



## **Certified Nursing Assistant Application**

### **Nursing and Allied Health Department**

Students for the CNA program will be selected through a lottery of qualified applicants who submit a complete admission packet by the deadline.

#### **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: **FA2025 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 #** \_\_\_\_\_

**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 \_\_\_\_\_