



## *Arizona State Board of Nursing*

### NURSING ASSISTANT TRAINING PROGRAM

### CONSOLIDATED SITE RENEWAL APPLICATION SUPPLEMENTAL SHEET

(Complete one sheet for *each consolidated site utilized* at any time in the past 2 years and submit with main\* renewal application and application checklist)

<b>Main* Program Name and Location:</b>		<b>Program Code #:</b>			
<b>Consolidated Site Name:</b>		<b>Program Code #:</b>			
Site Phone #:	Website Address:				
<b>Physical Address of Site:</b>					
<b>Mailing Address of Site:</b>					
<b>Coordinator Name:</b>		Office phone:			
Email Address:		Fax:			
<b>Site Instructor Name:</b>		Office phone:			
Email Address:		Fax:			
<b>Site Instructor Name:</b>		Office phone:			
Email Address:		Fax:			
<b>List all clinical sites</b> that will be utilized by this site:					
<i><b>Graduates and Pass Rates since Last Approval (for this site only)</b></i>					
Session or Semester (e.g. Summer 2014)	Number of Students Enrolled (e.g. 18)	Number of Graduates (e.g. 16)	Number of Graduates that tested (e.g. 16)	Written Exam Number of Students (first time—pass rates) (e.g. 14/89%)	Skills Exam Number of Students (first time—pass rates) (e.g. 14/89%)
<b>Total</b>					
(if more sessions completed—please continue chart on next page)					

**Please attach Evaluation Plan and Results for this site**

\*Main Location is where all files are kept