



STUDENT TESTING ELIGIBILITY FORM

This section to be completed by Lead Instructor only.

Social Security Number: _____ Birth Date: _____ Sex (M/F) _____

Name: _____
(Last) (First) (Middle) (Maiden)

Address: _____

City: _____ State: _____ Zip Code: _____

Course Number: ____-____-____-____-____-____ Lead Instructor: _____

Course Starting Date: _____ Course Ending Date: _____

Date student completed all clinical and field internship: _____

Attach the following:

- Copy of CPR Card
- Practical Skills
- Certification/Licensure Fee
- Copy of HIV/AIDS Certificate
- FBI Background Check
- Certificate of Course Completion (if applicable)

The above named student has successfully passed all requirements of the class listed above and therefore is eligible to begin testing for National Registry.

Signature of Lead Instructor: _____ Date: _____

All returned checks shall be subject to a processing charge in the amount Twenty Five Dollars (\$25.00). In addition, any applicant or licensee issuing a check which is returned shall be deemed to have violated KRS 311A.050(2)(a). That person shall be sanctioned which may result in a fine, suspension, or license revocation.

(KBEMS 8/2009)