SASH NURSING ASSISTANT TRAINING PROGRAM APPLICATION

Date Received (For Office Use Only) _____

Date _____ Date of Birth _____ Social Security # _____

Name _____ _____ _____
First Middle Last

Address _____ City _____ State_____ Zip Code_____

Email Address: _____

1st Telephone Number Including Area Code: (_____) _____ _____

2nd Telephone Number Including Area Code: (_____) _____ _____

Gender: _____ Male _____ Female

Race **(Optional): Check The One That Applies To You**

American Indian or Alaska Native____ Black/African American____

Asian____ Caucasian/White____ Native Hawaiian or Other Pacific Islander____

Spanish/Hispanic/Latino____ Other: _____

Height: ____feet ____inches Eye Color: Brown___ Black___ Hazel___ Blue___

Currently Employed? ___Yes ___No In Healthcare Field? ___Yes ___No

Name of Employer: _____ Where? _____

Currently in School? ___Yes ___No Where? _____

School(s) Attended:

Name of School	Address: City, State, Zip	Dates Attended	High School GED College	If Yes, Date Diploma Received
1)				
2)				
3)				

The month you want to begin the SASH NURSING ASSISTANT TRAINING PROGRAM. Circle the month indicated below. Remember to give yourself at least 2 weeks to be admitted.

January	February	March	April
May	June	July	August
September	October	November	December

In Case of Emergency:

Name_____ Relationship_____

1st Phone Number_____ 2nd Phone Number _____

Hospital Preference_____ Primary Care Physician _____

Insurance Coverage: ___Yes ___No **If Yes,** Name of Insurance Company _____

Write a paragraph on what attending the SASH Nursing Assistant Training Program will mean to you.

In what area(s) do you need educational assistance? Please check all that apply.

___ 1. Spelling

___ 2. Reading

___ 3. Writing

___ 4. Test Taking

___ 5. Mathematics

___ 6. CPR

___ 7. Beginning Computer Skills