



**Jennings  
McCall II** CENTER

## Application for Online CNA Program

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

Address: \_\_\_\_\_ email address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This program is designed as an online CNA Certification program run in partnership with aQuire, an online training organization. It will involve 50 + hours of online curriculum in conjunction with 24 hours of classroom education and 75 hours of clinical training in our facility. Each student is responsible for all costs associated with the program and once they have been accepted into the program they must pay the class fees prior to beginning the online portion of the class. There will be no refunds once the student has completed enrollment in the program.

Please provide information on your prior work history:

|          |            |          |                 |
|----------|------------|----------|-----------------|
| Employer | Start Date | End Date | Job Description |
|          | Start Wage | End Wage |                 |
| Employer | Start Date | End Date | Job Description |
|          | Start Wage | End Wage |                 |
| Employer | Start Date | End Date | Job Description |
|          | Start Wage | End Wage |                 |

Have you ever been convicted of a crime in Oregon:  Yes  No Charge: \_\_\_\_\_

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| What are your long-term career goals?:                         |
|  |
| Why do you want to take this course?:                          |
|  |
| What hours are you available for classroom and clinical work?: |
|  |
| What do you hope to get out of this class?:                    |
|  |

I hereby apply for the online CNA course offered by the Jennings McCall facility in Forest Grove. I understand that I am responsible for all fees and requirements for enrollment associated with this class (see attached requirements and fees). I must successfully pass all of the prerequisites for the class and pay all fees associated with the class prior to the beginning of the course. I authorize Jennings McCall and its assigns to run a complete background/criminal history check prior to my acceptance into the program.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Acceptance:  Yes  No Start Date: \_\_\_\_\_