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# American Red Cross of the Susquehanna Valley

## *Nurse Aid Testing*

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**APPLICATION FOR APPROVAL AS AN IN-FACILITY TEST SITE**

**Fax to: 1-866-257-6506**

**Please complete the following information about your site and return it to us at least sixty (60) days prior to your first desired test date.**

Site Name: \_\_\_\_\_

Site Address: \_\_\_\_\_  
\_\_\_\_\_

Site Phone Number: \_\_\_\_\_ Site Fax Number: \_\_\_\_\_

**Contact person/s for testing:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number--Work: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Fax number to be used for testing: \_\_\_\_\_

Location of fax machine used for testing: \_\_\_\_\_

(Include distance from testing area if not located in testing area)

I have received a copy of the *Equipment and Supply List* for my state and I attest that all of this equipment will be available and in good working order on the day of the exam. I give permission for the American Cross to inspect the testing site prior to the first exam and during any scheduled exam.

\_\_\_\_\_  
Facility Representative

\_\_\_\_\_  
Date

**Red Cross Use:**

Received Date: \_\_\_\_\_

Approved Date: \_\_\_\_\_ Approved By: \_\_\_\_\_

Entered in ICE Date: \_\_\_\_\_ Entered By: \_\_\_\_\_

Notes: