

# Admissions Application

## Northwest Regional Training Center Certified Nursing Assistant Program

**Return application to:**

**Month Applying for:**

Certified Nursing Assistant Program  
11606 NE 66<sup>th</sup> Street  
Vancouver, Washington 98662  
(360) 397-2100

\_\_\_\_\_ (write in month/year)

Name \_\_\_\_\_  
Last First Middle Initial

Mailing Address \_\_\_\_\_  
Street or P.O. Box City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### Requirements for Admission to the Program

Initial each area below validating that you meet and understand the requirements.  
All paperwork and monies owed must be turned in **one week prior** to start date of class unless other arrangements have been made with staff at the training center.

Initial	Requirement
	<p><b>Age 16 or Older</b> – I certify that I am currently or will be 16 years of age or older prior to the start date of the program for which I am applying. I understand I will need to show proof of age prior to beginning the program. <b>PLEASE ATTACH COPY OF DRIVERS LICENSE TO THIS APPLICATION</b></p>
	<p><b>English Proficiency</b> – I am able to read, write, speak, and understand the English language. I understand that if I am admitted to the program and cannot complete the program due to a language barrier, I will not be reimbursed for any monies paid outside of the tuition reimbursement policy. I further understand that the NWRTC will provide me with a short English aptitude test so that I may check my language abilities, if I so request. There is no cost for this test.</p>
	<p><b>Washington State Background Check Report</b> – I understand that I must provide a report and attach it to this application. This report may be obtained in a number of ways, including the following: Contact Washington State Patrol at 360-705-5100; or, Access the WSP website at <a href="http://www.wsp.wa.gov/index.htm">http://www.wsp.wa.gov/index.htm</a> and click at the site "WATCH." You will need to pay \$10 by credit card to obtain your report. Finally, you can have the NWRTC perform the background check for you. The cost for this is \$15.00. There are certain convictions that will cause you to be denied admittance to the program. See admissions personnel for a list of these offenses. <b>PLEASE ATTACH REPORT TO THIS APPLICATION</b></p>
	<p style="background-color: yellow;"><b>Negative Tuberculosis Test – You must obtain 2 negative Tuberculosis (TB) tests within 6 months of class start date (1-3 weeks apart). (See attached list of clinics that do PPD testing.) BOTH TESTS MUST BE COMPLETED BEFORE THE CLINICAL PORTION OF CLASS.</b></p>
	<p><b>\$70.00 Application Fee</b> – This is a non-refundable fee which must be submitted with your application. <b>PLEASE INCLUDE A CHECK OR MONEY ORDER PAYABLE TO CCFD #5</b></p>

I have read and understand the requirements and conditions outlined above. Please consider my application for entrance to your Certified Nursing Assistant Program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature