IDAHO NURSE AIDE TESTING SITE CANDIDATE LISTING

LIST NAME AND SOCIAL SECURITY NUMBER FOR EACH CANDIDATE FOR WHOM PAYMENT IS ENCLOSED and HAS COMPLETED AN IDHW APPROVED NA TRAINING PROGRAM and SUCCESSFULLY COMPLETED APPROVED IDAHO SKILL TESTING.

NAME OF NURSE AIDE CANDIDATE	SOCIAL SECURITY NUMBER OF NURSE AIDE CANDIDATE

Name of Person Completing This Form _____

Signature of Person Completing This Form _____
By Signing this form you are affirming that all candidates listed have successfully completed training and skill testing.

Phone Number _____Date Completed _____