



Certified Nursing Assistant Application

Nursing and Allied Health Department

The first **30 students** who have an application submitted to the online portal will receive an acceptance packet (through email) that must be completed by December 15th.

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.

Submission Instructions

1. Once you click on the [Submit Nursing and Allied Health Documents Here](#), you will be taken to the submission page.
2. Please enter your personal information then scroll down to select your program from the list. When you click on your program it will expand with options for uploading.
3. Please choose the type of document or leave it blank. Then click the attachments button to upload your documents.
4. Once your documents are attached scroll down to the bottom of the page and click submit in the bottom left.

NOTE: You are responsible for electronically submitting to the correct department. If you submit to the wrong department, we are unable to retrieve your documents, and they are considered not submitted.

For assistance with the submission process please visit our Welcome Center on the [MSJC Student Support Hub](#).



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 # _____

SECTION I: STUDENT IDENTIFICATION

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 7, 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 _____