



Baptist Health System School of Health Professions
Active Duty Air Force
Vocational Nursing Applicant Attestation

PERSONAL INFORMATION

Full Name (Last, First, Middle, Maiden) _____

Social Security Number: _____

Date of Birth: _____

ATTESTATION

To be completed by the 4N Unit Training Manager, 4N Functional Manager or Chief Nurse Officer.

I verify that the person named in this document has completed the Basic Medical Technician Corpsman program (BMTCP) 4N501/4N071 (4N training program) - 5 skill level or above.

SIGNATURE OF THE 4N UNIT TRAINING MANAGER, 4N FUNCTIONAL MANAGER OR CHIEF NURSE OFFICER PROGRAM CODE _____

PHYSICAL MAILING ADDRESS _____

EMAIL ADDRESS _____	PHONE NUMBER _____
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INSTRUCTIONS

Return Completed Form to Admission Advisor Christopher Espinoza in Student Services.