

Have you ever been a student in a Nursing Aide, Practical or Professional Nursing Program? ____yes ____no

If yes, name of institution _____, city _____, date completed ____/____/____

or if applicable the reason for enrollment termination: _____

Are you currently listed on the Illinois Registry as a Certified Nurses Aide? ____yes ____no

Your name as listed on the Illinois Registry _____

If incidents are listed, supporting documents need to be sent for clinical consideration.

(Being a current Certified Nurse Aide is not a requirement for admission)

TWO PROFESSIONAL REFERENCES MUST BE SUBMITTED IN ORDER TO PROCESS THIS APPLICATION- PLEASE USE PROVIDED FORMS! Provide their information below and give them the form to submit via fax or mail.

Name _____ **Address (Street, City, State, Zip)** _____ **Title or Position** _____

CALC, *Institute of Technology* will not engage in discrimination on the basis of race, color, national origin, religion, gender, physical or mental disability, medical condition, ancestry, martial status, age, sexual orientation, citizenship, or status as a Vietnam-era veteran or special disabled veteran in administration of its educational policies, admissions policies and other school-administered programs.

I hereby certify that I have given true, accurate and complete information on this application. I understand that CALC, Institute of Technology may contact personal references and previous employers. I hereby authorize investigation of all statements and understand that omissions or misrepresentation of facts may jeopardize my position as a candidate for admission or be cause for dismissal if I am accepted as a student.

I hereby understand that I will be assigned to clinical agencies and said agencies require passage of a drug screen, criminal background check, physical examination, and copies of my immunization records.

CPR Certification for HealthCare Providers is required prior to participating in a clinical rotation.

Have you ever been convicted of any criminal and/or sexual offenses in any state or federal court (other than for minor traffic violations) or have any incident reported to the State of Illinois Department of Human Services through the Department of Children and Family Services? YES / NO. If yes, please review with an admission counselor before enrolling.

SIGNATURE _____ **DATE** _____

PRINT NAME _____

Send application to:

PN Admissions - CALC, Institute of Technology - 200 North Center Drive, Suite A - Alton, IL 62002
Early submission is recommended - application expires 6 months from date completed

Form date 9/3/13