877 S Victoria Ave #220
Ventura CA 93003
805-797-0765

Certified Nurse Assistant (CNA) Program Application

Ventura County Care Academy – Certified Nurse Assistant Training Program

Applicant Information

Full Legal Name: _____

Date of Birth (MM/DD/YYYY): _____

Social Security Number (last 4 digits): _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

Email Address: _____

Emergency Contact Information

Name: _____

Relationship: _____

Phone Number: _____

Education & Work Background

Highest Level of Education Completed: High School Diploma ☐ GED ☐ College ☐ Other: _____

Current Occupation (if applicable): _____

Healthcare Experience (if any): _____

Required Documentation (to be submitted with application)

- ■ **Government-issued photo ID**
- ■ **Social Security card (for certification purposes)**
- ■ **High school diploma, GED, or equivalent**
- ■ **Proof of immunizations/TB clearance (per state requirements)**
- ■ **Background check authorization form (to be completed prior to clinical training)**

Program Selection

☐ **Full-Time CNA Program**

☐ **Part-Time CNA Program**

Preferred Start Date: _____

Applicant Questions

1. Why are you interested in becoming a Certified Nurse Assistant?

_____

2. What qualities do you believe make you a good candidate for this program?

_____

Acknowledgements
I understand that admission is contingent upon meeting all state requirements, including background clearance.
I understand that tuition and fees must be paid according to the program’s payment policy.
I agree to comply with all program rules, policies, and attendance requirements.

Applicant Signature: _____ Date: _____
For Office Use Only
Date Received:
Application Fee: $_____ ☐ Paid ☐ Pending
Interview Completed: ☐ Yes ☐ No
Acceptance Status: ☐ Accepted ☐ Waitlisted ☐ Denied
Staff Initials: