



Muskegon Campus E-mail:  
steppingstoneedu@yahoo.com  
Grand Rapids Campus E-mail:  
steppingstonesgr@yahoo.com

Please list the class date(s) of interest:

[www.steppingstoneedu.org](http://www.steppingstoneedu.org)

**STUDENT PROGRAM APPLICATION**  
**(Please PRINT LEGIBLY and complete all sections)**

<b>PERSONAL INFORMATION</b>			
First Name:		Middle:	Last:
Please list any other name to which you have been known or used (i.e.: maiden, hyphenated, marriages etc)			Date of Birth
Street Address		City	State      Zip Code
Social Security #:		Driver's License #	
Telephone (Day)		Telephone (Evening)	
Email Address		Are you currently working in the healthcare field? If, yes, please explain:	
Have you ever been convicted of a Felony or Misdemeanor? YES or NO			
If yes, date of conviction:		What was the conviction?	
<b>EMERGENCY CONTACT</b>			
Contact Person:			
Relationship		Telephone :	
Alternate Contact Person			
Relationship		Telephone :	
<b>EDUCATION</b>			
High School Attended:			Grade Completed
Graduation Date:		Diploma or GED (circle one)	
College: YES or NO (circle One)		College Attended	
Certificate or Degree? Please list:			
Explain future educational plans:			
Why did you choose to become a Certified Nursing Assistant?			
How did you hear about Stepping Stones?			

## MEDICAL INFORMATION

1. Do you have any allergies to Latex? YES or NO (circle one)

2. Are you pregnant or could you be pregnant? YES or NO (circle one)

If you answered yes to the above question, when is your due date? \_\_\_\_\_. If you are pregnant before you start class you will be required to obtain a doctors' release statement including the following information:

*"Student can participate in the Certified Nurse Aide training program without any medical restrictions and is able to lift 50 lbs".*

If you are unable to obtain the doctor release you will need to start class after the birth of your child or when you are able to obtain a doctors' release form with the above-mentioned information included. This requirement is in the best interest of you and your unborn child. **PLEASE NOTE: IF YOU ARE CURRENTLY IN YOUR 3RD TRIMESTER OF PREGNANCY (7 - 9 months), YOU WILL BE UNABLE TO ATTEND THIS PROGRAM UNTIL AFTER CHILD BIRTH.**

3. Are you able to lift, pull or push 50 lbs without assistance? YES or NO (circle one)

4. Do you have any type of medical related condition or family life situation that could hinder you in a high stress situation? YES or NO (circle one)

If Yes, please explain:

5. Are you currently under doctor care for the above-mentioned condition?  
YES or NO (circle one)

*Answering yes to the above questions does not mean you will be denied, however you may be asked to obtain a clearance from your medical care provider to assure you are not in any crisis situation and are stable enough to meet the stress demands of this program.*

6. Do you have any physical limitations that would prevent you from standing on your feet between 2-4 hours at a time? YES or NO (circle one)

7. Are you currently taking any medications that could impair your judgment, alter your perception or cause dizziness? YES or NO (circle one)

8. If you answered yes, please list the medications:

By signing this application you are granting Stepping Stones Educational System, Inc., permission to contact your physician if we need to confirm any information you have given us regarding any medical limitations that could affect your ability to successfully meet the objectives of our program. You are also stating that all the information given in this application is true and correct. If you have disclosed or answered any questions untruthfully you understand it could result in you being immediately dismissed. All information you release to us on this application will be kept confidential and only used for the purposes of confirming information for admission to our program including but not limited to a Criminal Background History.

STUDENT PRINTED NAME

STUDENT SIGNATURE

DATE

STEPPING STONES PROGRAM REPRESENTATIVE

DATE

<b>Educational Institution Name:</b> STEPPING STONES EDUCATIONAL SYSTEM, INC.	<b>Training Program:</b> CERTIFIED NURSE'S AIDE
<b>Student Name:</b>	<b>Date of Birth:</b>

**I certify that I have not been convicted of a crime or offense that prohibits me from being granted, clinical privileges in a long-term care setting as required by P.A. 27, 28 and 29 of 2006 within the applicable time period prescribed by each crime.**

<b>Student Signature:</b>	<b>Date:</b>
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**I certify that I have not been the subject of an order of disposition under the Code of Criminal Procedure dealing with findings of "not guilty by reason of insanity" for any crime.**

<b>Student Signature:</b>	<b>Date:</b>
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**I certify that I have not been the subject of a state or federal agency substantiated finding of patient or resident neglect, abuse or misappropriation of property or any activity that caused my nurse aide certification to be**

<b>Student Signature:</b>	<b>Date:</b>
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**I have listed below all offenses for which I have been convicted, including all terms and conditions of sentencing, parole, and probation and any substantiated finding of patient or resident neglect, abuse or misappropriation of property.**

<b>Student Signature:</b>	<b>Date:</b>
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**I certify that I have reviewed the list of prohibited offenses as defined in P.A. 27, 28 and 29 and that the below list of my convictions and/or substantiated findings of patient or resident neglect, abuse or misappropriation of property (if any) is true, correct and complete to the best of my knowledge. I also understand that if the information is not accurate or complete, my clinical privileges will be withdrawn immediately. I understand that the facility or educational program denying my privileges based on information retained through a background check is provided immunity from any action brought by a student due to the decision to remove clinical privileges.**

<b>Conviction / Offense</b>	<b>Date of Conviction / Finding</b>	<b>City</b>	<b>State</b>	<b>Sentence</b>	<b>Date of Discharge</b>

<b>Student Signature:</b>	<b>Date:</b>
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