



Application for Bon Secours St Petersburg C.N.A. School

Applicant Details

Title:

Mr Ms Miss Mrs Other: _____

Last Name: _____ **First Name:** _____ **Date of Birth:** _____

Email: _____ **Mailing Address:** _____

Phone Number: _____

Course Details

I understand that the C.N.A. school is on-campus, 3 day a week classes (Wednesday, Thursday, Friday 8am – 2:30pm)

Qualifications

A High School Diploma or GED is Required. A copy of your Diploma/GED must be submitted with application to BSF_CNA-School@bshsi.org

Country	Name of Institution	Address of Institution	Check Which Applies		Completed		Date of Completion	
			GED	Diploma	Yes	No	Month	Year

Have you completed any other courses or certification programs? Yes No

If YES, state the courses or certification programs: _____

Name of institution: _____

Year of Graduation: _____

Relevant Work Experience

List any relevant work experience.		
Employer	Dates	Position/Duties

Additional Information

Provide information regarding membership of professional associations, prizes awarded etc. and any other relevant details:

Additional Information

I declare that the information provided by me in this application is true and correct. I acknowledge that Bon Secours Health System reserves the right to make such enquiries as may be necessary to verify the information in this application including my educational qualifications.

I acknowledge and agree that the information provided by me to Bon Secours Health System may be provided to State agencies when required by law.

I acknowledge I have had the opportunity to read the requirements of Bon Secours St Petersburg C.N.A. School. I agree to comply with the requirements of Bon Secours St Petersburg C.N.A. School.

I acknowledge that official communication by Bon Secours St Petersburg C.N.A. School to me will be by electronic means unless alternative communication arrangements have been agreed by Bon Secours St Petersburg C.N.A. School.

I agree to abide by the conditions of the C.N.A. School as amended from time to time.

Giving false or misleading information is a serious offense and if any information is found to be false or misleading, this application may be denied or cause my removal from C.N.A. School.

Signature of Applicant: _____ **Date:** _____
Type name for electronic signature

Checklist

Have you completed the following steps?

- Completed all sections of this form?
- Attached a copy of your Diploma or GED?
- Submitted 3 professional letters of reference?

IT IS THE RESPONSIBILITY OF THE APPLICANT TO PROVIDE ALL REQUIRED PAPERWORK FOR THIS APPLICATION.