



Certified Nursing Assistant Training Application Form

Full Legal Name: _____
 First Middle or initial Last

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 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)

- None
- Yes
- Disability Affecting Employment
- Developmental Disability
- Learning Disability
- Prefer Not to Answer

2. Ethnicity (Select One): Hispanic Non- Hispanic

3. Race (Select all that apply.)

- White/Caucasian
- Asian
- Hawaiian or Pacific Island
- Black/African American
- American Indian or Alaskan Native
- 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:

REQUIREMENTS OF APPLICANT

- **Submit the following medical records with this application:**
 - **TB test and results, within past year**
 - **Vaccination (Diphtheria/Tetanus/Pertussis) within past 10 years**
- Student must be 16 years of age by start of training
- Student must be able to lift 40 – 60 pounds

**Submit completed application to: CAREER TRANSITIONS
P.O. Box 145
Belgrade, MT 59714**

If you have questions call (406) 388-6701 or email ct@careertransitions.com

Include with completed application form:

- Full program fee **payment of \$810.**
- Tuberculosis test and Tetanus/Diphtheria/Pertussis vaccination records

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

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.

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 and earnings of my position.

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.

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

Applicant's Signature _____ Date _____

OFFICE USE ONLY

Applicable Fees (\$810): Amount _____

Check Credit Card Cash Other _____

TB Test Negative

Diphtheria/Tetanus/Pertussis shot _____

Name of Application Reviewer _____

Application Review Date _____ Accepted Declined, Reason _____

EXAMINATION Passed Failed

Knowledge Test Score _____ Skills Test Score _____

RETEST

Fees (\$45 Knowledge, \$102 Skills): Amount _____

Check Credit Card Cash Other _____

Retest Date _____

Knowledge Test Score _____ Skills Test Score _____