

Morning ☐

Evening ☐



NURSE ASSISTANT APPLICATION

First Name _____ Last Name _____ MI _____

Address _____ Apt. # _____ City _____ State _____ Zip _____

Contact Number _____ E-mail Address _____

Date of Birth ____/____/____ Social Security Number ____-____-____

NA Program Start Date: _____ How did you hear about us? _____

Student Aid:

☐ Department of Rehabilitation

☐ Veterans Administration (VA)

☐ Self-pay

☐ Workforce _____ (Which County)

☐ CalWORKs

☐ Other _____

Are you interested in the **Home Health Aide Program**? ____ Yes ____ No

Have you passed the **TABE** placement Test? ____ Yes ____ No When? ____

Do you have an **American Heart** BLS CPR Card? ____ Yes ____ No

Are you aware of any current or past medical, physical or emotional problems that will keep you from completing the Nurse Assistant Program? ____ Yes ____ No

If yes, briefly explain _____

I **understand** that I am NOT "OFFICIALLY" a Nurse Assistant student of Clovis Adult Education until I receive an "Acceptance Letter" of admission, attend the Mandatory Orientation and pay my program fee. _____ (initial)

I understand that my signature confirms all the above information is true.

Signature

Date

OFFICE USE ONLY	Score	Date taken
READING	_____	_____
MATH	_____	_____
NOTES: _____		

Picked up Acceptance Letter _____		