



**MODESTO JUNIOR COLLEGE
 ALLIED HEALTH and FAMILY & CONSUMER SCIENCE DIVISION
 NURSE ASSISTANT TRAINING PROGRAM
 STUDENT HANDBOOK**

REQUIREMENTS FOR STATE CERTIFICATION EXAM

SOCIAL SECURITY CARD (not a copy) must have your signature

_____By initialing this box, I understand that in order to complete the state exam I must provide an original social security card, not copied or laminated.

DRIVERS LICENSE OR CALIFORNIA ID OR PASSPORT

_____By initialing this box, I also understand that in order to complete the state exam, if my address has changed it must be updated on my government issued id. Or I must provide the DMV issued change of address card.

CDPH 283B (not a copy)

WEAR UNIFORM (white nursing uniform top and navy blue nursing uniform pants)

BRING A PEN (Black ink)

WRIST WATCH WITH A SECOND HAND

_____ Last Name

_____ First Name

_____ Signature

Semester:

Year: _____

Date: _____