



# REPLACEMENT REQUEST FOR

## NURSING ASSISTANT CERTIFICATE

### FIRST AID/CPR CARD

### FORKLIFT CARD

3028 Lindbergh Avenue  
Bellingham, WA 98225

**ALLOW 4-8 WEEKS FOR PROCESSING**

BTC Official Transcripts: [www.parchment.com](http://www.parchment.com)

GED Transcripts: [www.ged.com](http://www.ged.com)

Nursing Assistant Certificates are posted on Transcripts.

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|---|--|
| <input type="checkbox"/> <b>NURSING ASSISTANT CERTIFICATE REPLACEMENT—\$5.00 per copy</b><br>Processed by Instructional Tech Nursing Program—360.752.8449 | Qtr/Yr NA Cert Awarded: _____                      |
| <input type="checkbox"/> <b>FIRST AID/CPR CARD REPLACEMENT—\$22.00 per copy</b><br>Processed by Program Office Coordinator—360.752.8447                   | Qtr/Yr you received your First Aid/CPR Card: _____ |
| <input type="checkbox"/> <b>FORKLIFT CARD REPLACEMENT—\$30.00</b><br>Processed by Program Office Coordinator—360.752.8444                                 | Qtr/Yr you received your Forklift Cert: _____      |

**FLAGGER CARD:** Contact Evergreen Safety Council at [www.esc.org](http://www.esc.org)—425.814.3868 or 800.521.0778

Complete the information below and submit this form with your payment to the Cashier. Your Certificate will be reissued according to the records found and will be sent directly to the address you provide on this form. You will be contacted if further information is needed to continue our search. **This form must be completely filled out to be processed.**

Your social security number is confidential and, under a federal law called the Family Educational Rights & Privacy Act, the college will protect it from unauthorized use and/or disclosure. In compliance with state and federal requirements, disclosure may be authorized for the purpose of state and federal financial aid, tax credits, academic transcripts, assessment or accountability research.

TODAY'S DATE \_\_\_\_\_

BIRTH DATE (mm/dd/yyyy) \_\_\_\_\_

CTCLINK ID or SSN \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

NAME (last, first, middle initial) \_\_\_\_\_

PREVIOUS NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

ADDRESS (street, city, state, zip code) \_\_\_\_\_

STUDENT'S SIGNATURE (REQUIRED) \_\_\_\_\_

DATE \_\_\_\_\_

#### FOR OFFICE USE ONLY

PROGRAM: \_\_\_\_\_

DATE REQUEST RECEIVED IN OFFICE: \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_

DATE MAILED: \_\_\_\_\_

CASHIER'S INITIALS: \_\_\_\_\_

DATE PICKED UP: \_\_\_\_\_

Bellingham Technical College does not discriminate against any person on the basis of race, color, national origin, disability, sex, genetic information, or age in admission, treatment, or participation in its programs, services and activities, or in employment. All inquiries regarding compliance with access, equal opportunity and/or grievance procedures should be directed to the Executive Director of Human Resources, Bellingham Technical College, 3028 Lindbergh Avenue, Bellingham, WA 98225, or call (360) 752-8354.