

## Program Application: Certified Nurse Aide (CNA)

### Application Requirements

1. Must meet age, ID, SS card, email, emotional/mental health, and physical requirements
2. Must submit HS transcript, GED or HiSET transcript, or TABE scores with application
3. Must submit cleared background check with application
4. Must submit current TB test (within past year) and current Tdap and seasonal flu vaccination records with application

Application Deadline is Fri. Jan 20 for training starting on Sat. Jan 28, 2023

Submit completed application to:

UM Bitterroot College

103 South 9th Street, Hamilton, MT 59840

Application questions? (406) 375-0100 or [danyell.wolff@mso.umt.edu](mailto:danyell.wolff@mso.umt.edu)

Include with completed application

- Full program fee payment of \$1,790 (add \$11 if requesting Knowledge Test Oral) — Payment options include cash, check, credit card, or debit card (*make checks payable to UM Bitterroot*)
- Cleared background check documentation
- TB Test and Tdap, and flu vaccination records
- HS transcript, GED or HiSET transcript, or TABE scores (see program information sheet for details) High School Counselor/Academic Administrator letter if applicable

Full Legal Name: \_\_\_\_\_

*First*

*Middle*

*Last*

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number (required for exam registration): \_\_\_\_\_

Exam Preference (check one): Questions read aloud (\$11 extra) Read on own (no extra charge)

Telephone No: \_\_\_\_\_ Email Address (required): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (optional): Male Female

Age at Start of Program: \_\_\_\_\_ If age 16 to 18 (check one):

- Public High School (attach letter from high school counselor)
- State-accredited Private High School (attach letter from academic administrator)
- Home School (attach TABE scores & schedule interview)

List certifications currently held: \_\_\_\_\_

Summarize previous work experience: \_\_\_\_\_

Provide relevant life experiences: \_\_\_\_\_

List three qualities you have which will help you be a competent, compassionate Certified Nurse Aide:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**By signing this application, I certify that my application information is true and correct to the best of my knowledge, and I understand and agree that falsification or omission of information may result in denial or rescinding of admission to Bitterroot College's Continuing Education Certified Nurse Aide Program.**

**By signing this application, I understand and agree if I begin the program I am ultimately responsible for the full payment of the program fee. If I am applying for program fee assistance, I understand and agree it is my responsibility to provide written confirmation of third party funding approval prior to the start of the program. Finally, I understand and agree if my third party funding is not ultimately received in full or in part, it is my responsibility to pay any remaining program fee balance.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Office Use Only*

**Required Application Materials**

- \_\_\_ Application
- \_\_\_ HS/HS Equiv/TABE/Letter
- \_\_\_ Photo ID & SS Card
- \_\_\_ Background Check
- \_\_\_ TB Test
- \_\_\_ Tdap & Flu Vaccines

Reviewer's name: _____ Review date: _____
Reviewer's comments:
<b>Circle one:</b> <i>Accepted</i> <i>Denied</i>

**Payment Type:** \_\_\_\_\_

**Exam Results:** \_\_\_\_\_