



Forks Community Hospital[®]

“Pioneers in Rural Health Care”

Rural Health Clinics

530 Bogachiel Way • Forks Washington • 98331
Phone (360) 374-6998 fax (360) 374-3162

Thank you for your interest in the Forks Community Hospital NAC program. Please fill out the following application and return it as soon as possible. If you have any questions, do not hesitate to get in touch with Program Director Lucritia Stansbury at (360)374-6998 ext. 821

You may submit your application:

In-person at Forks Community Hospital admitting desk.

By mail to:

Forks Community Hospital
NAC Program Director: Lucritia Stansbury
530 Bogachiel Way
Forks WA 98331

Or E-mail: lucritias@forkshospital.org



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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 anticipate 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 the 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 shall be considered sufficient cause for my dismissal from class.

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

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

Signature of Applicant

Date / Time

***You may attach a resume if you prefer for the Work/Volunteer and Education portion.**

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 Employed (mo/yr)	Dates 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 Employed (mo/yr)	Dates 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 the name of one reference we may contact:

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