



Health and Human Services Division
9600 College Way North
Seattle, WA 98103
206.527.3790

NUR 108
Clinical Hospital Experience for Nursing Assistants
Application (please print clearly)

Date: _____

Name: _____
Last First Middle Initial

NSCC Student id # _____ Date of Birth: ____ - ____ - ____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: ____ - ____ Cell or work phone: ____ - ____

E-Mail Address: _____

Applicants to this course must submit the following documents:

- Verification of your current Washington state NA-C or NA-R license
(Copy your license or print out a copy from
<https://fortress.wa.gov/doh/providercredentialsearch/SearchCriteria.aspx>)
- Authorization to release background information
- Disclosure Statement
- FFD Compliance
- ID Badge Form
- Confidentiality Agreement
- Student/Faculty Information Form
- TB questionnaire (if you have had a previously positive TB test)

Students are responsible for their own health and accident insurance and their own health care costs.

Students will provide their own NSCC NA-C uniform (white pants, hunter green scrub top, white closed-toe shoes, nametag and watch with second sweep hand).

Applications are due: by 12 noon, Thursday, March 31, 2010

Spring 2010 Dates and Times for NUR 108

Class : Wednesdays, April 7, April 14, April 21, April 28, May 5 and May 12

4:30-8:30 pm

Clinical Group A:

Saturdays, May 1, May 15, May 29 (day shift at Virginia Mason Medical Center)

Clinical Group B:

Saturdays, May 8, May 22, June 5 (day shift at Virginia Mason Medical Center)

The Seattle Community Colleges are an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. This project was funded in part by a grant awarded under the President's Community-Based Job Training Grants, as implemented by the U.S. Department of Labor's Employment & Training Administration.

For information on assistance with tuition and books, please call the Workforce Education Department at 206-527-3787.

I have reviewed the information on this form and agree that it is correct and I will abide by the stated requirements.

Signature: _____ Date: _____