



Nurse Aide Class Registration

This form MUST be completed and returned to:

Iowa Western Community College, Continuing Education, Looft Hall, 2700 College Rd, Council Bluffs, IA 51503
 FAX: 712.325.3721 or EMAIL: swiese@iwcc.edu

COURSE

Course #:		Course Date:	
-----------	--	--------------	--

STUDENT INFORMATION

Name:		Date of Birth:		SSN:	
Home Address:				City:	
State:		Zip:		Phone (h):	
				(w):	
Email:					
Citizen:	US	Other (Specify)			
			Male	Female	

TUBERCULOSIS (TB) SCREENING

Physician documentation of a negative 2-Step TST (2 separate TB tests) MUST accompany registration form.

1 st TST	Date given _____	Date Read _____	
	Results (Record actual mm of induration, transverse diameter; if no induration, write "0" _____)		
2 nd TST	Date given _____	Date Read _____	
	Results (Record actual mm of induration, transverse diameter; if no induration, write "0" _____)		

CRIMINAL BACKGROUND CHECK

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

1.			
	Last Name – Current (Mandatory)	First Name (Mandatory)	Middle Name (Mandatory)
2.			
	Last Name – Previous (Mandatory)	First Name (Mandatory)	Middle Name (Mandatory)

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime ot her 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 give Iowa Western Community College permission to complete an IOWA CRIMINAL HISTORY check. The information I have furnished is accurate and complete.

Signature:		Date:	
------------	--	-------	--

PAYMENT

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.

Payment method:	Money Order	Cashier's Check	Cash	Credit/Debit Card
Credit/Debit Card #:			Exp. Date:	3-Digit Code:
Name on Card:			Billing Address:	
Payee Email:				