



**Northwest Technical Institute**  
rethink education

*“Changing lives through education, training, and skill development.”*

# Certified Nursing Assistant Application Packet

P.O Box 2000  
709 S. Old Missouri Road  
Springdale, AR 72764  
Phone: 479-751-8824  
Fax: 479-750-7272  
[www.nwti.edu](http://www.nwti.edu)  
Revised 1/22/19

## CERTIFIED NURSING ASSISTANT PROGRAM CHECKLIST

Thank you for your interest in Northwest Technical Institute's **Certified Nursing Assistant Program**.

**FILE COMPLETION-This packet must be returned two weeks prior to first day of class.**

- Certified Nursing Assistant Application (\$10.00)**
- Accuplacer (\$5.00)**  
The **Accuplacer** is a Sentence Skill exam. This test may be taken Monday through Friday from 7:30-11 a.m. A photo I.D. is required the day of testing. Applicant must meet minimum score below.
- Immunization Records**  
**Two (2)** Measles & Rubella (MMR), if born on or after January 1, 1957 or serologic evidence of immunity.
- Flu Vaccine**
- TB Skin Test-Negative Tuberculosis skin test** in the last 12 months or a Chest x-ray indicating "no active disease" within the last 12 months.
- One Reference**  
Reference may be an employer, counselor, or personal. Reference must be **sent directly to NTI**.

### ACCUPLACER SCORES

Sentence Structure—53  
(Minimum score)

**IN ORDER TO SIT FOR THE PROMETRIC EXAM**

**YOU MUST HAVE A VALID ID OR DOCUMENTATION PROVING THAT YOU CAN WORK IN THE U.S.**

***NOTE: It is your responsibility to make sure you have a complete file.***

***No payment plans are available. All expenses are due on the first day of class. If there is a balance from the scholarships, it is required on the first day of class. If for some reason you do not receive the scholarship, the remaining payment is due immediately.***

## **NWTI Adult Education Scholarship Information**

Northwest Technical Institute Adult Education Center has partnered with the Northwest Technical Institute Allied Health Department to offer scholarships for students who will co-enroll in the NWTI Adult Education Center and NWTI Certified Nursing Assistant.

### ***What will the scholarship cover?***

Full NWTI Tuition in the amount of \$355.00

NWTI Application Fee \$10.00\*

NWTI Accuplacer Exam (One Free Testing) \$5.00\*

\*Applicants must contact NWTI Adult Education staff before the Application and Accuplacer testing has been processed in order to receive the waivers for application and one time testing fee waiver.

### ***How do I become eligible?***

Students must meet the qualifications for acceptance into the NWTI Certified Nursing Assistant program:

- Students will take a Free TABE assessment at the NWTI Adult Education Center to determine skill level. If a student has a skills deficiency determined by the Free TABE Assessment the student will be offered the NWTI Adult Education CNA Scholarship.
- Students can still have a skills deficiency even if he or she has received a college degree.

The NWTI Adult Education Director will submit all paperwork to NWTI Allied Health Department and NWTI Business Office detailing the scholarship.

### ***When should I apply for the scholarship?***

It is best for students to contact the NWTI Adult Education Center and NWTI Allied Health Department at the time of application for the NWTI CNA program.

NWTI Adult Education Center

610 E Emma Suite 200

Springdale, AR 71765

479 751 0181

ntiadulteducationcenter@nwti.edu

Northwest Technical Institute  
P.O. Box 2000  
709 S. Old Missouri Road  
Springdale, AR 72765-2000  
(479) 751-8824 ext. 116 Fax: 479-750-7272  
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**APPLICATION FEE \$10.00**

**Certified Nursing Assistant Application for Enrollment**

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

Nickname \_\_\_\_\_ Maiden Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

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

E-mail \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Last Name	First Name	M	Relationship	
Address	City	State	Zip	Phone

Gender:  Male  Female Expected start date \_\_\_\_\_

High School Attended \_\_\_\_\_

High School Address \_\_\_\_\_

Did you graduate? \_\_\_\_\_ If so, what year? \_\_\_\_\_

If high school equivalency achieved, give name of test and date \_\_\_\_\_

College Attended \_\_\_\_\_ Hours \_\_\_\_\_ Degree \_\_\_\_\_

Other Educational Experience \_\_\_\_\_

Please select one or more of the following, as applicable: \*Additional Information (Used for research purposes and federal and state reporting requirements, not for admission consideration.)

