



**NURSE ASSISTANT PROGRAM
APPLICATION FORM**

Applicant Information					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit	
City		State		ZIP	
Phone			E-mail Address		
Social Security No.					
Program Applied for:					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a felony? (No applicant may be listed as unemployable on the Employee Misconduct Registry (EMR) and cannot have been convicted of a criminal offense as listed in Texas Health and Safety Code 250.006)				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, explain:					
Education (High school and college)					
High school		Address			
Year of graduation		Degree			
College		Address			
Year of graduation		Degree			
Other relevant education: List on back of this page					
PROGRAM APPLYING FOR:					
<input type="checkbox"/> Accelerated Schedule Beginning Date _____ Ending Date _____ <input type="checkbox"/> Evening Schedule Beginning Date _____ Ending Date _____ <input type="checkbox"/> Weekend Schedule Beginning Date _____ Ending Date _____					
Please list one reference and one emergency contact.					
Name:			Name:		
Position:			Position:		
Address:			Address:		
Telephone:			Telephone:		

Disclaimer and Signature

I certify that my answers on this document are true and complete to the best of my knowledge. If I am accepted into the Institute, I understand that any false or misleading information contained in my application or interview, regardless of time of discovery, may result in my dismissal from the program. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed, being contacted.

Signature

Date

FOR OFFICE USE ONLY

ENROLLMENT FORM (2 copies of photographs)

REFERENCES

OFFICIAL TRANSCRIPTS

PAYMENT ARRANGEMENTS

BACKGROUND CHECK

COMPETENT ENGLISH COMMUNICATION SKILLS (SPEAKING, READING, & WRITING)

COPY OF SOCIAL SECURITY CARD AND

VALID DRIVER'S LICENSE OR STATE PHOTO IDENTIFICATION CARD

Please send completed form to us via Email, Fax or Mail. Please include copy of driver's license, copy of Social Security card and copy of either High School Diploma or GED. A \$100 deposit is required to reserve a spot. (Please call us to confirm that there is an available spot in the class you want to register for(972)646-1274)

-Mailing address

1301 West Parker Road, Suite 104

Plano, Texas 75024

-FAX – (866)525-2570

-EMAIL – Info@bsinursing.com