

## CNA APPLICATION

NAME: \_\_\_\_\_ MUST MATCH SS AND DL \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: MUST BE CURRENT ONE THAT YOU WILL CHECK FOR OUR INFORMATION

PHONE NUMBER: Must be current number \_\_\_\_\_

PRE-CHECK BACKGROUND CHECK: \_\_Mystudentcheck.com \$54.00 after acceptance into program

DRUG TEST: Prestige Drug Testing \$35.00 after acceptance into program. 806-662-3354

COPY OF SS CARD: \_\_ MUST MATCH DL \_\_\_\_\_

COPY OF VALID DL: \_\_ MUST MATCH SS \_\_\_\_\_

APPLICATION TO THE COLLEGE: Continuing education form \_\_\_\_\_

TRANSCRIPTS: \_\_\_\_\_ HIGH SCHOOL DIPLOMA OR GED \_\_\_\_\_

PROOF OF IMMUNIZATIONS: Must provide proof

1. MMR X2: \_\_\_\_\_
2. VARICELLA X2: \_\_\_\_\_
3. TDAP (WITHIN LAST 10 YEARS): \_\_\_\_\_
4. HEPB X3: \_\_\_\_\_
5. TB (YEARLY): \_\_\_\_\_ MANDATORY \_\_\_\_\_
6. FLU (YEARLY): \_\_\_\_\_
7. CPR (WE CERTIFY): \_\_ \$44.00 included in program fees

# CNA APPLICATION

NAME: \_\_\_\_\_

DATE OF  
BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE  
NUMBER: \_\_\_\_\_

PRE-CHECK BACKGROUND  
CHECK: \_\_\_\_\_

DRUG  
TEST: \_\_\_\_\_

COPY OF SS CARD: \_\_\_\_\_

COPY OF VALID DL: \_\_\_\_\_

APPLICATION TO THE COLLEGE: \_\_\_\_\_

TRANSCRIPTS: \_\_\_\_\_

**PROOF OF IMMUNIZATIONS: Must provide proof**

1. MMR X2: \_\_\_\_\_

2. VARICELLA X2: \_\_\_\_\_

3. TDAP (WITHIN LAST 10 YEARS): \_\_\_\_\_

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5. TB (YEARLY): \_\_\_\_\_

6. FLU (YEARLY): \_\_\_\_\_

7. CPR (WE CERTIFY): \_\_\_\_\_