# NEVADA NURSING ASSISTANT

## WEBETEST TRAINING PROGRAM REGISTRATION TEMPLATE (FORM 1402A NV)

Please print legibly:

Social Security #:_____ _____ _____
(If possible, show your Social Security card to your instructor for verification.)

Last Name: _____
(Show the ID you will use for testing to your instructor, it must match the name used here.)

First Name: _____

Middle Name or Initial: _____

Maiden or Other Names: _____

Mailing Address: _____

Zip Code: _____

Contact Phone #: (_____) _____ _____

Other Phone #: (_____) _____ _____

Email Address: _____@_____._____

Date of Birth: _____/_____/_____ (mm/dd/yyyy)

As a student enrolling in an approved Nevada State Board of Nursing (NSBN) Nursing Assistant Training Program, I hereby give my permission to release the information listed on this form to HEADMASTER LLP dba D&S Diversified Technologies LLP for the purpose of gathering this data for the Nevada State Board of Nursing (NSBN). I understand my information will be securely sent to and maintained in the Nevada NA registry data base. All my information will be maintained securely and will not be shared.

Upon successful completion of training I will be issued an official NSBN certificate of training completion and will immediately be eligible to schedule myself for the approved Nevada State Board of Nursing, NA competency exam.

I understand that in order to become a Certified Nursing Assistant in Nevada I must successfully complete an NSBN approved Nursing Assistant Training Program and pass both the knowledge and manual skills portions of the approved NSBN Nursing Assistant competency examination. I also understand that I will need to send the official NSBN Application for Certified Nursing Assistant to NSBN along with my fingerprints as well as pay all associated fees.

Student Signature_____ Date _____/_____/_____