

SUBSTITUTE FOR PHOTO IDENTIFICATION

PART 1: TRAINING INSTRUCTOR SHOULD COMPLETE THIS PORTION

I have been authorized by PHD's application staff to prepare this Substitute for Government Issued Photo Identification

Training Instructor Name _____ Training Instructor Signature _____ Today's Date _____

Candidate Name _____ Test Site _____ Test Date _____

Eye Color _____ Hair Color _____ Height _____ Weight _____ Age _____

Sex _____ Race _____ Birthdate _____ Social Security Number _____

To be signed by candidate in presence of the training instructor:

Candidate Signature _____ Date _____

PART 2: NURSING ASSISTANT CANDIDATE SHOULD SIGN THIS WHEN REPORTING TO THE TEST SITE.

I am the candidate named and described on the opposite side of this form and am signing this document in the presence of an Test Site Coordinator/Evaluator.

Candidate Signature _____ Date _____

PART 3: SITE COORDINATOR/EVALUATOR SHOULD SIGN BELOW:

The candidate named and described above signed this document in my presence.

Signature of Test Site Staff _____ Date _____

Take this with you to the test site as a substitute for a photo ID. DO NOT send this form to PHD.