

This form may be completed online, printed and mailed to the address listed below.

**PAID DINING ASSISTANT REGISTRY FORM**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Name of Course Provider \_\_\_\_\_

Date of Course Completion \_\_\_\_\_

Date of Competency Evaluation \_\_\_\_\_

Please return this form to:

**Paid Dining Assistant Registry  
Licensure Unit  
PO Box 94986  
Lincoln, NE 68509-4986**

[www.dhhs.ne.gov/crl/nursing/dining/registry.pdf](http://www.dhhs.ne.gov/crl/nursing/dining/registry.pdf)