



Date Application Received: _____

Application fee paid: YES / NO _____ Amount: _____

Deposit: _____ Date: _____

ADMISSION CHECKLIST

COMPLIANCE	DATE	COMMENT
APPLICATION		
HIGH SCHOOL DIPLOMA / EQUIVALENCY		
CPR/BLS		
IMMUNIZATIONS		
TB SKIN TEST /CXR		
FLU VACCINE		
VARICELLA		
MMR		
HEPATITIS B		
COMPETENCY TEST		
DRUG TEST		
BACKGROUND CHECK		
SCHOOL CATALOG ACCESSED		
STUDENT HANDBOOK		
BOOK/ STUDY MATERIALS		
CNA STUDENT HANDBOOK SIGNED		
CNA KIT		
UNIFORM		
CNA DOCUMENTS SUMMITTED TO		
ENROLLMENT AGREEMENT SIGNED		
REFUND POLICY SIGNED		
CERTIFICATE OF COMPLETION		
APPLICATION FOR CERTIFICATION		
CERTIFICATION EXAM COMPLETED		