



620 Highway 43, Suite F | Saraland, AL 36571 (251) 217-7973 info@accesshealthcc.com

## Application for Admission

### Certified Nursing Assistant Program

Note: Application fee of \$40 is non-refundable

#### Personal Information

Last	First	MI	SSN#	Date of Birth	Age
Street Address		City	ST	Zip	Primary Phone Number
Emergency Contact - Name/Relationship			Emergency Contact Phone	Secondary Phone	

#### Prior Work Experience

	Current or Most Recent	Prior	Prior
Employer			
Address			
City, ST, ZIP			
Name of Immediate Supervisor			
Dates of Employment	From                  To	From                  To	From                  To
Position/Job Title			

#### Education

	Name/Location	Last Year Complete	Degree	Major
High School or GED		9   10   11   12		
Trade School				
Other				



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#### Background

QUESTION	YES	NO
Have you ever been denied a nursing assistant certificate/license?		
Have you ever had any disciplinary action (probation, suspension, revocation or reprimand) taken		
Against your nursing assistant certificate/license?		
Have you ever been convicted of any crime under the laws of AL?		
Have you ever appeared in any court, paid any fine or been put on probation?		
Have you ever been convicted of any crime under the laws of any state?		
Have you ever been convicted of any crime under the Federal Law of the United States?		

If you answered yes to any question (s) please give a detailed account of the occurrence (s) including the name of location and date. Please use available space on this page. **You may be asked to provide court documents and or explanatory letters.**

#### List 3 references that we may contact:

NAME	RELATIONSHIP	PHONE
1.		
2.		
3.		



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#### Read and answer the following:

How did you hear about Access Health Career Center?

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Why do you want to become a Certified Nurse Assistant (CNA)?

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What kind of atmosphere would you like to work in?

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What are your feelings about aging?

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How do you feel about working with older aged residents?

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#### ETHNICITY AND RACE IDENTIFICATION

- |   |   |
|---|---|
| <input type="checkbox"/> White            | <input type="checkbox"/> Native American                |
| <input type="checkbox"/> African American | <input type="checkbox"/> Other                          |
| <input type="checkbox"/> Hispanic         | <input type="checkbox"/> I do not wish to self identify |
| <input type="checkbox"/> Asian            |   |



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#### Read and sign the following sections:

I wish to be considered as an applicant for the Certified Nursing Assistant Course at Access Health Career Center

If accepted, I agree to abide by the rules and regulations of the program. I understand my references may be checked. Failure to furnish all information on past education, past employment, and personal background may constitute adequate reason for disqualification of my application or subsequent dismissal. Falsification of information of any application is reason for dismissal.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

#### For prospective Certified Nurse Assistant Students: Read carefully

If you are considering a career as a Certified Nurse Assistant you should be aware that during the course of your training and subsequent employment, you are likely to be working in situations where exposure to infectious disease is possible. This is an occupational risk for all health care workers, and persons should not become health care workers unless they recognize and accept this risk.

Proper training and strict adherence to well-established infection control guidelines, however, can reduce this risk to a minimum. Thorough training in infection control procedures will be an important part of your Certified Nurse Assistant Training Program. I have read and understand the above statement.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



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### TO COMPLETE REGISTRATION PLEASE SUBMIT THE FOLLOWING DOCUMENTS IN PERSON\*\* WITH YOUR APPLICATION

- \$40 Application fee (cash or money order only)
- Copy of Social Security Card
- State Issued Picture ID
- Background release form signed (provided by career center)
- ALL** signed and completed paperwork included within this application packet

Have you had a PPD Test (TB skin test ) before? If so, what was the result

- POSITIVE
- NEGATIVE

If positive explain the course of treatment:

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Do you have a current PPD Test? (TB skin test )

- YES
- NO\*

**\* If you answered NO, you will be required to have a PPD Test (TB skin test) before being allowed to participate in off-site clinical coursework**

**\*\* Please call 251-217-7973 before**

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### IMPORTANT ADDITIONAL NOTES

Day Classes are tentatively scheduled for \*\*\* 8:30-4:30 P.M. ( Monday-Thursday)

Evening Classes are scheduled for 4:30-9:30 P.M. (Monday-Thursday)

**FOR CLINICAL DAYS ALL STUDENTS WILL BE REQUIRED TO WEAR A COMPLETE UNIFORM  
THE UNIFORM WILL CONSIST OF:**

1. Turquoise scrub top
2. White scrub pant
3. White Lab coat **with collar** (either long sleeves or  $\frac{3}{4}$  length sleeves are acceptable)
4. White sneakers/shoes