

**CCTI**  
**VERIFICATION OF PA RESIDENCY**

*Please type or print legibly in ink.*

Date of Application \_\_\_\_\_

Proposed Date of N.A. Class Enrollment \_\_\_\_\_

**I. Personal Information**

A) Name: \_\_\_\_\_

B) Current Address: \_\_\_\_\_

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

C) Months/Years at this Address: \_\_\_\_\_

D) Telephone: \_\_\_\_\_

***If you have resided at your current address for less than two years:***

Previous Address: \_\_\_\_\_

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

Months/Years at this Address \_\_\_\_\_

\*If necessary, attach a list of other places of residence to demonstrate that you have lived in Pennsylvania for the past two (2) years.

**II. Forms of Identification – must be verified by program representative**

A) Birth Date: Month/Day/Year \_\_\_ / \_\_\_ / \_\_\_\_\_

B) Please provide two (2) additional forms of official, signature-bearing identification (**one of which must be a current photo identification document**). Examples of proper identification include:

• Driver's License • Clinic card • Credit card • State-issued identification card

• Passport • Library card • Alien registration card • Other \_\_\_\_\_

**III. Education**

A) Do you have a high school diploma or GED? Yes      No

B) Name of high school: \_\_\_\_\_

Address      City & State      Dates Attended      Date of Graduation

C) Did you attend an educational institution beyond high school? Yes      No

If yes, enter the name of the school (s): \_\_\_\_\_

**IV. Nurse Aide Signature**

I understand that by submitting this completed form for Verification of PA Residency to enroll in a nurse aide Training program, I am certifying that all of the information I have provided on this application is complete, accurate, true and correct. I make this declaration subject to the penalties of 18 PA.C.S 4904 relating to unsworn falsification to authorities.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_