

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 passed a TABE Test at Clovis Adult? Yes/ No When? _____

Student Aid:

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

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:

- 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, 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

Date taken

READING _____

MATH COMP _____

APPLIED MATH _____

LANGUAGE _____

NOTES: _____

Acceptance Letter Received _____