

*Please type form, print and submit with application packet to T208. Thank you.*



## Nursing Assistant, Certified Program

Quarter you are applying for: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ BC SID #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

Date of Information Session you have attended: \_\_\_\_\_

Application includes:

- Immunizations
- NAC Conviction Criminal History Form
- Background Check
- WritePlacer Test Results

Prior to clinical placement we must receive:

- Copy of HIV/Aids Certificate
- Copy of CPR Card (front & back, signed)

*\*\*Copies should not be double sided.*

**Submit application to:**

Bellevue College NAC Program  
3000 Landerholm Circle SE, T208  
Bellevue, WA 98007-6484

