Certified Nursing Assistant Training Program (CNATP)

APPLICATION

FILL OUT THE FOLLOWING APPLICATION COMPLETELY

Student Information

Name: _____ _____ _____ _____
Last First Middle Maiden

Address: _____ _____ _____ _____ _____
Street Apt. # City State Zip Code

_____ _____ _____
Home Phone # Alternate Phone # Email Address

_____ ☐ Male ☐ Female _____
D.O. B. Gender Year of graduation/GED

_____ _____
Citizenship Status Race/Ethnicity (for statistical purposes only)

Pre-Screening Question (Continue to answer on reverse, if necessary)
Circle appropriate answer

1. Do you have a valid government issued picture ID? Yes No
2. Do you have your original Social Security Card? Yes No
3. Do you have a Birth Certificate, Passport or proof of address? Yes No
4. Do you have a Permanent Resident/Green Card or I-94? Yes No
   Yes, which?_____
5. Did you previously have your CNA or GNA certification? Yes No
   If Yes, explain_____
6. Do you have a High School Diploma or G.E.D.? Yes No
7. If enrolled in this class, will you be able to attend ALL scheduled classes? Yes No Initial____
8. If enrolled in this class, will you commit to pay $1700 tuition in full? Yes No Initial____
9. Have you ever been charged with, indicted for, pleaded guilty/no contest to, or found guilty of any criminal offense excluding minor traffic violations? Yes No
10. Are you willing to submit for a criminal background check and drug screen? Yes No
11. Have you ever been arrested, charged with a crime, listed as a defendant or discussed your case with a judge?
    Yes No

12. **If Yes, explain ALL instances, noting dates (year of occurrence), charges (misdemeanor or felony), status/outcomes (Pending, Warrant, Guilty, Not Guilty, PBJ, Nol Pros, Stet, etc.), and relevant details, Including ALL expunged records, regardless of age, date, or relevance. Parking and traffic tickets need not be disclosed. Use reverse if needed.**

Dates Charges Status/Outcome Details

_____

_____

_____

Program Requirements

Please place your initials in the blank space provide, indicating you have read and understand the program requirements

PROFESSIONALISM: Students must be willing to learn, able to work on a team and have a focused and committed demeanor, including appropriately exhibited attitude, behavior, class participation, attention to timeliness/lack of tardiness, good communication skills, work ethic and people skills.	**Initial____**
PHYSICAL ABILITIES: Students will be required to meet the same physical demands as are required by employees of the facility. This includes intermittent and even prolonged physical activity, such as walking, standing, sitting, and lifting as much as 50 lbs. or more. If you have any pre-existing condition that may prevent you from performing any skills or activities required of students attending this program, written verification must be provided from your physician, stating that there are "no activity restrictions."	**Initial____**
HONESTY: Students need to possess strong integrity and trust. Lying, cheating, stealing, or other dishonest or unacceptable behavior will not be tolerated and are grounds for immediate removal from this program.	**Initial____**
ATTENDANCE: A minimum of 90% attendance is required; lateness will be factored into attendance.	**Initial____**
GRADES: All assignments must be completed with an average score of 80%. A score of 80% or better must be achieved on the final exam.	**Initial____**
OTHER: All other obligations to the sponsoring facility and Coppin State University must be met.	**Initial____**

I understand that, if I am accepted into this training program, false statements on this application or providing falsified documents will be considered sufficient grounds for my removal. I further understand that a background check and drug screen will be conducted prior to the start of the clinical rotation. Any adverse findings resulting from this screening process, will result in my termination from the program.

I hereby authorize Coppin State University and its agents to contact any and all corporations, former employers, educational institutions, law enforcement agencies, city, state, county and federal courts and military services to release information about my background, including, but not limited to, information about my employment, education, driving record, criminal record, and general public records history. I consent to the release of this application and all other information, documents and agreements that I provide to or enter into with Coppin State University Helene Fuld School of Nursing and/or to the facility hosting the training, and, if different, the employer where I am seeking employment, as well as any source of my tuition. This releases the aforesaid parties from any liability and responsibilities for collecting or sharing the above information. I believe to the best of my knowledge that all information I have provided is accurate, true and correct.

Signature **Print Name** **Date**