

**NNNS-II Learner Background Information**

(Please complete and return via email to [nnnstrainingprogram@CareNe.org](mailto:nnnstrainingprogram@CareNe.org))

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

**Position title:**

**Area of Specialty:**

**Institution where you will be administering the NNNS:**

**Work Address:**

**Home address:**

**Work Phone:**

**Pager:**

**Cell Phone:**

**Work Email address:**

**Personal email address:**

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

**If you are using the NNNS-II for research, please state the name of the research study and the PI of the study:**

**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 \_\_\_\_\_

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

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

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