

18VAE 90-25
R09-1563

Virginia Board of Nursing
Jay P. Douglas, RN, MSM, CSAC
Executive Director

Board of Nursing (804) 367-4515
Nurse Aide Registry (804) 367-4569
FAX (804) 527-4455

M E M O R A N D U M

TO: Contact Person of Nurse Aide Education Programs

FROM: Paula B. Saxby, R.N., Ph.D.
Deputy Executive Director, Education

DATE: June 5, 2008

SUBJECT: Statistical Information

The annual statistical report of the Virginia Board of Nursing is currently being prepared for the past fiscal year. Please complete the information requested about your nurse aide education program, and return the entire form to this office **NO LATER THAN August 15, 2008**. We appreciate your cooperation and attention to this request. You may FAX this form to (804) 527-4455.

_____ 1. Number of students **admitted** to the program between **July 1, 2007** and **June 30, 2008**.

_____ 2. Number of students who **completed** the program between **July 1, 2007** and **June 30, 2008**.

NOTE: If your institution/facility has more than one nurse aide education program, give the total number of students for **all the programs combined**.

Name of Institution/Facility: _____

Location: _____

Name of Person Completing Form: _____

(Please Print)

Title: _____

Telephone Number: _____