



Student Application

Applicant Contact Information			
Last Name	First Name	Middle Initial	Social Security Number
Mailing Address		City	State
Home Phone Number		Other Phone Number(s)	
Email Address			
Emergency Contact Information			
Last Name	First Name	Phone Number	
Mailing Address		City	State
			Zip Code
Application Information			
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of Birth / /			
Do you have a High School Diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you read, write, and understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you know someone who has taken this course? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes what is their name?			
Have you attended another Nursing Assistant School? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what school did you attend and what was the reason for not completing that program?			
Why do you want to take this training?			

How did you hear of us?

The lab/clinical session requires strenuous activity. Do you have any conditions that would affect or ability to participate such as chronic condition, injury, or pregnancy? Yes No
If YES, please submit a physician's release allowing you to participate in the program without restrictions.

Criminal Background Check

Certain criminal convictions may prohibit employment in certain health care settings. Have you ever been convicted and/or charged with a Felony or Misdemeanor Yes No If yes, please explain in detail below?

_____.

A clear criminal background check is required. Failure to list charges and/or convictions is grounds for immediate, non-refundable dismissal at any time.

Health Requirements
(please attach the following records to application to be eligible for the program)

- Recent physical Exam within the last 12 months
- Tuberculosis (TB) Screening – 2-Step process is required. Students with known positive Tuberculosis Screening (PPD) must complete TB questionnaire with a within the past two years and receive clearance from their health care provider)

Education Information

Education:	Location: City/State	Degree Earned:
High School:		
Trade School:		
College:		
Other:		

Employment History
(Start with the most recent)

Employer:

Address of Employer:

Dates of Employment: From _____ to _____	Supervisor and Contact Phone Number:
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Job Title and Describe Duties:

Employer:	
Address of Employer:	
Dates of Employment: From _____ to _____	Supervisor and Contact Phone Number:
Job Title and Describe Duties:	
Applicant's Certification and Agreement (Please Read Before Signing)	
<p>I certify that the facts set forth in Student Application are true and complete to the best of my knowledge. I understand that if I am accepted, false statements, omissions or misrepresentations whenever discovered, may result in my dismissal. I authorize Mālama Nurse Aide Academy to make an investigation of any of the facts set forth in this application. I hereby agree to abide by the conditions set forth herein. I declare that I am 18 years of age or older, a high school graduate or equivalent, and of no criminal record.</p>	
Signature _____	Date _____ / _____ / _____