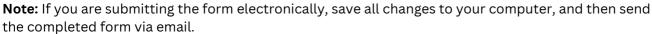
Application Form

Download and complete (please type or print) and return this application to:

Janice M. Johnson, BSN, RN-BC

Director of Programs, SummaPrime Healthcare Inc.

email to janice.johnson@summaprimehealth.com



In order to be accepted into the CNA program, you MUST adhere to the application deadlines for this semester.

(This application does not admit you to the school. You will be contacted by the school regarding your admission status.)

Student Inform	nation:					
Date:		Date of En	rollment (Date co	ourse starts):		
Print Student Name:						
Print Other Name Use	ed:					
Address:						
Email Address:		Phone Number:				
Date of birth:		Adult (Over	18): Yes	No	Age	
Gender: Male	Female	Other	Preferred Prono	oun: He	She	Other
Veteran: Yes	No	Do you nee	ed special accom	modations: Yes	1	No
Education Leve	el:					
HS graduate: Yes	No	Year	GED: Yes	No	N/A	
Did you attend colleg	e? Yes	If yes, how many year?	Do you	have a college d	egree: Yes	No

SummaPrime School of Healthcare does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other legally protected status. All applicants are considered without regard to these factors in the admission process.

SummaPrime School of Healthcare is committed to providing equal opportunity in education and employment.

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Work History Information:

No

Are you currently employed: Yes



Current Salary:

Employer:		т	itle:		
Unemployed: Yes	No				
Are you an Incumbent W	orker (Already working for	an organization): Y	es	No	
If yes, what is the name o	of the organization?				
Credential Attainment(A	ttaining CNA credential): \	Yes	No		
Are you currently in an "(On the job training, Work Ex	perience, Internship	os and Externship Prog	ram"? Yes N	lo
Work Verification: Yes	No				
Employer Contact Info: N	lame				
Employer Phone Number	:	Em	ployer Title:		
Emergency Conta	act Information:				
Name of Emergency Con	tact:				
Relationship of Emergen	cy Contact:				
Address of Emergency C	Contact :				
Contact number of Emer	gency Contact:				

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Additional Information:



LEP (Limited Englis	sh Proficient)/NEP (Non-English Profi	cient)(Language Barrie	rs): Yes No	
Individual Educatio	n Plan (IEP): Yes	No			
Do you have any sp	ecial needs: Yes	No	lf yes, please	speak to SummaPrime Healthcare	staff.
ls English your prim	nary language?: Ye	es	No		
If not, what is your	primary language?				
What other languag	es do you speak?				
School Inforn	nation:				
Desired class chec	k one: Day program	: 9am-2pm	Evening progra	m: 4pm-9pm	
•			ends either Saturdays o	r Sundays from 8am-4pm (total 40 e.	hours of
Choose one: Saturd	lays 8am-4pm	Sunda	ys 8am-4pm		
How did you hear al	bout SummaPrime H	lealthcare CNA Sc	hool (Please Choose a	n Option)?	
Word of Mouth	Social Media	Referral	Website	Workforce Development Prog	ram
Previous CNA Stud	lent	Other			
Print Student Name	9				
Student Signature				Date	