

PAID DINING ASSISTANT REGISTRY FORM

Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Social Security # _____

Name of Course Provider _____

Name of Instructor _____

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
Fax: 402-471-1066**

Revised: 4/28/09