

# RED ROCKS COMMUNITY COLLEGE

## Nurse Aide Course

SEMESTER \_\_\_\_\_ YEAR \_\_\_\_\_

### STUDENT INFORMATION

Student Number: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

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

### DEPARTMENT CHECKLIST:

**(This section is to be completed by Health Careers Office)**

1. Background Check \_\_\_\_\_
2. Copy of Drivers License \_\_\_\_\_
3. Copy of current CPR Card (Infant, Child, and Adult) \_\_\_\_\_
4. Copy of Schedule Adjustment Form \_\_\_\_\_
5. Directed to web for Immunization Packet \_\_\_\_\_
6. Directed to web for Drug Screen Letter \_\_\_\_\_