



Certified Nursing Assistant (CNA) Training

Please submit to: Helena College – Continuing Education
ATTN: Christy Stergar
1115 North Roberts St.
Helena, MT 59601
p.406-447-6945 f.406-447-6397

Please type or print legibly

Personal Information

Full Legal Name _____
LAST FIRST MIDDLE

Previous Name(s) _____
LAST FIRST MIDDLE

Current mailing address _____
STREET/PO BOX CITY STATE ZIP

Physical address (if different from above) _____
STREET CITY STATE ZIP

DAYTIME PHONE NUMBER _____ E-MAIL ADDRESS _____

Academic History

If you are a high school graduate, please indicate graduation date _____
MO/YR

If you are a current high school student, indicate anticipated graduation date _____
MO/YR CURRENT GPA _____

COMPLETE NAME OF HIGH SCHOOL _____ CITY STATE

If you have or will receive a GED or equivalent, please indicate date _____
MO/YR

LOCATION _____

If no diploma, GED/equivalent, TABE test scores may be considered. Please inquire for score requirements.

Students with Disabilities

Academic Accommodations

Students with physical, cognitive, or learning disabilities who seek accommodations should contact Disability Services, located in Room 119, at 447-6952, or email (disabilityresources@umhelena.edu). Only students registered with the Disability Resources Office are permitted accommodations. Registration must occur immediately upon acceptance to the program. All information will be kept confidential.

Certified Nursing Assistant Application Requirements

Along with this completed application, students should also submit:

- ESSAY – typed or neatly printed describing why you would like to become a CNA (minimum 250 words)
- IMMUNIZATION RECORDS
 - MMR shots
 - Tetanus } (within the last 10 years)
 - Diphtheria } usually combined as “Tdap”
 - Pertussis }
 - TB test results (within the past 12 months)
 - Flu Shot (in-season, usually available by October - January)

Safety and Security

1. Have you ever been convicted of a felony? ☐Yes ☐No
2. Have you been otherwise institutionalized for threatening or causing physical or emotional injury to persons or property? ☐Yes ☐No
3. Have you been dismissed and/or suspended from an educational facility for disciplinary reasons? ☐Yes ☐No
4. Have you ever been required to register as a sexual or violent offender? ☐Yes ☐No
5. Have you ever been convicted of any offense that involved violence, such as assault, rape, child abuse, child molestation, or adult abuse? ☐Yes ☐No
6. Have you been convicted of any offense that involved embezzlement, fraud, theft, robbery, extortion, blackmail, or coercion? ☐Yes ☐No

**Answering yes to any of the above may or may not be cause for immediate rejection of application, but you may not be granted a State License and/or may not be eligible for employment as a Certified Nursing Assistant in many facilities or agencies.*

Physical Readiness

CNAs must help lift and transfer patients, supplies, and equipment; spend considerable time standing; interact with staff and patients; and complete paperwork. Your signature on this application indicates that you have no health or physical problems that would prevent you from being able to complete the training or to regularly work as a CNA, such as (but not limited to) back or joint pain, communicable diseases, or vision problems. Please understand that if a temporary, unforeseen medical condition arises during the course, you will only be granted an extension or exception with a statement signed by a treating physician.

Caring and Compassion

Successful CNAs must have good helping, caring, and nurturing skills. They also have good communication skills and work as a part of a professional healthcare team. Successful CNAs hold to the highest professional and ethical standards, and treat patients with respect. By applying for admission to this course, you certify that you will strive to uphold these standards.

Classroom Expectations

1. You are expected to arrive on time for class. Repeated tardiness may result in course failure.
2. If you will be absent, you are required to contact the instructor PRIOR to class time.
3. If you are absent, you must make up any written homework or reading on your own time.
4. Because of the strict requirement by the state on training hours, more than one absence may result in course failure.
5. No student shall disrupt a class or interfere with the learning of the other students.
6. Cell phones should be turned off or turned to silent mode for class. If you must take an emergency call, you should briefly excuse yourself to the hallway. (This also means no texting or email during class).
7. Any student participating in any act of academic dishonesty, such as copying others' work or cheating on an exam, will be considered for dismissal from the program.
8. The classroom component is pass/fail. A 78% average on quizzes, tests, and homework is required to pass the course. If you fail the class, you will not be permitted to sit for the certification exam.

Clinical Rotation Expectations

1. You are expected to provide your own transportation to and from the facility.
2. Attendance and punctuality are required.
3. You will comply with all site policies including professionalism, uniform, and hygiene practices.

You will pick up a textbook and workbook two business days before class begins. You will be required to complete two chapters of reading before the first class.

You will be required to wear scrubs for your skills nights beginning on week two, for clinicals, and for your skills testing. You will also need a watch with a second hand. A blood pressure cuff, stethoscope, and gait belt are not required, but are useful for employment after certification.

Upon successful completion of the classroom and clinical hours, you will take the State Certification exam with the class. You must test at the same time as the rest of the class. If you are unable to attend the scheduled test, or require re-testing, additional fees will apply.

Once your application is accepted, you have until that session's payment deadline (usually one week before class begins) to make payment in full. If you cannot make payment for the current session, your application may be held for the next available class, but you must make payment two weeks in advance for the following class.

If you cannot attend a class you have registered for, you must request a refund in writing at least three full business days prior to the first class meeting. \$100 will be retained as an application processing fee, and cannot be used for future admission to class.

We reserve the right to cancel a course due to insufficient enrollment or other conflicts. If a class is canceled by the Continuing Education Department, you will receive a full refund.

Immediate cash refunds are not given for withdrawal from a class or when a class is canceled, regardless of the type of payment made. If payment was made by credit or debit, funds will be returned to the card. If payment is made by check or cash, refund processing will take 5-7 business days, and funds will be returned via check.

Contact Name _____
FIRST LAST RELATIONSHIP TO APPLICANT

Contact Phone number _____
DAYTIME EVENING

I hereby certify that to the best of my knowledge that the information contained in this application is true and complete without evasion or misrepresentation. I understand that if it is later found otherwise, it is sufficient cause for rejection or dismissal. If my application for admission is approved, I agree to abide by the present and future rules and regulations, both academic and nonacademic, and the scholastic standards of the institution. I further acknowledge that if I fail to adhere to these regulations or meet these requirements, my registration may be canceled.

DATE _____

PHONE AND/OR EMAIL: _____