



Iowa Western Community College Nurse Aide Registration

CNA Class Registration

Course # _____ Course Date _____

Name _____ SS# _____

Home Address _____ City _____

State _____ Zip _____ Phone (h) _____ (w) _____

Email _____

Hispanic/Latino? No Yes

White African American Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander No answer

IMPORTANT: TB test results MUST accompany this registration

Payment method: Money Order Cashier's Check Cash Credit Card Facility Billing

Credit Card # _____ Exp. Date _____ 3-Digit Code _____

Name on Card _____ Billing Address _____

Facility Billing:

Facility _____ Authorized Signature _____

If you work in a nursing home or have been promised a job at a nursing home, THEY MUST PAY FOR YOUR CLASS—WE CANNOT ACCEPT PAYMENT FROM YOU. If you gain employment at an Iowa nursing home within 12 months, they must reimburse you for the class/test.

CRIMINAL BACKGROUND CHECK (Required by law for CNA students)

Please Type or Print Legibly

Fill out one line for each name you have had (maiden, married, etc.

1.	_____ Last Name—Current <small>(Mandatory)</small>	_____ First Name <small>(Mandatory)</small>	_____ Middle Name <small>(Mandatory)</small>
2.	_____ Last Name—Maiden <small>(Mandatory)</small>	_____ First Name <small>(Mandatory)</small>	_____ Middle Name <small>(Mandatory)</small>
3.	_____ Last Name <small>(Mandatory)</small>	_____ First Name <small>(Mandatory)</small>	_____ Middle Name <small>(Mandatory)</small>
4.	_____ Last Name <small>(Mandatory)</small>	_____ First Name <small>(Mandatory)</small>	_____ Middle Name <small>(Mandatory)</small>

(if you have used more names, please list information on back)

Social Security <small>(Mandatory)</small>	Date of Birth <small>(Mandatory)</small>	Sex <small>(Mandatory)</small>
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Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime other than a simple misdemeanor offense relating to motor vehicles and laws of the road under chapter 321 or equivalent provisions, in this state or any other state?
 No Yes

I am requesting registration for CNA Course # _____ Course Date _____
 I give Iowa Western Community College permission to complete an IOWA CRIMINAL HISTORY check. The information I have furnished above is accurate and complete.

Signature: _____ Date: _____

To register for this program, fill out and return to: Iowa Western Community College
 Continuing Health Education
 2700 College Road, Council Bluffs IA 51503
 FAX: 712/325-3729