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First Name Middle Last Name Maiden/other Name(s)

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Street Address City State Zip Code

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Phone (Main) Phone (Other) Male/Female (M/F) Race Date of Birth (mm/dd/yyyy)

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Social Security Number Email Address

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High School City/State Year Graduated GED Earned (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/Trade School Location Dates Attended Credits Degree Earned

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College/Trade School Location Dates Attended Credits Degree Earned

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Previous Experience Related to Health Services (Include Service/Location/Dates) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certificates Earned

Proof of six (6) months employment experience as a C N A. YES\_\_\_\_ NO\_\_\_\_ Mark answer and attach copy of letter of recommendation from facility where employed.

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**Emergency Contact Person(s)** First & Last Name Relationship to applicant Phone Number 1 Phone Number 2

Images including me may be used for print publications or other electronic/digital promotion of course programs.

YES\_\_\_\_ NO\_\_\_\_\_

See reverse (or second page) side for items to turn in with this enrollment form. All enrollment information must be received in advance of the course start date. If adequate enrollment is not met by at least 10 days prior to start date, course may be cancelled or rescheduled.

*I certify the information given on this application is correct and complete. I understand that submission of false information is grounds for denial of admission or immediate suspension if enrolled. If accepted as a student at Excelsior Springs Area Career Center, I agree to abide by the rules and regulations regarding conduct and other obligations as set forth in the student handbook.*

Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE USE ONLY

[ ] Letter of Recommendation form Facility [ ] Immunization Records

[ ] HS Diploma/equivalency [ ] Background check documentation

[ ] Proof of six (6) months employment as C N A [ ] Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE ONLY:**

Start Date\_\_\_\_\_\_\_\_\_\_\_ REPD (CTEA) Code: 024089 REPSCode (CTEA): 1100 StateID\_\_\_\_\_\_\_\_\_\_\_\_\_\_Local Student ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOSIS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CIP\_\_\_\_\_\_\_\_\_\_\_

End Date \_\_\_\_\_\_\_\_\_\_\_ CTE Program: 0510 (MED) NonTrad: \_\_\_Yes \_ No Follow-Up Status: (1) \_\_\_\_\_\_\_\_\_\_\_\_ (2)\_\_\_\_\_\_\_\_\_\_\_\_\_(3)\_\_\_\_\_\_\_\_\_\_\_\_\_ Final Grade: \_\_\_\_\_\_\_|\_\_\_\_\_\_\_\_\_\_%

***Notice of Non-discrimination****Excelsior Springs School District #40 is an equal opportunity institution. No person shall, on the basis of race, sex, creed, color, disability, be subject to discrimination in employment or in admission to any educational program or activity of the school.*

This course is sixty hours minimum of classroom training, eight hours minimum clinical practice, and a two-part final exam per approved department med-tech curriculum (19) CSR 30-84-Dept. of Health and Senior Services. The student will be able to prepare , administer, and document administration of medications by all routes except those administered by the parenteral rout; observe, report and document responses of residents to medications administered; identify responsibilities associated with acquisition, storage, and security of medications; identify appropriate medication reference materials; observe, report, and document responses of residents to medications; identify lines of authorities and areas of responsibility; and identify what constitutes a medication error. For detailed information regarding CMT certification requirements see Missouri’s Code of State Regulations 19 CSR 30-84-Department of Health and Senior Services. Note: Student must have six months employment history with nursing facility prior to applying for this class and provide proof through letter from employer.

**Three Components of this Course:**

1. Classroom instruction (minimum of 60 hours)
2. Clinical work (minimum of 8 hours)
3. Two-part final exam leading to state certification

**ATTENTION STUDENT:**

Before first night of class (preferably 10 days before class starts), submit the following documents for your ESACC file and/or clinical requirements file:

**REQUIREMENTS:**

* Completed Enrollment Form
* Letter from administrator of the facility student worked as a C N A for six or months
* At least 17 years of age
* Proof of Negative Two-Step TB Test or Chest X-Ray
* Acceptable Background screening from the Family Care Safety Registry
* Able to communicate effectively in English
* Non-refundable deposit $250 and payment agreement or full tuition payment by first night of class
* Two copies: Driver’s license, social security card
* Proof of any other required immunizations

**Training Agency**: School through which files will be maintained for Missouri Dept. of Senior Services-Health Education

***Excelsior Springs Area Career Center****, 614 Tiger Drive, Excelsior Springs, MO 64024*

***Adult Education Director****: Melanie Shockley* ***Phone****: 816.630.9240 #1*