

INSTRUCTOR AFFIDAVIT – FORM 1302MT

This form verifies that the candidate listed below has completed a State of Montana Approved 75-hour or more Nurse Aide Training Course. ***Please list the number of hours of training the candidate completed and verify the information you have entered on this form by signing your name.***

NAME OF NURSE AIDE CANDIDATE: _____
(Please print)

Social Security Number#: _____ - _____ - _____
Copied from the candidates Social Security card:

I hereby certify that the above named Nurse Aide candidate has successfully completed (or will successfully complete) _____ **HOURS** of formal Nurse Aide training that was taught using a State of Montana approved curriculum, by an Instructor that has been and is currently approved by the State of Montana Health Department to provide Nurse Aide Training as per regulations described in 483.151 & 483.152 of the Federal Register Vol. 56 No. 187

Name of Training Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

INSTRUCTOR'S NAME: _____

POSITION/TITLE: _____

RN/LPN License Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Work: (406) _____ - _____ Home: (406) _____ - _____

_____/_____/_____
INSTRUCTOR'S SIGNATURE: _____ **DATE:** _____