

**Med-Cert Training Center - BEDFORD**

20 West Grace Street, Suite D

Bedford, OH 44146

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

Email:medcertraining@yahoo.com

**Med-Cert Training Center – AKRON**

771 North Main Street

Akron, OH 44310

1-877-514-2378

Email:medcertraining@yahoo.com

**Application for Admission Nurse Aide Training Program**

Interested in taking classes at this location:    † Bedford    † Akron

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:				

**\*\*\*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***