

APPLICATION FORM FOR CNA / MEDICAL ASSISTANT

Cape Girardeau Career & Technology Center

1080 South Silver Springs Road

Cape Girardeau, MO 63703

Phone: 573.334.0826

Fax: 573.334.5930

Web Page: www.capectc.org

CNA (Certified Nurse Assistant)

MA (Medical Assistant)

A \$100.00 DEPOSIT MUST ACCOMPANY THE COMPLETED APPLICATION FORM.

****Remaining payment must be made before first day of class****

PLEASE MAKE CHECKS PAYABLE TO "ADULT EDUCATION"

PLEASE PRINT CLEARLY

| | | | | |
|---|--------|-------------------------------------|---------------------------------|----------------|
| NAME | | | | |
| _____ | _____ | _____ | _____ | ____/____/____ |
| Last | First | Middle | All Previous Legal Last Name(s) | Today's Date |
| PRESENT ADDRESS | | | | |
| _____ | _____ | _____ | _____ | _____ |
| Street/Box/Route | Apt. # | City | State | Zip Code |
| Social Security Number _____ - _____ - _____ | | Date of Birth ____/____/____ | | |

| | |
|---|-----------------|
| Home phone #: | (_____) _____ |
| Work phone #: | (_____) _____ |
| Cell phone #: | (_____) _____ |
| E-mail address where you can be reached: _____ | |

| | |
|---|-------|
| Name of Employer or Sponser: _____ | _____ |
| | City |

| | |
|---|----------------------------|
| High School graduate? ___ Yes ___ No | _____ |
| | Name of High School |
| Passed GED exam? ___ Yes ___ No | |
| Do you have any College Experience? ___ Yes ___ No | |

Background Check: Please note that final acceptance into any of the health-related programs is contingent upon a criminal background check. If an individual has been convicted of a felony, s/he shall appear before a Review Committee. At this meeting, the applicant shall provide certified copies of court documents (i.e. docket sheet, complaint, and final disposition) and a written notarized statement fully describing the event(s) in question. It is the decision of the Review Committee as to whether or not this individual can participate in clinical experiences at designated health care institutions. If the committee's decision is "No, this individual cannot participate in direct hands-on patient care," then the applicant will not be allowed to enter the designated health-related program. The cost related to the criminal background check will vary from student-to-student. A minimum fee of \$62.75 (it may be significantly higher depending upon the states that must be checked) must be anticipated. **Applicant is responsible for the background check fee.**

Obligation for Payment

Registration constitutes a financial contract between students and the school. Students are ultimately responsible for payment of amounts owed to the school, including instances where anticipated financial aid becomes unavailable. If students do not make payments of amounts owed to the school when they become due, the school has the right to cancel students' registration; to withhold their grades, transcripts, diplomas, certificates, and to refuse admittance to final exams.