



Certified Nursing Assistant (C.N.A.) PROGRAM

Student Application for Admission

Directions: Complete this application and submit with required materials by the deadline to the Adult Education Office at 310 S Curtis, Missoula, MT 59801. **Only complete applications will be considered for admission into the C.N.A. Program.**

Quarter: Call 549-8765 for current program information and application deadlines. WEB Appliaiton

First Name _____ Last Name _____

Maiden/Previous Name _____ Date of Birth _____

Social Security Number _____ **Circle one:** (Sex) MALE FEMALE

Current Address _____

City _____ State _____ Zip _____ County _____

If you have lived at current address less than eight years provide previous addresses with counties (use the back of this application if necessary): _____

Day Phone _____ Evening Phone _____ Email Address _____

Because you are applying for a training program that involves working with patients/residents in medical facilities, the following information is required. Please follow the instruction listed to obtain a background check and attached those results to this application.
****Applications without required information are considered incomplete and will not be processed.**
Required materials must be attached to applications:

- 1. TABE test results within the past year
OR a College Transcript with a passing grade for a minimum of 12 credits**
- 2. A clear background check**
- 3. Immunization records (TB test within the last year, MMR, Hep B- started or complete series, Diphtheria, Tetanus, and Varicella).**

1 Have you served any portion of a criminal sentence or been convicted of any offense that involves any form of violence such as assault, rape, child abuse, child molesting, adult abuse; or any crime which involves drugs?
 Yes No

If yes, explain the nature of the crime, place, and date of correction or sentence:

2 Have you served any portion of a criminal sentence or been convicted of any offense that involved embezzlement, fraud, stealing, robbery, extortion, blackmail, or coercion?
 Yes No

If yes, explain the nature of the crime, place, and Date of correction or sentence.

APPLICATION CONTINUES ON BACK PAGE

- 3 To complete your background check – follow these instructions. Payment by credit card is necessary to complete the background check.

From the internet following this link:

<http://www.doj.mt.gov/enforcement/criminaljustice/backgroundchecks.asp>

- Scroll down to

Online Requests (for name-based checks only)

For the general public:

1. Go to [Criminal History Online Public Record Search](#) and click on the Public Users "Start Service" button.
2. To search, you must submit the individual's complete name and complete date of birth. Social Security numbers are optional but are encouraged as they allow a more thorough search. Up to four alias names may be included in the search without further cost. You must also enter your name in order to comply with Section [44-5-215](#) of the Montana Code Annotated.
3. You may pay the \$11.50 fee for each record search by credit card or eCheck.

Follow the prompts through a new search. When completed attached background check report to this application.

Without a clear background check you will not be considered for placement in this program.

I hereby certify that the statements on this application are correct to the best of my knowledge and I understand falsification or omission of information may result in denial or rescinding of admission to the Certified Nursing Assistant program or continuation in any of its courses of study.

Student Signature: _____ Date: _____

Office Use Only

Required Application Materials
Completed Application

Background Check
_____ Date

T.A.B.E. Results
_____ Date

College Transcript w/12 hours

TB _____

MMR _____

Hep B _____

Diphtheria _____

Tetanus _____

Varicella _____

Action by Date:

_____ Application
Complete

_____ Approved

_____ Sent Letter

_____ Paid Fee