



# Nashville General Hospital

## School of Health Sciences

### CERTIFIED NURSING ASSISTANT (CNA) PROGRAM APPLICATION FOR ADMISSION

**Directions:** Please print clearly the following information.

Full Name: \_\_\_\_\_  
 Last Middle First

Home Address: \_\_\_\_\_  
 Street City State Zip

Home Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If so, please explain on another sheet of paper.

*Provide information below concerning high school, college, university, or other schools attended:*

Name of Institution	Address	Indicate diploma/GED/ Degree/Certificate obtained

*Provide information below concerning your work history:*

Employer/Address	Dates of Employment	Responsibilities

Please list three (3) references with contact telephone numbers:

\_\_\_\_\_  
 \_\_\_\_\_

<p><b>NON-DISCRIMINATORY POLICY:</b> The School of Health Sciences Education at Nashville General Hospital does not discriminate on the basis of race, gender, color, religion, age, origin, marital status, disability, sexual preference, employment administration, program operations and activities. <b>RECORDS:</b> The School of Health Sciences subscribes to the Family Educational Rights &amp; Privacy Act, "Buckley Amendment" as it relates to student records. <b>APPLICATION REQUIREMENTS:</b> Applicants will only be considered when the following material is in the School Office; (1) Completed application form, (2) Application fee (cashier's check or money order only), (3) <u>Official</u> high school or GED transcripts, and <u>official</u> college transcripts (if applicable).  <b>MAIL ALL REQUIREMENTS TO:</b> Nashville General Hospital, CNA Program, School of Health Sciences Education          1818 Albion Street          Nashville, TN 37208</p>
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Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_