



All applications due:
5:00 pm March 24, 2025



Application for CNA Training

PLEASE ANSWER ALL QUESTIONS

PLEASE PRINT CLEARLY

Personal Information (Please Print)

Last name First Middle Other names used
Home address City State Zip
Daytime phone # Evening phone #
Email address (that you check on a regular basis)

Education / Enrollment (Please Print)

Have you graduated from High School? YES NO
Have you passed the GED? YES NO N/A
Are you at least 16 years old? YES NO
Are you currently a Sophomore Junior Senior in High School N/A (please check)
Please list any special dietary need/sensitivity.
Have you ever been convicted of a felony? YES NO
If yes please list:
Can you commit to 14 days of class? If not, are you willing to repay the cost of the course and materials?
Which session are you interested in attending? Rate your preference of sessions in numerical order 1, 2, 3,4.
Please put NA on the sessions you are unavailable. * Preference of session can not be guaranteed.
First Session (May 9 - May 30) Third Session (June 19 - July 9)
Second Session (May 30 - June 18) Fourth Session (July 10- July 29)
If the session is full, do you want to be put on a waiting list? Yes No

- Yes, I am fully vaccinated for COVID-19
No, I am not fully vaccinated for COVID-19

Completed applications and permission slips must be mailed to:

Lindsborg Community Hospital
ATTN: Karissa Hoffman
605 W. Lincoln, Lindsborg, KS 67456 OR
e-mail: program.enroll@lindsborghospital.org

Application (Continued)

Educational Information continued (Please Print)

Additional paper may be used if needed.

Why do you want to attend the CNA course at Lindsborg Community Hospital?

What personal qualities do you think a successful CNA should have?

How do you plan to use your CNA certification?

Are you thinking of making healthcare a career? Yes / No (Please Circle)

If yes, what area of healthcare are you considering?

How did you hear about this CNA training opportunity?

TB skin tests will be administered on the first day of class. Positive tests require chest x-rays **at student expense.**

Certification (Please Print)

I certify that all the answers given in this application are accurate to the best of my knowledge. I understand that failure to disclose or falsifying information could result in my dismissal from the CNA course.

Signature

Date

Notice of Non-Discrimination: Applicants for admission are hereby notified that this agency does not discriminate on the basis of race, color, religion, national origin, sex, age, or disability.

High School Verification Form

In order for high school students including seniors to take college courses, a high school verification form **must** be on file in the HCC Admissions Office prior to enrollment in any HCC class. This form must be signed by your high school principal and submitted with your application for the 2025 CNA Class.

I certify that _____ is enrolled as a
High School student and meets the following requirements:

High School Student

To be admitted as a high school student the applicant must:

- Have completed an application for admission.
- Be enrolled in high school in grades 10, 11 or 12, or been a gifted student in grade 9 with an IEP recommending college experience
- Have submitted a verification form signed by the high school principal.

The above student has permission to enroll at Hutchinson Community College for college credit during the:

Fall _____ Spring _____ Summer _____ semester, Year _____ .

Signature of high school principal:

Name

High School Name

Date signed: