



EXCELSIOR SPRINGS
AREA CAREER CENTER
Your Road to Success

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 _____

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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ATTENTION STUDENT:

Before first night of class (preferably 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
- Two copies: Driver's license, social security card
- Two copies: HepB immunization, 2-step TB results
- Two copies of 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 \$12.00 plus \$1.25 processing fee for online registration
 - Two copies of the background check result letter that you will receive in the mail from FCSR