Nurse Aide Registration for class, computerized testing, and/or skills testing All information is required and we cannot register any student without all information.

If students do not have all of this information they need to obtain it and then come back to enroll/register.

Please print

Name_____

First Middle Last

Home Address _____

City _____ State _____ Zip Code _____

Home Phone ( ) _____ Work Phone ( ) _____

Cell Phone ( ) _____ Birth Date _____

Social Security Number _____

Email address _____

If the student is testing we need the following additional information

*Did you complete a CNA class: ___ yes ___ no

*If yes, What program or where did you attend? (ex: IVCE, DMACC, Signature, etc) _____

*When did You complete the class? (Date) _____

**Who was the instructor? _____

If, you did not complete a class are you challenging the test? ___ yes ___ no

If a facility or third party is paying for the class the third party or facility must call 641-752-4645 and provide all of the above information for each student and provide the billing information.