

**Ventura College**  
**School of Nursing & Allied Health**  
**Certified Nursing Assistant Program Application**

CDL check date	<input type="text"/>
SS check date	<input type="text"/>

NAME \_\_\_\_\_ DATE \_\_\_\_\_

PREVIOUS NAME(S), IF ANY \_\_\_\_\_

TELEPHONE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

Individual Taxpayer ID # \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

**Email address** - We will only contact you using your Ventura College email address. If you do not know your VC email address, please contact the Welcome Center at (805) 289-6420.

VENTURA COLLEGE EMAIL ADDRESS \_\_\_\_\_ @my.vcccd.edu

PERSONAL EMAIL ADDRESS \_\_\_\_\_

VENTURA COLLEGE STUDENT I.D (900#) \_\_\_\_\_

**PLEASE READ CAREFULLY AND SIGN BELOW:**

1. I understand that the California Department of Public Health (CDPH) and Board of Registered Nursing may not certify or register applicants who have been convicted of certain penal code violations listed in the Student Handbook, and these violations may prevent CDPH certification even after class has been successfully completed.
2. **I understand that the name on my 283B Application form must exactly match my current government ID (i.e. driver's license, passport, military ID and Social Security Card). The name on all three documents must match or I will not be able to test for CNA Certification with the CDPH.**
3. I understand that Physical Examination and Immunization requirements must be completed before the start of the semester (See required [Health and Screening forms](#) on the College website).
4. I understand that my Physical Examination and TB test must be done **NO EARLIER than 90 days** prior to the start of clinical portion of the semester (no earlier than May 30, 2018, for Fall 2018 Semester)
5. I understand that I must submit proof of CPR certification from the American Heart Association (Healthcare Provider) **or** the American Red Cross (Basic Life Support for Healthcare Providers) prior to enrollment in the CNA program.
6. I understand that my CPR certification cannot expire during the semester of enrollment.
7. I understand that livescan fingerprints are required before the start of the semester (*Information on livescanning will be provided once you are accepted for enrollment*).
8. I understand that a drug and alcohol screening will be required prior to the start of the semester and must have negative results (*Information on drug and alcohol testing will be provided once you are accepted for enrollment*).
9. I understand that attendance and punctuality requirements are strict and mandated by the CDPH. In addition, I cannot miss any classes during the first three weeks of school for any reason.
10. I understand students will be cleared to register on a first come, first served basis based on the completion of the above requirements.

**I have read the above, agree to comply with these policies, and certify that all information contained herein is correct.**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_