

JMM/CNA Training Center, Inc.

Jackson Medical Mall ~ 350 W. Woodrow Wilson Drive, Suite 3620
Jacksons, Mississippi 39213 ~ Phone: O - 601.364.1188 - F =601.364.1180



Application For Admission To Nursing Assistant Program

DAY EVENING

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____ Date of Birth: _____

Cell Phone: () _____ Social Security Number: _____

E-mail Address 1 _____ E-mail Address 2 _____

High School Attended _____ Graduation Date/GED Completed _____

Have you ever attended a health science program? YES NO If yes, where?

Have you ever been employed in a health care setting? YES NO If yes, explain:

Have you ever been convicted of a felony? YES NO If yes, crime committed _____

Date of Conviction _____

Have you ever been disciplined by any state or federal regulatory agency or national certifying agency? YES NO

If yes, provide details

TO ALL STUDENTS

A copy of your high school transcript or GED and TB Skin Test results are needed to complete admission requirements into this program.

All students who will be providing direct patient care in health care institutions are regulated by the Mississippi Department of Health should be aware that Mississippi law requires background checks for individuals seeking employment in a health care facility. Students must be able to attend clinical agency sites in order to meet the requirements of this specific program. The signing of this admissions application verifies that you have been informed of the Mississippi State Law requiring us to do a background check.

CNA Training Center, Inc., will provide you with a six (6) weeks nursing assistant training program that will prepare you to take the Mississippi Certification Exam. Upon successful passing of our program, you will be awarded a certificate of completion. You will be notified by letter of acceptance into the program. Student tuition fees are due and payable at the time of registration.

I certify that the information on this application is true and accurate.

Applicant's Signature

Date

