

**PRESTIGE NURSE AIDE TRAINING ACADEMY
841 EAST 162nd STREET
SOUTH HOLLAND, IL 60473
ADMISSION APPLICATION**

BASIC NURSING ASSISTANT TRAINING PROGRAM

Name: _____ **Date** _____

Address: _____

City _____ **State** _____ **Zip** _____

Date of Birth: _____

Social Security Number: _____

- High School Diploma**
- GED**
- DEGREE (SPECIFY)** _____
- None**

SCHEDULED CLASS TIMES: _____

SCHEDULES CLASS DATES: _____

CONTACT INFORMATION

Phone () _____ **Cell** () _____

Email:

EMERGENCY CONTACT INFORMATION

Name: _____ **Relation:** _____

Phone () _____

The following information is requested by Prestige Nurse Aide Training Academy so we may demonstrate compliance with Federal and State regulations. Your responses will not affect your admission eligibility.

1. Are you Latino/Hispanic?

- Yes
- No

2. Select the categories that best describe you (select all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

3. Gender

- Female
- Male

4. I have been a resident since

 

Format: mm/dd/yyyy

5. County of residence _____

6. Country of residence _____

Citizenship Status

If not a U.S. citizen, please complete the next four items

7. Citizenship Status

Non US Citizen

US Citizen

11. Visa Type

12. Visa Date



Format: mm/dd/yyyy

13. Visa Number

Military Service

14. Are you a veteran or in active reserve?

Yes

No

15. Branch of military service

PRESTIGE NURSE AIDE TRAINING ACADEMY
841 EAST 162ND STREET
South Holland, IL 60473

PREREQUISITES: 16 years of age, High School Diploma, GED equivalent, or Satisfactory Score of 75% on completion of a 8th grade basic math and reading placement exam; Authorization for a fingerprint criminal background check (required by Illinois law); physical exam with a TB test current within a year; Submit proof of health insurance or signed release of liability waiver, passing of a 10 panel drug screen, submission of immunization records or titers for the Varicella and MMR vaccinations.

HEALTH REQUIREMENTS:

A students' current health status must enable them to fulfill the requirements of the nursing assistant training program. The necessary functional abilities required for optimal performance include gross motor, fine motor, physical strength, physical endurance, mobility, hearing, visual, tactile, and emotional stability.

A current TB, Physical Exam, Titers, Drug Screen Results, and a cleared Background must be on file prior to any clinical experience. Failure to submit these documents on time will result in clinical absences and possible failure of the training course.

Students must notify the instructor of any health status change.

Students with health restrictions must have a physician documented note on file, stating that the student can safely participate in the nursing assistant training program, accomplish the learning objectives and meet the physical demands of the course.

Emergency care needs of a student while in the clinical setting will be obtained either through the health facility in which the clinical is scheduled or the nearest health care facility. **It is strongly recommended that students have health care insurance coverage.** The fees accrued for health care treatment while at Prestige Nursing Assistant Training Academy or a clinical setting is the student's responsibility.

Students who are pregnant should notify the instructor immediately upon verification. Information will be kept confidential. Pregnancy does not forfeit your participation in the

nursing assistant training program. The student may participate at her own risk and will be made aware of the possible environmental dangers in the clinical setting. A physician documented approval will need to be kept on file. Instructors will be considerate when making clinical assignments, however the clinical setting and resident's behavior can be unpredictable.

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HEALTH INSURANCE RELEASE OF LIABILITY WAIVER**

To the best of my knowledge I am free of any communicable diseases. I am free from any serious health conditions that might present a problem to me while enrolled in Prestige Nurse Aide Training Program.

- I have health care insurance** and understand that in the event of an emergency I will be treated at the nearest health care facility located near my training site. **I also understand that my health care treatment and deductibles/co-pays are my responsibility, and not that of Prestige Nurse Aide Training Academy or any affiliates.**

- I do not have health care insurance** and understand that in the event of an emergency I will be treated at the nearest health care facility located near my training site. **I also understand that my health care treatment and deductibles/co-pays are my responsibility, and not that of Prestige Nurse Aide Training Academy or any affiliates.**

Student Name: _____

Date _____

Student Signature: _____

Date _____

Prestige Staff Signature Witness: _____

Date _____

