Excelsior Springs Area Career Center Adult Education

CERTIFIED NURSE ASSISTANT

Application for Enrollment

START DATE: _____

First Name | Middle | Last Name | Maiden/other Name(s)

Street Address | City | State | Zip Code

Phone (Main) | Phone (Other) | Male/Female (M/F) | Race | Date of Birth (mm/dd/yyyy)

Social Security Number | Email Address

High School | City/State | Year Graduated | OR GED Earned (Date)

College | Location | Dates Attended | Credits | Degree Earned

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Previous Experience Related to Health Services (Include Service/Location/Dates)

Certificates Earned

Emergency Contact Person(s) First & Last Name | Relationship to applicant | Phone Number 1 | Phone Number 2

Images including me may be used for print publications or other electronic/digital promotion of course programs.
YES_____ NO_____ Initials_____

1. See reverse side for items to turn in with this enrollment form (preferably 10 days before class starts).

I certify the information given on this application is correct and complete. I understand that submission of false information is grounds for denial of admission or immediate suspension if enrolled. If accepted as a student at Excelsior Springs Area Career Center, I agree to abide by the rules and regulations regarding conduct and other obligations as set forth in the student handbook.

Signature of Applicant_____ Date_____

Notice of Non-discrimination

Excelsior Springs School District #40 is an equal opportunity institution. No person shall, on the basis of race, sex, creed, color, disability, be subject to discrimination in employment or in admission to any educational program or activity of the school.

OFFICE USE ONLY:

Start Date_____ REPD (CTEA) Code: 024089 REPSCode (CTEA): 1100 StateID_____Local Student ID_____ MOSIS#_____ CIP_____

End Date _____ CTE Program: 0510 (MED) NonTrad: ___Yes ___No Follow-Up Status: (1) _____ (2)_____(3)_____ Final Grade: _____ | _____%

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Keep this page for your records.

ATTENTION STUDENT:

Before first night of class (preferably **at least** 10 days before class starts), submit the following documents for your ESACC file and/or clinical requirements file:

- Enrollment Form
- Deposit $250 and payment agreement or full tuition payment
- Copy of Driver's license, social security card
- Copy of HepB immunization, 2-step TB results, flu shot, other immunizations
- Copy of BLS CPR card (if you already have it)
- Complete the online background check with Missouri Family Care Safety Registry (FCSR)
  - http://health.mo.gov/safety/fcsr/about.php#register
  - This is $13.00 plus $1.25 processing fee for online registration-pay online
  - Provide copy of the background check result letter that you will receive from FSCR in the mail or via email
  - Bring a copy of your letter for our files

If you have questions about any of these items, please email or contact our office.
EMAIL: mshockley@ga.essd40.com
PHONE: 816.630.9240, Line 1

Requirements for the class – instructor will explain and give details:

- Minimum of 75 hours in the classroom setting
- 100 hours on-site training at assigned residential facility
- Cleared by FCSR background check to train in facility
- High school degree or equivalency
- Legally employable in a long term care facility
- Appropriate attire as instructor determines (e.g., scrubs, solid shoes, etc.)
- Gait belt
- Signed student handbook agreement pages (first night of class)
- Other items as requested by instructor