



CAREER NURSE ASSISTANTS' NURSING ASSISTANTS' TWENTY YEAR CLUB 2009 APPLICATION FORM

“Yes WE Can”

*Celebrating the 32nd annual National Nursing Assistants' Week – June 11-18, 2009
Career Nursing Assistants' Day – June 11, 2009*

Date _____

FACILITY _____
 Contact person _____ Position _____
 Address _____ Phone _____
 City _____ State _____ Zip _____

- I grant permission to *Career Nursing Assistants' Programs, Inc.* to use the name of this facility in the directory and other related publicity. YES__NO__ Facility Representative _____
- The individual nursing assistant must grant permission for use of her/his name in the directory and other publicity. Please initial in the space provided below to indicate this permission.

Please consider the following nursing assistants as Members of the National *Twenty-Year Club 2009*

NAME AS IT IS TO APPEAR ON CERTIFICATE Please type or print clearly and accurately	CNA, STNA, HHA, etc.	Total number of years of service	Permission to use name (please initial)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Summary – attached additional pages as needed

____ # Twenty Year Club Member - Individual NAs with 20 or more years of service. @No cost = \$0.00
 ____ # NAs from Facilities, groups, and organizations or groups @ \$50.00/year= \$50.00

Make check payable and mail to:

**National Network of Career Nursing Assistants
3577 Easton Road,
Norton, Ohio 44203-5661 PH: (330) 825 9342 Fax: (330) 825 9378**

To pay by credit card call (330) 825 9342

Career Nurse Assistants' Programs, Inc. is founder and sponsor of
National Nursing Assistants Week, the National Network of Career Nursing Assistants,
The National Twenty Year Club for Nursing Assistants, and the Savvy NA Authors Publications