**NURSE ASSISTANT CERTIFICATION PROGRAM**

**APPLICATION - FORM A**

**Spring 2021**

[NURSE ASSISTANT FORM A]



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| **Please fill-out (This Information will be placed on your State of California *Initial Application for- CDPH 283B)***  | **STUDENT ID#:**  |
| **LAST NAME:**  | **FIRST NAME:**  | **MI:** |
| **ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** ***(Street, City, State, ZIP Code)***  |
| **STUDENT SSN#:** | **BIRTH DATE: \_\_\_\_ /\_\_\_\_ / \_\_\_\_**  |
| **DRIVER’S LICENSE #/CALIF. ID#:** | **STATE:**  |
| **CELL: (\_\_\_) \_\_\_ - \_\_\_\_** | **DAY PHONE: (\_\_\_) \_\_\_ - \_\_\_\_** | **EVENING: (\_\_\_) \_\_\_ - \_\_\_\_**  |
| **E-MAIL ADDRESS:**  |
| **EMERGENCY CONTACT PERSON: (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: (\_\_\_) \_\_\_ - \_\_\_\_**  |

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| **Completed the Reading and Writing pre-requisites by (check what you have completed):**  |
| * **A College Reading Assessment score indicating placement into English 142B** o **Or completion of English 81 with a grade of “C” or better; AND**
* **A College Writing Assessment score indicating placement into English 142B** o **Or completion of English 84 with a grade of “C” or better;**
 |
|  | ***If English is not your native language, you may satisfy the above pre-requisites for Reading and Writing*** |  |
| ***by:*** | * **An ESL Reading assessment score indicating placement into ESL Level 3 Reading (ESL 149)** o **Or completion of ESL 146 with a grade of “C” or better AND**
* **An ESL Writing assessment score indicating placement into ESL Level 3 Writing (ESL 189)** o **Or completion of ESL 186 with a grade of “C” or better**
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| ***APPLICANT SIGNATURE:***  | ***DATE:***  |

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| **FOR OFFICE USE ONLY:**  |
| CDPH 283B Application Received  |  |
| Completed LiveScan form  |  |
| CPR for HealthCare Provider  |  |
| Assessment Tests  |  |