



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

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-required during flu season (August-March)

- 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.

If you have ever tested positive or recently test positive for TB, you must have a chest X-ray showing no active disease after July 1st in the year that you are accepted into the program.

- 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.

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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.

Please write a brief statement about yourself, giving your reasons for choosing Certified Nursing Assistant as a career and include your autobiographical background:

Lined area for writing the statement.

Applicant's Name

Date

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 Fax: (479) 750-7272

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