Concealing Death of a Child	Any
CC4304	Endangering Welfare of a Child	Any
CC4305	Dealing in Infant Children	Any
CC4952	Intimidation of Witnesses or Victims	Any
CC4953	Retaliation Against Witness or Victim	Any
CC5902B	Promoting Prostitution	Felony
CC5903C or D	Obscene and Other Sexual Materials and Performances	Any
CC6301	Corruption of Minors	Any
CC6312	Sexual Abuse of Children	Any

Any two Misdemeanor convictions for offenses CC3901 thru CC3934 in any combination is prohibited.





**NURSE AIDE TRAINING PROGRAM**  
**Student Information Sheet**

**PLEASE PRINT**

Name: \_\_\_\_\_

Preferred or Chosen Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_

FOR OFFICIAL USE ONLY	
Verification of Residency	
<input type="checkbox"/>	PA Driver's License
<input type="checkbox"/>	PA Identification Card
<input type="checkbox"/>	United States Passport
<input type="checkbox"/>	Debit/Credit Card
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Photo ID Taken
Initials: _____	
Date: _____	

**\*\*\*Have you resided CONTINUOUSLY in the State of Pennsylvania for the past two years?\*\*\***     Yes     No

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Please check here if we may send you periodic email updates about our classes and programs.**

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**ARE YOU OVER AGE 18?**     YES     NO

Marital Status:     S     M     W     D     SEP

Gender:     Male     Female     Other: \_\_\_\_\_

Preferred Pronoun:     He/Him     She/Her     They/Them

**WHO PAID FOR YOUR NURSE AIDE TRAINING?**

Self     CareerLink\*     OVR\*     New Choices/New Options \*     Other \_\_\_\_\_

*\*Please provide Name, Address, Phone, and Email Information of your Case Manager/Point of Contact:*

**SCHOOL BACKGROUND**

1. Are you a high school graduate?     Yes     No

2. If not a high school graduate, do you have a G.E.D.?     Yes     No

3. Have you previously attended college?     Yes     No

Degree(s) earned \_\_\_\_\_

4. Do you plan to continue your education after this class?     Yes     No





### HEALTHCARE EDUCATION - Nurse Aide Health Form

NCC Revised July, 2020

**Student Name:**

\_\_\_\_\_ *Last* \_\_\_\_\_ *First* \_\_\_\_\_ *Middle*

Home Address: \_\_\_\_\_ Gender:  Male  Female  Other \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Preferred:  He/Him  She/Her  They/Them

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Health Insurance (Required):**

Name of Company: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Agreement/ID Number: \_\_\_\_\_ Group Number \_\_\_\_\_

Guarantor: \_\_\_\_\_

**Student Eligibility Requirements for Nurse Aide Training:**

- ⬆ Physical exam must be completed by **MD, DO, CRNP, or PA**
- ⬆ The student must pass a physical examination and must be free of communicable diseases.
- ⬆ The student must be able to lift **40 pounds** to waist level without restrictions.
- ⬆ Student must obtain two-step tuberculin skin test and obtain results **prior to the Requirements Due Meeting**.
- ⬆ Student must provide proof of a seasonal influenza vaccination.
- ⬆ Student must provide proof of Moderna, Pfizer, or J&J COVID vaccine
- ⬆ Student must provide proof of negative results from an 11-panel drug screening (to be done at a specified time).

**PLEASE NOTE:** All students must undergo a physical examination as well as a two-step tuberculin skin test. Both are acceptable only if performed **within one year prior to the start of class**. Students must submit **all** of the items listed above at the Requirements Due Meeting, *except the drug screen results*.

**TWO-STEP TUBERCULIN SKIN TESTING IS REQUIRED**

- ⬆ Form is not complete until the results are read and reported in "mm"
- ⬆ **7-21 days after the first test is read, Step 2 must be administered**
- ⬆ (For example: if 1st is administered Monday (2/5) and read Wednesday (2/7), the 2<sup>nd</sup> is administered Thursday (2/14))

TB TESTS	Date Applied	Site	Date Read	Results* (If none, record "0 mm")	Signature
Step 1				<input type="checkbox"/> (+) <input type="checkbox"/> (-) _____mm	
Step 2				<input type="checkbox"/> (+) <input type="checkbox"/> (-) _____mm	

\* **If induration of either test is greater than 10mm, a chest x-ray is required. Attach written copy of x-ray report.**

Influenza Vaccine	Date Administered	Signature
Required if participating September through April		

(If the applicant has restrictions that require accommodation, please note them in the comments section below.)	Examiner's INITIALS
I certify that the applicant is free from communicable diseases in the communicable state.	
I certify that the applicant has no medical conditions or restrictions which will prevent the applicant from performing the essential functions of the job.	
I certify that the applicant is able to lift 40 pounds to waist level.	
<b>Comments</b> (If applicant has any limitations, please explain):	

**MUST BE COMPLETED BY MD, DO, CRNP OR PA -- PLEASE INCLUDE STAMP FROM THE MEDICAL PROVIDER'S OFFICE**

Date of Examination: \_\_\_\_\_

Address: \_\_\_\_\_

Examiner's Name and Title: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Examiner's Signature: \_\_\_\_\_

Phone: \_\_\_\_\_