RANGELY DISTRICT HOSPITAL CERTIFIED NURSE AIDE (CNA) CLASS APPLICATION

Thank you for your interest in our Certified Nurse Aide (CNA) training program.
Please complete all required sections of this application. The information provided will be used to determine eligibility and consideration for enrollment in the CNA class.
Submitting an application does not guarantee acceptance into the program. Applicants may be contacted for additional information or an interview before a final enrollment decision is made.

APPLICANT INFORMATION

Full Legal Name**:**_____DOB:_____
Phone Number**:**_____ Email Address**:**_____
Mailing Address: _____
City: _____ State: _____ ZIP: _____

Preferred method of contact:
☐ Phone ☐ Text message ☐ Email

EDUCATION

Highest level of education completed:
☐ High school diploma
☐ GED/equivalent
☐ Some high school
☐ College or vocational education
☐ Other: _____
Name of high school/GED program or most recent school attended:

Year completed: _____

HEALTHCARE EXPERIENCE

Have you previously worked or volunteered in a healthcare or caregiving setting?
☐ Yes
☐ No
If yes, please provide the following:
Employer/Organization: _____
Position/Role: _____
Dates of experience: _____
Briefly describe your responsibilities:

Please list any relevant certifications, including expiration dates if applicable:

COMMITMENT TO THE PROGRAM
CNA training requires consistent attendance, participation, studying, skills practice, and successful completion of classroom and clinical requirements.
Are you prepared to make the time commitment required to successfully complete the CNA program?
☐ Yes
☐ No
☐ I am unsure and would like more information

Are you able to attend all required classroom and clinical sessions?
☐ Yes
☐ No
☐ I may need assistance determining whether my schedule will work

RELIABILITY & PROFESSIONALISM
CNA students are expected to demonstrate professionalism, respect, dependability, appropriate communication, and a willingness to learn.
How would you describe your attendance and reliability at work or school?

BACKGROUND & PROGRAM REQUIREMENTS
Some CNA programs and clinical sites have specific eligibility requirements. Depending on applicable state regulations and clinical-site policies, applicants may be required to complete background checks, screenings, health documentation, immunizations, or other requirements.
Are you willing to complete all required screenings, documentation, and other enrollment requirements for the program?
☐ Yes
☐ No
Are you willing to comply with all program, classroom, clinical-site, and state requirements applicable to CNA students?
☐ Yes
☐ No
If you have any questions or concerns regarding program requirements, please list them below:

DISCLOSURE OF INFORMATION
Please understand that certain information may be required before participation in clinical experiences or before eligibility for CNA certification. Requirements may vary according to state law, the training program, and clinical placement site.
If accepted, I understand that I may be required to provide additional documentation and complete required screenings before beginning clinical training.
☐ I understand

REFERENCES

Please provide at least **one professional, educational, or community reference** who can speak to your reliability, character, work ethic, or ability to learn.

Reference #1

Name: _____

Relationship to Applicant: _____

Organization/Company: _____

Phone: _____

Email: _____

Reference #2 — Optional

Name: _____

Relationship to Applicant: _____

Organization/Company: _____

Phone: _____

Email: _____

ADDITIONAL INFORMATION

Is there anything else you would like us to know about you, your goals, your experience, or why you would be a good candidate for this CNA program?

APPLICANT CERTIFICATION

By signing below, I certify that the information provided in this application is true and complete to the best of my knowledge.

I understand that:

- Completing this application does not guarantee acceptance into the CNA program.
- Additional information or documentation may be requested before enrollment.
- Acceptance may be dependent upon meeting applicable program, clinical-site, and state requirements.
- CNA training requires regular attendance, participation, studying, skills practice, and successful completion of required classroom and clinical components.
- I am responsible for providing accurate information and notifying the program of any changes that may affect my eligibility or ability to participate.
- If accepted, I agree to follow the policies, procedures, professional standards, and expectations of the CNA training program and clinical sites.

Applicant Signature:

_____ **Date:** _____

Printed Name:

FOR PROGRAM USE ONLY

Date Application Received: _____

Application Reviewed By: _____

Eligibility Requirements Met:
☐ Yes
☐ No
☐ Pending
Interview Required:
☐ Yes
☐ No
Interview Date: _____
Decision:
☐ Accepted
☐ Waitlisted
☐ Not Selected
☐ Additional Information Required
Notes: