



HOPE CENTRAL SCHOOL
3 Hickman St.
Graniteville, SC 29829
(803)393-4575

Nursing Assistant Preparation Program Application

(All sections **must be** filled out completely and all required items must be submitted with this application.)

1. PERSONAL DATA

NAME: _____
(LAST) (FIRST) (MIDDLE) (MAIDEN)

(ANY ALIASES OR OTHER NAMES)

PERMANENT ADDRESS: _____
(Number, Street and/or Apartment Number)

(City) (County) (State) (Zip)

TELEPHONE NUMBER (Identify if HOME, LAND LINE, or CELL:

PERSON TO CONTACT IN CASE OF EMERGENCY: _____
(Provide name and CURRENT phone number)

DATE OF BIRTH: ____/____/____ SSN: _____
MM DD YYYY

EMAIL ADDRESS: _____

ARE YOU CURRENTLY WORKING? ____ YES ____ NO; ____ FULL-TIME ____ PART-TIME

(Check appropriate identifier)

RESIDENT/CITIZEN STATUS: U.S. Citizen _____

Legal Alien _____ Certificate Number: _____

2. EDUCATION

(Please complete the following information to include GED if applicable and any degrees for higher education.)

Name of School	Dates Attended	City/State/ Zip	Diploma/Certificate/Degree

3. REFERENCES: *(List 3 references who can be former or current employers, counselors, or teachers and address personal character and work ethic.)*

NAME	ADDRESS	PHONE NO.	RELATIONSHIP

4. THE NURSING PROFESSION: (You may use the back of the paper to completely answer questions if more space is needed.)

a. What accomplishments have given you the greatest satisfaction?

b. Why did you choose healthcare as a career?

c. What are your goals and plans for the future?

5. CHECKLIST FOR OFFICE USE ONLY: Completed application includes:

____ Registration Fee _____ Date _____ Cash/check _____ Received By

____ Copy of High School Diploma or GED _____ Copy of Driver's License and Social Security Card

____ Drug Screen _____ Background Check Agreement

_____ Three References with Contact Information

_____ Voluntary Assumption of Risk and Release of Liability Form

_____ Employee/student consent for photographs, videos, and audio recordings

INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.

I certify I have provided truthful information on this application. I have read all the statements included in this application. I understand and agree any misrepresentation or omission of facts in my application will justify the denial of admission.

Applicant signature: _____ Date: _____

“This institution is an equal opportunity provider and employer.” All applications are selected in accordance with a non-discriminatory practice.

Please return the following pages of the Student Handbook

*Drug Urinalysis Screening Test Request

*Instructor/student Confidentiality and HIPPA Agreement Form

*Voluntary Assumption of Risk and Release of Liability Form

*Training Form

*Student Enrollment Agreement Form

*Nursing Assistant Student Handbook/Student Receipt of Book, Equipment and Uniform Form

*Flu Shot Form

*TB Form