



Forks Community Hospital

"Pioneers in Rural Health Care"

Thank you for your interest in Forks Community Hospital's NAC program. Please fill out the following application and return it as soon possible. If you have any questions, please contact Lucritia Stansbury (360)-374-6998 ext. 521

You may submit your application:

In person at Forks Community Hospital Admitting desk

Or

By mail to:
Forks Community Hospital
NAC Program Director: Lucritia Stansbury
530 Bogachiel Way
Forks, WA 98331

Or

E-mail: lucritias@forkshospital.org

FORKS COMMUNITY HOSPITAL
530 Bogachiel Way • Forks Washington • 98331
(360) 374-6271 phone (360) 374-5220 fax

APPLICATION FOR NAC CLASS

Name _____
First Last Middle

Mailing Address _____
Street City State Zip

Phone Number(s) () () _____
Preferred Contact First

Email Address _____ Are you over 18? Yes No

Have you ever been employed at Forks Community Hospital? Yes No If yes please list dates and position _____

Attendance

Do you now have or do you anticipate having any activities, commitments or responsibilities that may prevent you from meeting your class attendance requirements? Yes No

Licensure

Do you currently or have you ever held a NAC or other health care licensure in Washington or any other state? Yes No If yes please list Name License is under, Dates, State and Licensure type.

I certify the information set forth in this Application for the Forks Community NAC class is true and complete to the best of my knowledge. I understand that, if accepted to class, falsified statements on this application or shall be considered sufficient cause for my dismissal from class.

I further understand that my acceptance to the class is contingent upon satisfactory reference and background check results.

Thank you for your interest in Forks Community Hospital NAC class.

Signature of Applicant

Date

*For Work/Volunteer and Education portion you may attach a resume instead if you prefer.

Education

Name of High School	GED or Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No
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List any College or Schools after High School

Name/Location	Academic Major, Skill or Trade	Dates Attended	Did you Graduate?	Degree/Certificate

Work/ Volunteer Experience

List most recent employer first.

1.Name of employer, address (mo/yr)	Dates Employed From: To:	Supervisor: Phone Number: May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your last job title and description:		Reason for leaving:
2.Name of employer, address (mo/yr)	Dates Employed From: To:	Supervisor: Phone Number: May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your last job title and description:		Reason for leaving:

Reference

Please list name of one reference we may contact:

1.Name of reference, address, relationship to you	Phone number(s)
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