

Certified Nurse Aide Program Registration

Instructions; Submit this form, along with a payment of \$150.00 (the registration fee is deducted from your tuition)

Before registering for class, make sure you meet the following requirements:

1. You must be at least 16 years of age.
2. You must have a basic understanding of how to converse, read and write in English.
3. You must understand basic math.
4. You must have a valid state issued photo I.D. (such as a drivers license)
5. You must have a valid Social Security Card or proof of your numbers validity.
6. You must **NOT** have any felony conviction or pending felony charges within the last 7 years. Misdemeanors will be considered on an individual basis. You must authorize us to perform a criminal background check on you.
7. You must have reliable transportation.
8. You must pass a physical exam with no physical restrictions.
9. You must **NOT** currently or within the past year; have or be receiving treatment for a chemical/drug dependency or **debilitating** mental health condition.
10. I understand that the \$150.00 Registration Fee is NON-Refundable, and that if I attend any portion of the class and drop out for any reason or through my own actions are terminated from the program, any tuition paid is also NON-Refundable.

Please Initial to signify that you understand and meet the above requirements; _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____, Street Address _____

City, State & Zip: _____

Home Phone No.: _____, Cell Phone No.: _____

Do you have a High School diploma or G.E.D ? _____ *recommended, not required*

Do you understand basic arithmetic? _____

Are you able to read, speak and understand English? _____

Do you have a photo I.D.? _____, Drivers License? _____, Social Security Card? _____

Are you a U.S. Citizen? _____, if no, what is your alien status _____

Have you ever been convicted of a felony or misdemeanor? _____, if yes explain please explain

Please list your emergency contact: Name _____ Phone# _____

Please list any allergies you may have _____

Which class are you registering for? Date _____ Day or Eve. _____

How did you hear about Nurse Tech's CNA class? _____

Please Note: Nurse Tech will make every effort to provide uninterrupted and continuous classes and clinical rotations, yet due to circumstances beyond our control we cannot guarantee it, we reserve the right to reschedule and/or relocate class or clinical rotations as necessary.

I certify to the best of my knowledge that the above information is correct, and understand that intentional falsification of information may subject me to immediate dismissal without refund. I authorize Nurse Tech to perform a criminal background check.

Signature _____ Date _____