

**STUDENT NURSE / GRADUATE NURSE TRAINING VERIFICATION**

- Prior to issuing approval to take the State of Wisconsin nurse aide competency examination, the Department of Health Services reviews the training of all student nurses and graduate nurses who have not yet taken the NCLEX examination. Completion of this form is mandatory, as the information collected on this form is used to determine if federal and state nurse aide training program requirements have been met by the nurse candidate.
- Providing the candidate's social security number is voluntary; however, social security numbers are one of the unique identifiers used to prevent incorrect identity mismatches; e.g., the Department of Justice uses social security numbers, names, sex, race, and date of birth to prevent incorrect matches of persons with criminal convictions.
- **You will not be approved to schedule for a nurse aide examination date without the completion of this form and a copy of your OFFICIAL TRANSCRIPTS.**
- Mail this completed form to: **Nurse Aide Training Consultant  
 P.O. Box 2969  
 Madison, WI 53701-2969**
- **Print neatly in BLACK INK or TYPE.**

**I. PERSONAL INFORMATION**

Name	Social Security Number	Telephone Number	
Address	City	State	Zip Code

**II. EDUCATION**

Your nursing instructor must indicate the specific, completed course number for the courses in which the following criteria was taught and in which the minimum of 32 hours of "hands on" clinical experience was obtained.

Aging Process:	Care of Cognitively Impaired:	Safety/Emergency Procedures:
Basic Nursing Skills:	Communication Skills:	Residents' Rights:
Basic Restorative Skills:	Infection Control:	
Death/Dying:	Personal Care Skills:	

Clinical Course:

Name – Facility	Type of Facility
-----------------	------------------

<b>SIGNATURE</b> – Instructor	Name – Instructor ( <i>Print or type.</i> )	Date Signed
-------------------------------	---	-------------

**DHS USE ONLY**

Approved

Approval Pending, Information Needed

Denied

Reason for Denial

Name - Reviewer	Title	Date
-----------------	-------	------