

MED-CERT AKRON

Med-Cert Training Center

771 North Main Street

AKRON, OH 44310

Phone (440) 786-2378, Fax (440) 786-7327

Email: medcerttraining@yahoo.com

Application for Admission Nurse Aide Training Program

† New Student

† Returning Student

How did you hear about us? † Web † Friend † Other _____

I plan to enroll in the class scheduled for the month of _____

Check one of the following: † Day (Mon/Wed) † Day (2 Week) † Evening † Weekend

Full Name _____				
Last		First	Middle	
Mailing Address _____				
Street		City	State	Zip
Home Telephone Number _____		Social Security # _____		
Cell Number _____		Email Address _____		
Date of Birth _____				
In Case of Emergency Notify _____		Phone Number _____		

Education History: List High School, College or other schools attended including other Nurse Aide Training Programs

School	Address	Years Attended (mm-yy) / (mm-yy)	Area of Study	Highest Level Completed	Did You Graduate?

Employment History: List your two most recent positions.

Date (month and year)	Employer	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				

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IMPORTANT INFORMATION

Physical and 2-Step TB Test

Completed physical form **and** evidence of 2-step TB test **must** be submitted to Med-Cert **on or before the FIRST DAY OF CLASS**, (you can not attend if not completed).

Signature: _____

Criminal Background Check

Complete background check **must** be submitted to Med-Cert **on or before the FIRST DAY OF CLASS**.

I swear and affirm that I have not committed or have been convicted of a violent crime, theft, or exploitation of the elderly. **I understand that Senate Bill 160 will not permit individuals with certain misdemeanors and felonies to work in Long-Term Care Facilities.**

Signature: _____

By signing below, I verify that the information I have supplied in this document is true and complete to the best of my knowledge, and that I have read Med-Cert Training Center's General Information and Policies.

Student Signature

Date

For Med-Cert Use:

Payment information: † Cash † Check or Money Order # _____ † Credit Card

Received by _____ Date: _____ Amount \$ _____

† Physical form

† General Information and Policies

Please Read General Information and Policies attached