

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



# Application for CNA Training THE ART OF LIVING

#### PLEASE ANSWER ALL QUESTIONS

PLEASE PRINT CLEARLY

Personal Information (Please Print)				
Last name	First		Middle	Other names used
Last name	THSt	1	viidaic	Other hames used
Home address	City	9	State	Zip
Daytime phone #		1	Evening phon	e #
			0.1	
Email address (that you check on a regula	ar basis)			
<b>Education / Enrollment (Please Print)</b>				
Have you graduated from High School?	YES	NO		
Have you passed the GED?YES	NO	N/A		
Are you at least 16 years old? YE	S NO			
Are you currently aSophomore  • Juniors and Seniors will receive colle • <u>All</u> high school students including their school principal with this applie	ege credit. seniors must sı			
Please list any special dietary need/sensit	tivity.			
Have you ever been convicted of a felony	y? YES	NO		
If yes please list:				
Can you commit to 14 days of class? If r	not, are you will	ing to repay the	cost of the co	urse and materials?
Which session are you interested in atten- Please put <b>NA</b> on the sessions you are un				
First Session (May 9 - May 30 Second Session (May 30 May 3				June 19 - July 9) July 10– July 29)
If the session is full, do you want to be pu	ut on a waiting l	list?Yes _	No	
<ul> <li>Yes, I am fully vaccinated for CO</li> <li>No, I am not fully vaccinated for CO</li> </ul>				

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)

Vhy do you want to attend	d the CNA course at Lindsborg Community Hospital?
Vhat personal qualities do	you think a successful CNA should have?
low do vou plan to use voi	ur CNA certification?
ion do you pillir oo doo you	
are you thinking of making	g healthcare a career? Yes / No (Please Circle)
• j ••• •g •	
f ves, what area of health	care are you considering?
,	, , , , , , , , , , , , , , , , , , , ,
Iow did vou hear about th	nis CNA training opportunity?
ion did journour dood vii	g opportunity ·
	on the first day of class. Positive tests require chest x-rays at student
<u>kpense.</u>	
tification (Please Print)	
	in this application are accurate to the best of my knowledge. I understand
	g information could result in my dismissal from the CNA course.
ignature	Date

#### **HIGH SCHOOL VERIFICATION FORM**

In order for high school students <u>including seniors</u> 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.

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I certify that is enrolled as a High School student and meets the following requirements:
<ul> <li>High School Student</li> <li>To be admitted as a high school student the applicant must:</li> <li>Have completed an application for admission.</li> <li>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</li> <li>Have submitted a verification form signed by the high school principal.</li> </ul>
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: