



# Yuut Elitnaurviat

P E O P L E ' S L E A R N I N G C E N T E R

BNC Complex, Suite 215 • P.O. Box 1347 #913 • Bethel, Alaska 99559 • 907-543-6985 • Fax 907-543-3152

## Inquiry Form:

1. Name (Print): \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

\_\_\_\_\_

3. Telephone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

4. Birth date: \_\_\_\_\_ Educational History: HSD GED In Progress

5. Social Security Number: \_\_\_\_\_

6. What type of training are you interested in?

- Apprenticeship: (Please check area of specialty you are interested in)
  - Carpenter
  - Plumber
  - Electrician
- Academy (Please list Electrical, Plumbing or Construction): \_\_\_\_\_
- Building Maintenance and Repair
- Drivers Education
  - Permit
  - Road Test
- Personal Care Attendant
- Certified Nursing Assistant
- Certified Medical Assistant
- Healthcare Reimbursement
- Other: \_\_\_\_\_

7. Please check previous training you have had:

- AVTEC student/graduate
- Consumer Directed (No Training)
- Consumer Directed (Trained)
- Current PCA
- PCA (lapsed credential)
- Current CNA
- CNA (lapsed credential)
- Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

*(For Yuut Elitnaurviat use only)*

**Date Letter Sent:** \_\_\_\_\_

**YE Comments:**