



All applications due:
March 31, 2026

BETHANY
+VILLAGE
THE ART OF LIVING

Application for CNA Training

Personal Information (Please Print)

Last name First Middle Other names used

Home address City State Zip

Phone number

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

Grade: ____ Sophomore ____ Junior ____ Senior ____ N/A (please check)

- Juniors and Seniors will receive college credit.
- **All** high school students including seniors must submit the **High School Verification Form** signed by their school principal with this application.

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 N/A on the sessions you are unavailable. * *Preference of session cannot be guaranteed.*

____ First Session (May 8 - May 29) ____ Third Session (June 17 - July 7)
____ Second Session (May 29 - June 17) ____ Fourth Session (July 7- July 24)

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 sent 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 2026 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: _____