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
  • 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: __________________