



Application for Nurse Aide and CPR Certificate Program

Go to <http://cbt.stcc.edu/descriptions/zall-029.asp>
or call (413) 755-4502 or 755-4225 for a detailed course description
and current schedule and fee information.

Prerequisites

1. High school graduation or G.E.D.
2. English grammar, writing, and speaking skills equivalent to at least the 8th grade level (Testing required for all candidates)
3. Documentation that all health exam and immunization requirements have been met prior to acceptance
4. Satisfactory report on a Criminal Offender Record Information (CORI)/Sex Offender Registry Information (SORI) check to be conducted by the College

Any student who does not meet requirements #3 and #4 at least one week prior to scheduled clinical start date will **not** be placed in a clinical setting and will be unable to satisfactorily complete this program.

Application Procedure

Complete and submit this form with the full payment of the course fee. The course fee includes all required textbook(s) and materials, liability insurance, scrubs, and the CNA certification exam fee. Applications will be accepted on the basis of date received, degree of completion of required immunizations, and the background of the student. The full fee will be returned to any applicant who is not selected to participate in this program. **Important Note: No refunds will be processed for withdrawals received less than 7 calendar days prior to the first class meeting.**

Fast, Easy Application



PHONE
(413) 755-4502 or
(413) 755-4225

Office Hours: 8:00 a.m.-4:00 p.m.
 Monday-Friday

Fax completed application form, MasterCard, Visa or Discover card number and expiration date or company purchase order.

Return completed application form and fee to:
 CBT/STCC
 One Federal St. Bldg. 101-R
 Springfield, MA 01105

FAX (413) 755-6319

MAIL

Space is limited and early enrollment is strongly recommended.

Registration Form	Nurse Aide and CPR Certificate Program
Date of Birth: ____/____/____	
Social Security # ____ - ____ - ____	Home Phone (____) _____ Work Phone (____) _____
Name _____	FAX (____) _____ e-mail _____
Address _____	
	City _____ State _____ Zip _____
Position _____ Company _____	MC Visa Discover # _____ Exp. _____ <small>(Debit cards can be accepted <i>only</i> if you are registering in person.)</small>
Briefly outline below any prior training or work experience that you have had in the medical field including dates:	
1. _____	
2. _____	
3. _____	

You must submit acceptable documentation signed by your health care provider verifying that you have met each of the requirements outlined below. All health documentation should be received prior to the first class meeting in order to ensure availability of clinical placement.

Requirement	Explanation
PHYSICAL EXAM	Completed within the past 12 months.
TUBERCULOSIS	Mantoux test required within 1 year. If Mantoux test is positive then a chest x-ray is required within the past 5 years. If no tuberculosis test within 1 year then a two-step Mantoux test is also required.

I understand that I will be required to undergo a CORI/SORI check in order to take part in this program and that participation in the clinical placement that is a required component of this program may be denied on the basis of the CORI/SORI report. Signature _____

Registration Deadline: Application, payment, and required documentation must be received at least one week prior to the program start date.