

Check Program: CNA_____ Bridge_____ (Requires HCA)

APPLICATION

Print Name: _____

Date of Info Meeting You attended : _____

Students must have a valid email address to register for the state test. If you do not have an email, we will help you set up a free email account. If you request a start date more than six months from today, you will need to attend another orientation.

Primary phone number: _____

Email address: _____

Print Clearly

If you have been referred to us by an agency or facility such as Work source or your employer, please provide their contact information.

Employer/Case Manager Name: _____ Email: _____

Facility/agency Name: _____ Phone number: _____

To fill out the DSHS BC authorization from online: <https://fortress.wa.gov/dshs/bcs/>

10-digit BCCU confirmation number: _____

_____ (initial) By submitting this application, you are confirming that you do not have any convictions or negative actions which restrict you from working in this field.

Reminder: Needed prior to clinicals:

Active or Pending RNA.

2 step PPD or physician written approval (chest xray or lab test).

**If you have not gotten these documents by week three,
you will be removed from the program**

Month you wish to start: _____

Preferred session: AM (9a-2p) _____ PM (4p-9p) _____