Please fill out form, print, sign and return by email to:
cmixon@rstc.edu

or by physical mail:
Reid State Technical College
ATTN: Clarinda Mixon - NA Program
PO BOX 588
Evergreen, AL. 36401

TBI/NON-CREDIT

APPLICATION FOR THE NURSING ASSISTANT PROGRAM

Social Security Number: _____ Student Number: _____

Full Legal Name: _____

Present Mailing Address: _____

City: _____ State: _____

Zip Code: _____ County: _____ Email Address: _____

Home Phone: _____ Cellphone Number: _____

Date of Birth: _____ Place of Birth: _____
(Month/Day/Year) *(City/State)*

High School from which you graduated: _____

City: _____ State: _____ County: _____

If you did not graduate, did you receive a GED? Yes ☐

No ☐ if yes, year received: _____

Citizenship: Are you a U.S. Resident? Yes ☐

No ☐ if no, specify: _____

Residency*: (Please check the appropriate box)*
_____ I affirm that I am an Alabama resident for at least the previous twelve months.
_____ I am not a legal resident of Alabama.

(Optional)- This data is used only for data collection purposes

Sex: Male ☐ Female ☐

Ethnicity: African American ☐ Caucasian ☐ Hispanic ☐ Asian/Pacific ☐

American Indian/Alaskan ☐ Other: _____

Person to be contacted in case of emergency: _____

Phone Number: _____

Signature: _____ Date: _____