

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 _____

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

Have you taken a Level A TABE Test? Yes/ No When? _____ CAE does NOT accept outside test scores

Student Aid:

- | | |
|---|---|
| <input type="checkbox"/> Department of Rehabilitation | <input type="checkbox"/> Workforce Connection |
| <input type="checkbox"/> Workman's Comp | <input type="checkbox"/> CalWorks |
| <input type="checkbox"/> Veterans Administration (VA) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Self-pay | |

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 my application is not active until I have all the required documentation as follows:

- Level A TABE Test (taken at CAE)

I understand that I am NOT "OFFICIALLY" a Nurse Assistant student of Clovis Adult Education until I receive an "Acceptance Letter" of admission signed by the Director of Nurse Education. _____ (initial)

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

Signature

Date

<u>OFFICE USE ONLY</u>	Date taken
READING _____	_____
MATH COMP _____	_____
APPLIED MATH _____	_____
NOTES: _____	
Acceptance Letter _____	