



## **Certified Nursing Assistant Application** **Nursing and Allied Health Department**

Applicants for the CNA program must be 18 years of age or older and have an active MSJC student ID at the time of application.

Qualified applicants who submit a complete admission packet by the deadline will be entered into a lottery selection process.

### **NURS 585**

This is a 167.5-hour course including lecture, a two-hour final, and clinical practice which prepares students to take the State Certification as a Nursing Assistant.

### **Co-requisite: NURS 584**

This 26-hour course provides the opportunity for students enrolled in skill based certified nursing program to practice and master skills necessary for safe patient care.

## **APPLICATION FILING PERIOD: May 1<sup>st</sup> - May 15<sup>th</sup> for Fall Admission.**

**NEW!** Applications will be accepted via:

- a. Scanned and emailed to the [nursingandah@msjc.edu](mailto:nursingandah@msjc.edu) email address.

**Please Note:** Documents must be in **PDF** or **JPEG** format

**Must** include subject line: **FA2026 CNA Application**

**OR**

- b. Downloaded, printed, and **delivered in a sealed envelope** to the Nursing and Allied Health Department during regular business hours. **Monday-Thursday 8:00A – 5:00P.**

An email will be sent confirming the receipt.

**\*\*\*Students are required to receive the flu vaccine or a physicians note why it is contraindicated that they do not receive one.**

For assistance with the submission process please contact the Nursing and Allied Health Department at:  
[nursingandah@msjc.edu](mailto:nursingandah@msjc.edu)



**MT. SAN JACINTO COLLEGE**  
Certified Nursing Assistant (CNA)  
CNA Program Application

**Instructions:**

- Fill out the Application completely and accurately.
- Print legibly (in ink).

**Student ID #** \_\_\_\_\_

<b>SECTION I: STUDENT IDENTIFICATION</b>	
1. STUDENT'S NAME (Last, First, Middle)	
2. ADDRESS (Street / PO Box)	
3. CITY	4. STATE / ZIP CODE
5. PHONE NUMBER	6. MSJC STUDENT EMAIL
6. PERSONAL EMAIL	7. AGE
8. BIRTHDATE (MM/DD/YEAR)	9. GENDER (please circle one) MALE    FEMALE    NON-BINARY    DECLINE TO STATE
10. EMERGENCY CONTACT NAME	10. EMERGENCY CONTACT PHONE NUMBER



## Nursing and Allied Health Department Demographics Questionnaire

To be submitted to the Chancellor’s Office annually and for additional annual surveys/reports (Confidential).

**Please Note:** If this is not filled out in its entirety your application will be considered incomplete.

Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

1. Gender

- Male
- Female
- Non-binary
- Decline to State

2. Race/Ethnicity

- Alaska Native
- American Indian or Alaska Native
- Asian
  - Chinese
  - Japanese
  - Korean
  - Malaysian
  - Thai
  - Filipino
  - South Asian (Indian or Pakistani)
  - Other
  
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Mixed
- Other \_\_\_\_\_

3. Do you speak another language besides English?

- Yes
- No

4. If yes, which of the following languages do you speak?

- Spanish
- ASL (American Sign Language)
- Arabic
- Chinese
- Farsi



- Russian
- Tagalog
- Other

5. Age at application \_\_\_\_\_

6. Age Group
- Less than 18
  - 18-20
  - 21-30
  - 31-40
  - 41-50
  - 51-60
  - 61-70
  - 71 and older

7. Are you registered with Accommodation Service Center?
- Yes \_\_\_\_\_
  - No \_\_\_\_\_

8. Are you currently affiliated with the military?
- Yes \_\_\_\_\_
  - No \_\_\_\_\_

If yes, what branch? \_\_\_\_\_

9. If you answered yes to number 8, what is your affiliation?
- Active \_\_\_\_\_
  - Veteran \_\_\_\_\_
  - Reservist \_\_\_\_\_
  - Guardsman \_\_\_\_\_
  - Spouse \_\_\_\_\_
  - Dependent \_\_\_\_\_

10. Have you ever had any health care license and/or certificate suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide documentation.

11. Have you ever violated the Student Code of Conduct at any College and/or University?
- Yes \_\_\_\_\_
  - No \_\_\_\_\_

12. One-way travel distance to campus
- 0-10 miles
  - 11-20 miles
  - 21-30 miles
  - 31-40 miles

- 41 or more miles

13. Average weekly hours of employment

- Currently not working
- Less than 8 hours
- 8-15 hours
- 16-23 hours
- 24-31 hours
- 32-39 hours
- 40 hours or more

14. Have you had previous experience working in health care? \_\_\_\_\_ If yes, how many years?

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-8 years
- 9 years or more

15. Health care work experience

- None
- Licensed Vocational Nurse LVN
- Certified Nursing Assistant CNA
- Emergency Medical Technician EMT
- Medical Assistant MA
- Health related military experience
- Other \_\_\_\_\_

16. Did you move from out of state to attend this program?

- Yes \_\_\_\_\_
- No \_\_\_\_\_

17. Highest educational level completed

- High school or equivalent
- Associate's Degree
- Bachelor's Degree
- Master's Degree or above

18. If your program requires prerequisites, which program prerequisites did you complete at MSJC?

Not Applicable	DMS	LVN Transition	ADN
<input type="radio"/> My program does not have prerequisites	<input type="radio"/> Anat-101 <input type="radio"/> Anat-102 <input type="radio"/> AH-105 <input type="radio"/> Comm-103 <input type="radio"/> Phy-100 <input type="radio"/> Math-100 or above <input type="radio"/> None	<input type="radio"/> Anat-101 <input type="radio"/> Anat-102 <input type="radio"/> Engl-101 <input type="radio"/> Math-100 or above <input type="radio"/> Biol-125 <input type="radio"/> Psyc-101 <input type="radio"/> None	<input type="radio"/> Anat-101 <input type="radio"/> Anat-102 <input type="radio"/> Engl-101 <input type="radio"/> Math-100 or above <input type="radio"/> Biol-125 <input type="radio"/> None

19. Are you eligible to receive financial aid through any of the following?

- Yes \_\_\_\_\_
- No \_\_\_\_\_

If yes, select all that apply

- California College Promise Grant and/or Program
- Pell Grant
- GAIN
- JOBS
- JTPA
- SST
- General Assistance
- AFOC
- Single with income below \$7,500
- Couple with income below \$15,000
- \$1,000 for dependent children
- Other \_\_\_\_\_