



Chicago's Pulse Certified Nursing Assistant Training Program Application

STUDENT APPLICATION FORM

Please print clearly. Applications that cannot be read or are incomplete, will be returned to the applicant.

1) **Name:** You must register to test in the same name as recorded on your Social Security card and your official identification that will be used for admission to testing.

Applicant's Name _____
(First) (Last)

Mailing Address: _____
(Street or P.O. Box #) (City) (State) (Zip)

Home Telephone: (____) _____ **Cell phone:** (____) _____

Work phone: (____) _____ **Social Security #:** ____/____/____

E-mail address: _____

Date of Birth _____

Emergency Contact: Name _____ **Phone:** _____

Education: Do you have a high school diploma or its equivalent?
_____ Yes _____ No

Have you taken the CNA written exam or skills evaluation before? _____ Yes _____ No

If you responded "yes" when was the last time you took the exam? ____/____/____

Qualified applicants are considered for admission, and students are treated without regard to race, color, religion, sex, national origin, age or marital status. Information related to these areas will be used for statistical analysis and not as criteria for admission to the nursing program. All information will be kept confidential.



Potential students must submit to a criminal background check as required by Illinois Department of Public Health.

Please answer the following questions.

1) Have you ever been addicted to habit-forming drugs? YES ___ NO ___

If YES, please explain _____

2) Do you have any physical or mental limitations? YES ___ NO ___

If YES, please explain: _____

3) Have you ever been convicted of a felony? YES ___ NO ___

If YES, please explain _____

I understand that if accepted into the Basic Nursing Assistant Training Program I will be required to travel for clinical experiences, and that I will be responsible for my own transportation and meals.

I understand that if accepted I will be required to meet the health requirements of the program.

I hereby certify that the facts set forth in this Student Application are true and complete to the best of my knowledge. I understand that if accepted into the nursing program, any falsified statements on this application shall be considered sufficient cause for suspension or dismissal.

(Signature of Applicant or Parent if minor)

(Date)