

CAREER TRANSITIONS, INC.
Certified Nursing Assistant Training Application

REQUIREMENTS of Applicants

- **Submit the following medical records *with this application*:**
 - **TB test and results, within past year**
 - **Vaccination (Diphtheria/Tetanus/Pertussis) within past 10 years**
- Interview with Career Transitions' Staff to discuss the CNA training program, complete a healthcare profession assessment as needed and submit this application
- Student must be 16 years of age by start of training
- Student must be able to lift 40 – 60 pounds

Applications are reviewed & evaluated in the order received.
Entire payment and medical records must be submitted with this application form.

Submit completed application to: CAREER TRANSITIONS

Attention: 189 Arden Drive or P.O. Box 145, Belgrade, MT 59714

Schedule interview: (406) 388.6701 x 100 or ct@careertransitions.com

Include with completed application form:

Full program fee **payment of \$810**, Checks are payable to "Career Transitions."
Send or pay in person. Checks preferred; credit cards or cash also acceptable.

Tuberculosis test and Tetanus/Diphtheria/Pertussis vaccination records

Once this application is **submitted and accepted**, your enrollment in CNA training is ensured.

Full Legal Name:

| | | |
|-------|-------------------|------|
| First | Middle or initial | Last |
|-------|-------------------|------|

Permanent Mailing Address (street or P.O. Box) _____

City _____ State _____ Zip Code _____

Country of Citizenship _____ Date of Birth _____

Social Security Number (*required for Headmaster testing*) _____

Daytime Telephone _____ Email Address _____

Gender: Female _____ Male _____ Other _____ Prefer not to answer _____

Name of High School _____ City _____ State _____

Year of Graduation from high school _____ **OR** the year you passed the HiSET (GED) test _____

Postsecondary Credentials & Certifications _____

The following questions are for the purpose of government statistics and will not otherwise be shared:

1. Disability Status (Select One)
 - a. None
 - b. Yes
 - c. Disability Affecting Employment
 - d. Developmental Disability
 - e. Learning Disability
 - f. Prefer Not to Answer

2. Ethnicity (Select One) Hispanic Non- Hispanic

3. Race (Select all that apply.)
 - a. White/Caucasian
 - b. Asian
 - c. Hawaiian or Pacific Island
 - d. Black/African American
 - e. American Indian or Alaskan Native
 - f. Prefer Not to Answer

Have you been convicted of a misdemeanor or a felony? List the year and describe the event:

- ✓ ***Montana State Law prohibits health care facilities from hiring a potential employee with weapons charges, sexual offenses, or violent offenses on their record.*** Though generally not considered violent, drug-related crimes may also prohibit a CNA from working in some states.

Summarize previous work experience:

List qualities you have which will help you be a competent, compassionate Certified Nursing Assistant:

Share relevant life experiences and explain why you enrolled for this training:

Completing CNA training **does not guarantee that you will pass** the final exams. Knowledge and/or skills **tests can be retaken** for an additional charge as noted below.

By signing this application, I certify that my application information is true and correct to the best of my knowledge, and I understand that falsification or omission of information may result in denial or rescinding of admission to CNA training with CAREER TRANSITIONS.

During CNA training **I agree to check my email** on a regular basis for pertinent information from Career Transitions and Headmaster testing.

Following CNA training I agree to report to Career Transitions staff my place of employment, 2nd and 4th quarter earnings and any further training received.

My signature also authorizes Career Transitions to perform a background check as needed.

Applicant's Signature _____ Date _____

| | | | |
|---------------------------------------|---|---------------------------|------------------------|
| OFFICE USE ONLY | | | |
| <u>REQUIRED APPLICATION MATERIALS</u> | | | |
| Tuition (\$810) _____ | Check _____ | Credit card _____ | Cash _____ Other _____ |
| TB Test Negative _____ | Diphtheria/Tetanus/Pertussis shot _____ | | |
| Application form completed _____ | Name of application reviewer _____ | | |
| Application review date _____ | Accepted _____ | Declined _____ | |
| <u>EXAMINATION</u> | Passed _____ | Failed _____ | |
| | Knowledge Test Score _____ | Skills Test Score _____ | |
| <u>RETEST EXPENSES</u> | Knowledge Test (\$45) _____ | Skills Test (\$102) _____ | |