

# LONG-TERM CARE/NURSING ASSISTANT (CNA) APPLICATION FORM

**Check box below that states educational goal for CNA:**

- To work as a CNA or long-term care employee       36-plus credits preparing for nursing (MAJOR: GHAAS)       To enter nursing (MAJOR: ASNAS)

Print or type information requested below:

Name \_\_\_\_\_  
Last First Middle (other last names used)

Social Security or MCC student ID number \_\_\_\_\_

Complete address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Email address \_\_\_\_\_ Date of birth \_\_\_\_\_

**Gender**     Male     Female     Prefer not to answer

**Racial/ethnic group:** Federal law requires MCC to report the ethnicity of all U.S. citizens and resident aliens in the following categories. Information requested in this section is not a requirement for admission but will be used for statistical purposes only.

- Are you Hispanic/Latino?**     Yes (HIS)     No (NHS) – If you select no, check one or more of the race groups below.  
 American Indian-Alaska Native (AN)     Asian (AS)     Black or African American (BA)  
 Native Hawaiian-Pacific Islander (HP)     White (WH)

**Education (Check all that apply):**

- High school diploma     GED     Still enrolled in high school     High school/GED not completed     College

Name of high school \_\_\_\_\_ Graduation date (month/year) \_\_\_\_\_

PARENT/GUARDIAN: I give permission for my student to participate in college courses through Metropolitan Community College. I understand that I am responsible for all tuition and fees less any scholarships or payments made by the high school or other third parties.

Parent/Legal Guardian Signature (if minor) \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Additional questions for traditional applicants:**

Students taking CNA through a high school program DO NOT need to complete this portion:

**Are you a U.S. citizen?**     Yes     No    Type of VISA \_\_\_\_\_ Other \_\_\_\_\_

If no, country of citizenship \_\_\_\_\_

**Long-term Care/Nursing Assistant (CNA)-quarter (select quarter):**     Spring     Summer     Fall     Winter

List three section preferences: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

(The section number will be a number and a letter or two letters: 7A, 8B, FA, FB, etc.) – NOTE: Without a section number the application cannot be fully processed. The section number can be found at: [catalog.mccneb.edu/Pages/Home.ASPX](http://catalog.mccneb.edu/Pages/Home.ASPX), then choose HEALTH as the subject and HLTH 1200 as the course.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

# METROPOLITAN COMMUNITY COLLEGE CERTIFIED NURSE ASSISTANT (CNA) TECHNICAL STANDARDS - VALIDATION

All health care students are required to meet definite standards for the profession and for clinical performance. Upon acceptance into one of the aforementioned courses/programs, students will be expected to sign the following document validating their ability to meet the stated requirements.

**The following are specific requirements of all students:**

1. Ability to stand, sit, walk, push and squat
2. Ability to lift and/or carry 25 pounds
3. Ability to reach in forward, lateral and overhead motions
4. Ability to climb stairs
5. Ability to distinguish distance, colors, objects and persons
6. Ability to demonstrate depth perception
7. Ability to hear conversations, monitor equipment, perform auscultation, use a telephone and distinguish background noise
8. Ability to distinguish sharp/dull and hot/cold
9. Ability to perform fine and gross motor skills with both hands
10. Ability to think clearly and calmly in stressful situations
11. Ability to communicate effectively, both verbally and in writing, using appropriate grammar, spelling and vocabulary
12. Ability to work cooperatively with others

I have read the above technical standards and acknowledge that I can comply with each of them.

Student signature \_\_\_\_\_

Social Security Number or MCC Student ID number \_\_\_\_\_

Date \_\_\_\_\_

Printed name \_\_\_\_\_

Parent/Legal Guardian (if minor) \_\_\_\_\_

## CERTIFIED NURSING ASSISTANT NATIONAL REGISTRY DISCLOSURE

Have you ever been on the DHHS Certified Nursing Assistant Registry?

Yes       No

Name(s) on Registry \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ Year \_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_