DIRECTIONS

APPLICATION [PDE-4328 C] FOR OUT-OF-STATE NURSE AIDE TRAINEES

Eligibility:

- Completed nurse aide program of at least 75 hours and 5 hours of education in the identification, prevention and reporting of abuse, neglect and exploitation, within the last two years **and**
- Graduated from a Nurse Aide Program that was state approved per the OBRA regulations.

Directions:

☐ 1. Complete Application form PDE-4328 C. Be specific.

☐ 2. Complete Prohibitive Offenses form PDE-4328 E.

☐ 3. Attach a copy of certificate of completion that has the name of school and your name imprinted on it.

☐ 4. Indicate name and address where the response should be sent. If your name has changed, include documentation of name change. (i.e. marriage certificate)

☐ 5. Send original application and a copy. (PDE 4328C, 4328E and supporting documentation)
Note: The signed application becomes your letter of eligibility to test and is sent to the American Red Cross along with a registration form.

Nurse Aide Program
Pennsylvania Department of Education
333 Market Street – 11th Floor
Harrisburg, PA 17126-0333

Or fax to: 717-783-6672
Or e-mail to: ra-natcep@state.pa.us

☐ 6. Retain a copy of application for your files. Allow 2-3 weeks for a response.

If you need any assistance, please call 717-772-0814 between the hours of 9:00 AM and 4:00 PM, Monday through Friday or e-mail us at ra-natcep@state.pa.us.

Pennsylvania Department of Education

APPLICATION FOR OUT-OF-STATE NURSE AIDE TRAINEES

- ***Please print or type.*** Complete the following application to be determined eligible to take the Pennsylvania Nurse Aide Competency Examination. If your name has changed, include documentation of name change.

I. PERSONAL INFORMATION

_____ _____ _____
(Last Name) (First Name) (M)

_____ _____
(Street Address) (Apt.#)

_____ _____ _____ _____
(City) (State) (Zip Code) (County)

_____ _____
(Date of Birth – MM/DD/YYYY) (Telephone Number)

II. EDUCATION

You must include a copy of your certificate of completion signed by the appropriate instructor or administrator.

_____ _____
(Training Site or Name of School) (Hours Completed)

_____ _____
(Street Address) (Date Completed)

_____ _____ _____ _____
(City) (State) (Zip Code) (County)

Schools telephone number:_____ E-mail address_____

Have you taken the state nurse aide competency examination? If yes, record the date(s) and state.

_____ _____ _____
Date/State Date/State Date/State

III. SIGNATURE

I certify that all the information provided on this application is true and accurate.

_____ _____
(Signature of Applicant) (Date)

Send completed application to:

Fax: 717-783-6672
E-mail: ra-natcep@state.pa.us

Nurse Aide Program
Pennsylvania Department of Education
333 Market Street, 11th floor
Harrisburg, PA 17126-0333

State Use Only

APPROVED **NEED MORE INFORMATION** **NOT APPROVED**

SIGNATURE _____ DATE _____

PDE-4328C (Rev 5/11)

Pennsylvania Department of Education
PROHIBITIVE OFFENSES CONTAINED IN ACT 14 OF 1997
Nurse Aide Resident Abuse Prevention Training Act

Prohibitive Offenses

Acquisition of Controlled Substance by Fraud
Aggravated Assault
Aggravated Indecent Assault
Arson and related Offenses
Burglary
Causing or Aiding Suicide
Concealing Death of a Child
Corruption of Minors
Criminal Homicide
Dealing in Infant Children
Delivery by Practitioner
Designer Drugs
Drug Delivery resulting in Death
Endangering Welfare of a Child
Forgery
Illegal Sale of Non-Controlled Substance
Incest
Indecent Assault
Indecent Exposure
Intimidation of Witnesses or Victims
Involuntary Deviate Sexual Intercourse
Involuntary manslaughter
Kidnapping
Library Theft
Murder I
Murder II
Murder III
Obscene and Other Sexual Materials
Obscene and Other Sexual Materials to Minors
Organized Retail Theft
Possession with Intent to Deliver
Promoting Prostitution
Rape
Receiving Stolen Property
Retail Theft
Retaliation Against Witness or Victim
Robbery
Securing Execution of Document by Deception
Sexual Abuse of Children
Sexual Assault
Statutory Sexual Assault
Theft
Theft by Deception
Theft by Extortion
Theft by Failure to Deposit
Theft From Motor Vehicle
Theft by Property Lost
Theft by Unlawful Taking
Theft of Leased Properties
Theft of Services
Theft of Trade Secrets
Theft of Unpublished Dramas or Musicals
Unauthorized Use of a Motor Vehicle
Unauthorized Possession of Retail or Library Instruments
Unlawful Restraint
Unlawful Use of a Computer
Voluntary Manslaughter
***Any** Felony Drug Conviction

Have you ever been convicted or entered a plea of guilty to any of the above offenses? If yes, please submit a letter explaining the arrest, charges and final disposition.

If no, sign, date and submit with your application.

I understand that by submitting this completed form concerning Prohibitive Offenses to the Pennsylvania Department of Education, I am certifying that all of the information I have provided on this application is complete, accurate, true and correct. I make this declaration subject to the penalties of 18 PA.C.S. 4904 relating to unsworn falsification to authorities.

_____ _____
Signature Date