

**NURSE AIDE II**

**SAMPLE FORM : FACULTY DATA SHEET**

Organization :	_____
Street :	_____
City :	_____
Telephone Number :	(____) _____
Program Coordinator :	_____
Program Approval Number(s) :	_____
Program Approval Number(s) :	_____
Name (As on RN license) :	_____

**Certificate #** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Dates of Employment**  
(at least two years of direct patient care **as a Registered Nurse**)

<b>Mo/Yr to Mo/Yr</b>	<b>Place of Employment</b>
_____	_____
_____	_____
_____	_____

**Describe experiences teaching adult learners:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Title:</b>  PLEASE CHECK THE APPROPRIATE TITLE _____ Program Coordinator _____ Program Director _____ Faculty	<b>OFFICE USE ONLY</b>  VERIFIED BY: _____ DATE _____ TOTAL MONTHS: _____
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6/91 REV 3/92 jhs NACRFADD FACDATA.NA	North Carolina Board of Nursing NURSE AIDE REGISTRY P.O. BOX 2129 Raleigh, NC 27602-2129 (919) 782-7499
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