



**Application to Establish a Nurse Aide II Course
or
Add/Change a Nurse Aide II Offering
Use of Clinical Agency**

Part A – Must be completed by coordinator of Nurse Aide II course requesting use of clinical agency.

Date	
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TO:

Name and Title of Clinical Agency DON	
Name of Agency	
Address	

FROM:

Name and Title of Nurse Aide II Course Coordinator	
Name of Nurse Aide II Course	
Address	
Clinical Site Address	
Clinical Site Contact Person	

The above-mentioned program is requesting approval to utilize your clinical agency as a part of their Nurse Aide II course. Students will be directly supervised by an NCBON approved NA II instructor at all times. The student population will be (check one):

	All students will be 18 years of age or older
	Some students may be less than 18 years of age

Date	Signature Nurse Aide II Course Coordinator
Phone	Print Name and Title

Part B – Must be completed by Director of Nursing for the Clinical Agency

The agency agrees to provide appropriate clinical experiences for the NA II student population described above.

Date	Signature Director of Nursing or Designee
Phone	Print Name and Title

The agreement referenced above must include the signature of the course coordinator and the chief nurse officer (CNO) from the clinical facility. Approval from NCBON must be provided prior to student participation.

Return completed form to: practice@ncbon.com.