

NNNS-II Learner Background Information

(Please complete and return via email to nnnstrainingprogram@CareNe.org)

Name (as you want it to appear on your certificate):

Mailing Address:

Phone:

Pager:

Cell Phone:

Email address:

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**Why do you want to learn the NNNS-II and how do you want to use it?**

**Certification/Training in other newborn & infant assessments (eg., NBAS, APIB, NNE, NAPI, Bayley):  
list**

**How did you learn about the NNNS-II training (eg., website, conference – please state which one,  
journal article, webinar – please state which one, colleague – please state who)**

**Educational Background:**

**Degree/s& Post-grad training \_\_\_\_\_ Discipline**

**Experience with Newborns (yes/no):**

Healthy full-term \_\_\_\_\_

Healthy preterm \_\_\_\_\_

Sick/fragile preterm \_\_\_\_\_

Substance exposed \_\_\_\_\_ & types \_\_\_\_\_

Neonatal Abstinence Syndrome \_\_\_\_\_

Major congenital anomalies \_\_\_\_\_ & types \_\_\_\_\_

**Clinical experiences & ages birth-4:**

**Research experiences & ages birth-4:**