



# Application for Admission CERTIFIED NURSE ASSISTANT (CNA)

Jefferson College Workforce & Employment Services  
1000 Viking Drive • Hillsboro, MO 63050-2441  
(636) 481-3143 • TDD (636) 789-5772 • www.jeffco.edu

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LAST	FIRST	MI	PREVIOUS NAME
_____		_____	
CURRENT ADDRESS		CITY, STATE, ZIP CODE	
_____		_____	
HOME PHONE		CELL PHONE	
_____		_____	
EMAIL		SOCIAL SECURITY NUMBER	

SCRUB SIZE TOP: \_\_\_ XS \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ 2XL \_\_\_ 3XL  
SCRUB SIZE PANTS: \_\_\_ XS \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ 2XL \_\_\_ 3XL

*It is the policy of Jefferson College that no person shall, on the basis of age, ancestry, color, creed, disability, gender, national origin, race, religion, or veteran status, be subject to discrimination in employment or in admission to any educational program or activity of the College. Please note: If accommodations for a disability are needed, please contact Christine Platter at (636) 481-3148. TDD users may call (636)789-5772. The contents of this application are provided for informational purposes. The application is accurate at the time of printing but is subject to change. Any such changes may be implemented without prior notice and are effective when made. Jefferson College reserves the right to terminate programs for financial or other reasons which the College determines warranted. The programs, services, or other activities of the College may be terminated at any time due to reasons beyond the control of the College, including—but not limited to—acts of God, natural disasters, destruction of premises, labor disturbances, governmental orders, or financial insolvency.*

**The CNA program is approved by the Missouri Department of Health & Senior Services.**

All application materials must be returned to Jefferson College's Workforce Employment Services Office.

### **THE ESSENTIAL FUNCTIONS OF THE CNA**

Satisfactory completion of the Jefferson College Certified Nurse Assistant Program is contingent upon my being physically, mentally, and medically able, with or without reasonable accommodation, to perform successfully the essential functions necessary in the role of the CNA.

Following appropriate instruction and supervision of the charge personnel, the student will:

1. Observe needs/condition of the resident utilizing the five senses.
2. Participate in direct care of the resident.
3. Implement basic nursing measures to give safe and effective care to residents, including:
  - a. Administering physical care, which often requires moving/lifting residents and/or equipment.
  - b. Performing nursing procedures, which may require standing for extended periods and ability to stoop and bend.
  - c. Utilizing standard precautions to include the wearing of gloves.
4. Communicate approximately with residents, families, and other members of the healthcare team, including:
  - a. Verbal communication
  - b. Written communication
5. Maintain a safe and appropriate environment for residents.
6. Attend class sessions, which may involve sitting for extended periods with short breaks periodically.
7. Take written/oral scheduled examinations related to course/clinical curriculum.

Do you believe you would be able to perform the above listed essential functions, which are necessary in the role of a CNA for which you are applying?     Yes     No

*If you answered NO to the above, are there any reasonable accommodations that you believe can be made that would permit you to perform the essential functions necessary in the role of a CNA? Please answer in the space provided below.*

**I have read the above statement and have answered to the best of my knowledge.**

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

\_\_\_\_\_  
Date

***In order to have a complete file, you must read and sign this form and return it to the Jefferson College Workforce & Employment Services Office.***

# Jefferson College CNA Program Application

## EMERGENCY INFORMATION

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Allergies: \_\_\_\_\_

Please make sure that all sections of this application are complete with accurate up-to-date information.

Contact the Workforce & Employment Services Office with change of address.

***File Reviews will not be rated unless all admission information requested is in your file.***

## LIST THREE REFERENCES

List complete name & phone number below. All three must be on file before review.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer/Other: \_\_\_\_\_

Relationship of Reference (no family members): \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer/Other: \_\_\_\_\_

Relationship of Reference (no family members): \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer/Other: \_\_\_\_\_

Relationship of Reference (no family members): \_\_\_\_\_

## **NOTES:**

- 1). Three (3) letters of reference must be submitted in sealed envelopes with the CNA application in order to be eligible for a review.**
- 2). Student may not use Title IV Funds, including Pell Grants or Student Loans, to pay for this course. Contact**

**your local Missouri Job Center about funding options.**

## ENTRANCE REQUIREMENT

**WRITE A SHORT ANSWER TO THE FOLLOWING QUESTION:**

***Why do you want to be a Certified Nurse Assistant?***

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## PROGRAM REQUIREMENT

I UNDERSTAND THAT A MINIMUM GRADE OF 78% IN THE CAN COURSE WITH A MINIMUM OF 80% ON AT LEAST 3 OF THE WRITTEN/ORAL TESTS IS REQUIRED IN ORDER TO QUALIFY FOR THE STATE WRITTEN/ORAL FINAL EXAM.

I UNDERSTANT THAT A MINIMUM GRADE OF 80% WILL BE REQUIRED ON THE WRITTEN/ORAL STATE FINAL EXAM IN ORDER TO QUALIFY FOR THE STATE PRACTICUM EXAM.

I UNDERSTAND ACCEPTANCE INTO THE CNA PROGRAM IS COMPETITIVE. AN APPLICANT MUST BE AT LEAST 18 YEARS OF AGE, HAVE A NEGATIVE CRIMINAL BACKGROUND CHECK, A NEGATIVE DRUG/ALCOHOL TEST, AND MEET THE ESSENTIAL FUNCTIONS OF A CNA. ACCEPTANCE INTO THE CNA PROGRAM DOES NOT GUARANTEE CERTIFICATION.

*In applying for admission to the CMT program at Jefferson College, I hereby voluntarily waive my right of access as provided by Federal Law, PL 93-380, to confidential letters and statements of recommendation submitted by reference on my behalf.*

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Signature of Applicant

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Date