

Northern Michigan Health Training School
1396 Douglas Drive, Unit 22C
Traverse City, MI 49696
office: (231) 941-1000
fax: (231) 941-1055

Application for Admission to CNA Program

Please print legibly and complete this form in blue or black ink

Name Currently Used: _____
Last First Middle

Name on Birth Certificate: _____
Last First Middle

Address: _____
Street/PO Box City State Zip

Telephone: _____
Primary ok to text? yes/no Alternative ok to text? yes/no

Social Security Number: _____ DOB: _____

License/ID #: _____

Have you ever been convicted of a felony? Yes _____ No _____

Have you ever been convicted of a misdemeanor? Yes _____ No _____

*Michigan Law states that no individual found guilty of a felony or certain misdemeanors are allowed to work alongside patients as a CNA. Because of this, the school requires the student to submit for a criminal background check, done by the school for an **additional \$20 fee**. It is the financial responsibility of the student to provide the school with this information.*

CNA Program Beginning Class Date: _____

Where did you hear about this program? _____

Please state why you are entering this program: _____

By signing below, I testify the information above is factual to the best of my knowledge. Failure to provide accurate information may result in inability to obtain certification and employment as a CNA.

Signature: _____

Date: _____