

Date Application Received _____
Date of Deposit/Payment _____
Student Copy Received _____



Application for Admission

Certified Nurse Aide Program

204 Main Street

Southaven, Mississippi 38671

\$30.00 nonrefundable application fee due prior to processing application. Please email application to enrollment@bluecaremedicalacademy.com. Someone from our office will call you after receiving application.

Student Information

Name: _____

Address: _____

City/State/Zip: _____

Telephone: Primary: _____

Alternate Telephone #: _____

Email Address: _____ Date of Birth ___/___/___

Are you over the age of 17 (minimum accepting age)? Yes No

One of the following is Mandatory for your student file:

Please select: Official High School Transcript ___

GED (Official Certificate with score) ___

Have you ever been diagnosed with a learning disability or while in school have you ever been assigned an IEP or 504 plans: Yes No

*This does not determine acceptance but allows us to provide as much help to every student possible.

Program Information

Program Title: **Certified Nurse Aide** Clock Hours: 76

Class Schedule: Please select one: Day Class ___ Evening/Saturday Class ___

Anticipated Start date: Please circle one:

January February March April May June July August September October November December

Licensed by the Mississippi Commission on Proprietary School and College Registration, Certificate No. (License #C694). Licensure indicates only that minimum standards have been met; it is not an endorsement or guarantee of quality. Licensure is not equivalent to or synonymous with accreditation by an accrediting agency recognized by the U.S. Department of Education.