



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Earl Ray Tomblin  
Governor

OFFICE OF INSPECTOR GENERAL  
Office of Health Facility Licensure and Certification  
Nursing Assistant Program  
408 Leon Sullivan Way  
Charleston, WV 25301  
Telephone: (304) 558-0050 Fax: (304) 558-1442

Michael J. Lewis, M.D., Ph.D.  
Cabinet Secretary

**NURSING ASSISTANT REFRESHER COURSE COMPLETION FORM**

Submit to Professional Healthcare Development, Inc. (PHD) at the address listed below. All entries on this form must be TYPED and legible.

\_\_\_\_\_  
Name and Address of Facility or School

\_\_\_\_\_  
Program Approval #

**SOCIAL SECURITY NUMBER DISCLOSURE:** Disclosure of your social security number should only be made if obtained from you in accordance with Section 7 of the Privacy Act of 1974. Your disclosure is voluntary for the purpose of internal identification, and may be used to verify information on your application, (class admissions and completions, competency evaluation testing, re-registration and reciprocity applications, etc), to verify certification with another state's certification authority, for exam identification, for identification purposes in national disciplinary databases or as the basis of a disciplinary action against you. In accordance to the 42CFR 483.156(c), failure to provide requested information may result in your application being returned, a delay in processing, or your name not being placed on the West Virginia Nursing Assistant Registry.

	Print Complete Name (First, Middle, Last)	Social Security # XXX-XX-XXX	Date of Birth (mm/dd/yyyy)	Telephone # (xxx) xxx-xxxx	Aware of Privacy Disclosure (Student's Signature)
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	Print Complete Name (First, Middle, Last)	Social Security # XXX-XX-XXX	Date of Birth (mm/dd/yyyy)	Telephone # (xxx) xxx-xxxx	Aware of Privacy Disclosure (Student's Signature)
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This form must be received within **30 days** following completion of the program. **\*Primary Instructor certifies the above information to be true and correct to the best of their knowledge and that individuals listed above are *qualified* to take the refresher and their expiration date on the Nursing Assistant Registry ([www.wvdhhr.org/ohflac](http://www.wvdhhr.org/ohflac)) is less than five (5) years.**

Program Start Date: \_\_\_\_\_

Instructor(s): \_\_\_\_\_

Scheduled Completion Date: \_\_\_\_\_

\_\_\_\_\_

Revised 1/2012