- American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White  
Are you Hispanic or Latino?  Yes  No Are you a citizen of the U.S.?  Yes  No If No, Country or Origin: \_\_\_\_\_  
Marital Status:  Married  Single  Divorced  Separated  Widowed

(1)

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

## Background Screening Consent

Applicant should complete all relevant information and sign and date the form.

I, \_\_\_\_\_, hereby authorize Northwest Technical Institute and/or its agents to make an independent investigation of my background, references, character, part employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for entrance into the clinical setting.

I release Northwest Technical Institute and its agent and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed) \_\_\_\_\_

Maiden Name or Other Names Used \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How Long at Present Address? \_\_\_\_\_

Former Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How Long at Former Address? \_\_\_\_\_

Please List all states and counties of residence since turning age 18:

\_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of License \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ DATE \_\_\_\_\_

\*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. Northwest Technical Institute abides by all applicable state and federal employment laws.



**CERTIFIED NURSING ASSISTANT APPLICATION FOR ENROLLMENT**

**Employment History:** List work in health related fields first.

EMPLOYER	MAILING ADDRESS	JOB	DATES	
			FROM	TO

**PERSONAL REFERENCES:** No family member or residents of the same household.

NAME	MAILING ADDRESS

**Personal Reference Letters:** You will need one. Complete the top portion of each form and sign it. The reference should be completed and mailed by your reference and sent directly to NTI. ***Reference letters submitted to NTI directly from the applicant will not be accepted!***

In keeping with the guidelines on Title VI, Sections 602, Civil Rights Act of 1964; Title IX, Section 901, Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, this school assures that no person in the United States shall, on the basis of race, color, national origin, sex, or handicap be excluded from the participation in, be denied benefit of, or be subjected to discrimination under any person or activity administered by the school.

**I hereby affirm that all information supplied for this application is complete and accurate. It is my understanding that I shall not be considered for admission until I have submitted all credentials specified. I understand that withholding information requested or giving false information may make me ineligible for admission and enrollment. I also understand that upon discovery of any falsified information on this application I will be subject to immediate dismissal from the program.**

For more information concerning Northwest Technical Institute's Campus Security Report, please visit The following link: <http://www.nwti.edu/campus-security.html>

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NORTHWEST TECHNICAL INSTITUTE

CNA

P.O. BOX 2000

SPRINGDALE, AR 72765-2000

Phone: (479) 751-8824 Ext. 116

REFERENCE LETTER

**PART I – TO BE COMPLETED BY CNA APPLICANT. ONCE COMPLETED, REFERENCE MUST MAIL TO NTI.**

Name and Address: \_\_\_\_\_

& Phone Number: \_\_\_\_\_

\_\_\_\_\_

Applicant's Name: \_\_\_\_\_

I authorize the above named employer to release to Northwest Technical Institute any information in my personnel file for the purpose of entry into the Certified Nursing Assistant Program.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**PART II – PLEASE COMPLETE AND MAIL TO NTI.**

**Employment reference letters submitted to NTI directly from the applicant will not be accepted.**

The above person has applied for admission to our Certified Nursing Assistant and has given your name as a reference. Will you kindly give us your candid opinion of this applicant's suitability for the duties of nursing? All information will be kept confidential. Thank you for your assistance.

Evaluate the applicant on the following 1 – 5 scale:

	1=Unacceptable		2=Poor		3=Fair		4=Good		5=Excellent		
Ability to get along with others	1	2	3	4	5	Initiative	1	2	3	4	5
Reaction under stress	1	2	3	4	5	Responsibility	1	2	3	4	5
Character	1	2	3	4	5	Dependability	1	2	3	4	5
Honesty	1	2	3	4	5	Efficiency	1	2	3	4	5

Comments/Recommendations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature/Date \_\_\_\_\_

Job Title/Relationship \_\_\_\_\_