



Building a new Breed of Healthcare Professionals!

1074 Plaza Dr, Kissimmee, Fl, 34743

Phone: 407-962-0299 Fax: 407-557-8519

Date: _____

CERTIFIED NURSING ASSISTANT COURSE APPLICATION

Application fee of \$20.00 is non-refundable.

Social Security Number: _____

Name: _____

Last

First

Address: _____

Street

Apt. #

PO Box

City

State

Zip

Phone: _____ 2nd Number: _____

E-Mail: _____

Emergency contact: _____

Name/Relationship

Phone

Birthdate: _____ Age: _____

Race: White _____ Black _____ Hispanic _____ Asian _____ Other _____



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Education:

Graduated: _____ GED: _____ Highest grade completed: _____

Other Education: _____

Work Experience:

Current employer: _____

Address

phone

List last two employers: _____

Background Information:

Please read carefully and answer honestly.

Have you ever been denied a nursing assistant certificate/license? Yes _____ No _____

Have you ever had any disciplinary action (probation, suspension, revocation or reprimand) taken against your nursing assistant certificate-license? Yes _____ No _____

Have you ever been convicted of any crime under the laws of Florida? Yes _____ No _____

Have you ever appeared in any court, paid any fine or been put on probation? Yes _____ No _____

Have you ever been convicted of any crime under the laws of any state? Yes _____ No _____

Have you ever been convicted of any crime under the Federal Law of the United States?

Yes _____ No _____



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If you answered yes to questions #1 and #2, please give a detailed account of the occurrence(s) including the name of location and date.

If you answered yes to all others, give a description of the incidents. You may be asked to provide court documents and or explanatory letters.

List three references that we may contact:

Name	Phone
------	-------

Name	Phone
------	-------

Name	Phone
------	-------

Read and answer the following:

How did you hear about Utopia?

Why do you want to become a C.N.A.?



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What kind of atmosphere would you like to work in?

What are your feelings about aging?

How do you feel about working with older aged residents?

Read and sign the following sections:

I wish to be considered as an applicant for the Certified Nursing Assistant Course.

If accepted, I agree to abide by the rules and regulations of the program. I understand my references may be checked. Failure to furnish all information on past education, past employment, and personal background may constitute adequate reason for disqualification of my application or subsequent dismissal. Falsification of information of any application is reason for dismissal.

Signature

Date



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FOR PROSPECTIVE CERTIFIED NURSE ASSISTANT STUDENTS: Read Carefully

If you are considering a career as a Certified Nurse Assistant you should be aware that during the course of your training and subsequent employment, you are likely to be working in situations where exposure to infectious disease is possible. This is an occupational risk for all health care workers and persons should not become health care workers unless they recognize and accept this risk.

Proper training and strict adherence to well-established infection control guidelines, however, can reduce this risk to a minimum. Thorough training in infection control procedures will be an important part of your Certified Nurse Assistant Training Program. I have read and understand the above statement.

Signature

Date



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TO COMPLETE REGISTRATION BRING THE FOLLOWING TO THE FRONT DESK:

Copy of Social Security Card

Picture ID

Completed background check form

All signed and completed paperwork

_____ Registration fee

**Later in the course you will be required to have a PPD test (TB skin test), if you do not have a current one.

Have you had a PPD (TB) test before?

If so were the results positive_____ or negative_____

If positive explain the course of treatment:

***Notes about registration:



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NAME: _____ DATE: _____

CHECK THE CLASS YOU WISH TO ATTEND:

_____ DAY**** 9:00 A.M. – 2:00 P.M. (Monday- Thursday)

_____ EVENING**** 6:00 P.M. – 10:00 P.M. (Monday – Thursday)

_____ SATURDAY ****8:00 A.M. – 4:00 P.M.

_____ CAN ATTEND EITHER

ALL STUDENTS WILL NEED A COMPLETE UNIFORM (FOR CLINICAL DAYS.)

THE UNIFORM WILL CONSIST OF:

- Blue Royal Scrubs (Top & Bottom) & Blue Warming Jacket.
- Black shoes. (Can be sport shoes). Should be entirely closed.
- Name badge.

SIGNATURE OF STUDENT

DATE