C.N.A. Training Program Application

For ALL TRAINING LOCATIONS:
mail application, completed Criminal Background Check request form (BID) with $70 holding fee to
WISCONSIN C.N.A. TRAINING CENTER.
P.O. Box 425
Campbellsport WI 53010

Name: _____ _____ _____
First Middle Initial Last

Address: _____ _____ ____ _____
Street / PO Box City/Town State Zip Code

Phone: _____ Cell: _____ Email Address: _____
Area Code & Phone Number Area Code & Cell Phone Number

Emergency Contact Information
Name: _____ Relationship: _____ Phone #: _____

Location of class	Class length	Check one
Neenah PM class	8 weeks	
UW Fox Valley class 3 credits	1 Semester	Contact UW FOX VALLEY
Wautoma Day class	3 weeks	

Please answer all questions below.

1. What is your current occupation? _____
2. Why do you want to take the CNA class? _____
   _____
3. How do you retain new information the best? (reading, video, lectures, or demonstrations) Circle one
4. What are your professional goals? Where do you see yourself in 2 years? _____
   _____
5. How did you hear about this C.N.A. Program? _____
6. How do you plan to pay for the class? (cash, credit card, money order or check). Tuition $725 due prior to first day of course. Installments may be paid once enrollment acceptance received.

Please send $70 to hold a position in the class which will cover your criminal background check and book rental fee - $30 will be returned when the text book is returned in good condition. This is separate to the tuition fee.
Checks payable to **WISCONSIN C.N.A. TRAINING CENTER**
Please complete and mail to the above address – attention Tina Rawlins
Please contact **TINA RAWLINS RN**, Program Director with any questions
1 877 724 3320 or 920 979 4428 or email **tinarn@wisconsincna.com**

Criminal Background reports from the Dept. of Justice and D.H.S are required prior to acceptance into the program. Please complete the following background information checklist and return with this application. Confirmation response will be emailed or telephoned to the contact information given above. Healthcare Requirements are required; details and forms can be downloaded for printing at ***www.wisconsincna.com***

Office use only:
Date received: Holding fee received: CB approved: Response sent:
Location of class: Date of class enrolled: Application sent to class instructor: