HIGHLANDS COLLEGE
OF MONTANA TECH

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REQUIRED:

- ☐ Attendance at Information Session
- ☐ Application including Student Agreement (on back)

Documents to be submitted to CAN Instructor:

- ☐ Possess current government issued ID & be *age 16 or older*
- ☐ MMR Vaccinations (2 doses)
- ☐ Tdap Vaccination (<10 years old)
- ☐ Varicella Vaccination (2 doses or positive titer showing immunity)
- ☐ Hepatitis B Vaccination (date or declination statement)
- ☐ 2-Step TB Skin Test (TST)
- ☐ Current influenza vaccine
- ☐ Background Check
- ☐ Payment $1,450

To be considered for admission into a CNA Training Program, required documents must be completed & emailed/hand delivered to:

Highlands College
25 Basin Creek Rd
Butte, MT 59701

Office Hours: 8:30am - 4pm, Mon-Thurs
Email: krafish@mtech.edu

Documents can be hand delivered or emailed.

CNA APPLICATION
Please print so it's legible!

Name: _____
       Last   First   M.I.   Age

Address: _____

City _____ State: _____ Zip: _____

Email: _____

Phone(s): _____

SSN: _____ Date of Birth: _____

ADDITIONAL INFORMATION

Gender
- ☐ Male
- ☐ Female
- ☐ Other

Do you have a high school diploma or GED/HiSET?
- ☐ YES
- ☐ NO

Have you ever attended Highlands College or MT Tech?
- ☐ YES
- ☐ NO

Do you have a current CPR Certification?
- ☐ YES
- ☐ NO
  - Expiration Date: _____

Scrub Sizes:
- ☐ Top _____
- ☐ Bottom _____

Reason for CNA:
- ☐ Seeking employment
- ☐ Required for my job
  - Employer: _____

If currently in High School/Where? _____

How did you hear about this program? _____
_____

CNA APPLICTION / STUDENT AGREEMENT

Highlands College of Montana Technological University is proud to offer a State of Montana-approved program to prepare you for certification as a Certified Nursing Assistant. The program will require a 75-hour time commitment. Classes consist of online modules, videos, quizzes and hands-on procedures. The State of Montana requires a minimum of 75 hours total classroom and clinical time. The CNA course consists of 50 hours of online instruction dedicated to theory and a 2-day weekend skills lab. Twenty-five additional hours are dedicated to clinical instruction.

Program Provider
The CNA program is provided by Highlands College of Montana Technological University and is approved by the Montana Department of Public Health and Human Services under its Nurse Aide Registry office.
Instructor: Patience Peale, MHA, MSN, WHNP-BC.

Application Requirements / Pre-requisites:

➢ Attendance at mandatory information session
➢ Application & Payment
➢ Possess current government issued ID & be *age 16 or older*
➢ Copy of original social security card
➢ Measles-Mumps-Rubella (MMR) vaccinations (2 doses)
➢ Tdap Vaccination (date less than 10 years ago)
➢ Varicella Vaccination (2 doses or positive titer showing immunity)
➢ Hepatitis B Vaccination (date of vaccination or declination statement)
➢ 2-Step TB Skin test (TST)
➢ Current influenza vaccine
➢ Submit Background Check
  o Visit https://www.sentrylink.com/
  o Cost is $19.95. Pay online with eCheck, credit card or debit card
  o Print Background check and attach to application along with vaccinations and TB test results

I hereby certify that the statements on this application are correct to the best of my knowledge and I understand falsification or omission of information may result in denial or rescinding of admission to the Certified Nursing Assistant (CNA) program or continuation in any of its courses of study.

By signing this application, you are agreeing to allow Highlands College of Montana Technological University to use your name and photo for media and general promotion of our training programs/community enrichment classes. You also consent to information sharing under programs that include job placement.

Students Signature: _____   **Date:** _____

Community Education Safety & Security Eligibility Form:
Background check must be attached

Name: _____

DOB: _____

Phone Number: _____

Email: _____

Program: _____

If you answer 'Yes' to any of the safety and security questions, your application will be reviewed by the Approval Committee.

For Community CDL student ONLY: Applicants are automatically ineligible for the program if:

Your Motor Vehicle Record (MVR) shows a conviction for Reckless Driving or Driving Under the Influence (DUI) within the past five (5) years; and/or

You have accumulated three (3) or more minor moving violations (such as but not limited to speeding, failure to signal, or running a stop sign) within the past three (3) years.

- ☐ **Section A: Criminal Background**
    1. **Have you been convicted of a felony in the past twelve months (1) years?**
        - ☐ YES
        - ☐ NO
    2. **Have you been convicted of three (3) misdemeanors in the past five (5) years?**
        - ☐ YES
        - ☐ NO
    3. **Have you been convicted of a drug-related offense in the past six (6) months?**
        - ☐ YES
        - ☐ NO
    4. **Have you ever been required to register as a sexual or violent offender, in or outside of the state of Montana?**
        - ☐ YES
        - ☐ NO
    5. **Are you currently on probation or parole?**
        - ☐ YES
        - ☐ NO

    If yes, you must provide your Probation/ Parole Officers (PO) information and sign the sign the release form page 2.

- ☐ **Staff use Only**

    Reviewed by: _____

    Date: _____

    Eligible   Ineligible   Further Review Needed

☐ **Section B: Probation/ Parole Officer Contact (only complete if you answered YES to question three (3)**

Probation/ Parole Office Name: _____

Phone Number: _____

Email (if known): _____

☐ **Section C: Consent for Release of Information**

By signing below, I authorize the community Education Program Manager and its staff to contact my probation/ parole officer to verify my status and discuss any conditions relevant to my participation in Community Education training. I understand this information is necessary to ensure program safety and compliance with legal standards.

Applicant Signature: _____

Date: _____