



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

**NURSE AIDE COURSE NOTIFICATION**

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**College/Facility Conducting Course**

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**College/Facility Address**

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**City/State/Zip**

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**College/Facility Phone #**

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**Program Coordinator Signature**

**Course Location:** \_\_\_\_\_

**Class Dates and Times:**

**This completed form is to be submitted at least five working days prior to starting each class. Please send to:**

**Nebraska Nurse Aide Registry  
P. O. Box 94986  
Lincoln, NE 68509-4986  
Fax (402- 742-1151  
Email: [DHHS.NursingSupport@nebraska.gov](mailto:DHHS.NursingSupport@nebraska.gov)**