



CNA RECERTIFICATION APPLICATION

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Social Security No.: _____

Emergency Contact: *Name:* _____ *Relationship:* _____ *Phone:* _____

Do you have a valid SC CNA certification that has lapsed/expired over 12 months but less than 24 months?	YES	NO	If selected, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? <i>Please note that this is a DHEC requirement. You will not be eligible to take the CNA exam without this.</i>	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Have you taken any Health Science courses?	YES	NO	If yes, please list the courses you have taken:
	<input type="checkbox"/>	<input type="checkbox"/>	

Can you attend class/clinical on the weekends?	YES	NO	Can you attend class/clinical during evenings?	YES	NO	If selected, would you have transportation to/from the program?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Are you available to work overtime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you able to perform the essential functions of a CNA either with/ without reasonable accommodation? <i>(heavy lifting is required)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, describe the functions that cannot be performed:
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YES NO

Have you been convicted of or pleaded no contest to a felony within the last five years?

If yes, please describe the crime, state nature of the crime(s), when and where convicted and disposition of the case:

YES NO

If selected, are you willing to submit to and pass a controlled substance test?

EDUCATION

High School: _____ Address: _____

YES NO

From: _____ To: _____ Did you graduate? Diploma: _____

College: _____ Address: _____

YES NO

From: _____ To: _____ Did you graduate? Degree: _____

SKILLS & QUALIFICATIONS

List any additional **trainings** you have received:

List the program/school where you received your CNA training:

Please state here any additional information you would like to highlight. Résumés and Cover Letters may be attached to the application.

REFERENCES

Please list three professional references.

Full Name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Email:	_____		_____

Full Name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Email:	_____		_____

Full Name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Email:	_____		_____

Essay

On a separate document, please answer the following questions. Limit each answer to 500 characters (with spaces).

What qualities do you feel make you a unique/strong candidate prepared for the rigors of this course?

Recognition of Responsibility

I understand that this program is a rigorous, fast paced, professional class. I recognize that large amounts of material will be covered in a short period of time and that major assessments with a final examination will determine my completion of this program. I certify that I am prepared for the demands of this program and will be in attendance of all classes. Lack of attendance will result in the responsibility of paying missed dates and hours. I recognize that a failure to complete the required 48 hours of classroom/lab/clinical time will result in failure to receive recertification. I understand that I must maintain an average of 85% to complete the final examination. Students must score an 85 on the Mock Written Examination and a 100% on the Mock Skills Evaluation in order to qualify for state certification testing. Students will be allowed remediation as time allows.

Candidate
Signature:

Date:

Disclaimer and Signature

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not participating in, or for immediate termination from the program at any point in the future if I am selected. I authorize the verification of any or all information listed above.

Candidate
Signature:

Date:
