

May 12, 2022

Dear Senior Health Careers Students, Parents, and Guardians:

The Ohio Department of Health requires specific information regarding students (trainees) when submitting future class schedules for the Nurse Aide Training and Competency Evaluation Program (NATCEP). These requirements affect all Senior Health Careers students enrolled in the Senior Course "Patient Centered Care." The required information must be provided to the Ohio Department of Health and will be submitted by Mrs. Ellis in early August. The submission of your son or daughter's information provides them the opportunity to pursue the State Tested Nursing Assistant (STNA) certification. Please note that enrollment in the STNA Program does not guarantee a course completion certificate nor does it guarantee a passing grade on the Nurse Aide Competency Exam or State Exam. The student will only be enrolled into the program with the attached information and must meet all course requirements to achieve the course completion certificate which will enable them to sit for the State Exam.

**The Ohio Department of Health is very strict regarding necessary paperwork and due dates. Please complete the attached required information sheet and return the completed form to Mrs. Ellis on or before Friday, May 27, 2022.** The completed form can also be scanned to [dellis@cvccworks.edu](mailto:dellis@cvccworks.edu). If you should have any questions regarding this information, please contact Diane Ellis at 440-746-8154 or email her at [dellis@cvccworks.edu](mailto:dellis@cvccworks.edu).

**CVCC**  
**2022-2023**

**Required Information for the Nurse Aide Training and Competency Evaluation Program**

**Please print all information legibly.**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Social Security Number (9-digit) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Email Address (cannot be a school email, must be a personal email)  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_

ADA (Americans with Disabilities Act) Request \_\_\_\_\_ Yes \_\_\_\_\_ No  
(This information is necessary to provide reasonable accommodations for applicants with disabilities that may affect their ability to take the Nurse Aide Competency Examination or State Exam.)

I have read the information provided on the previous page and declare that the above supplied information is complete and accurate to the best of my knowledge.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_