



American Professional Educational Services, Inc.

Certified Nursing Assistant Program Candidate Application Package

Name: _____

All required documentation must be attached with submission of application. The submission of incomplete or missing items will result in the return of the entire application package.

1. Page 1-Cover Sheet
2. Page 2-General Information
3. Page 3-Personal Statements.
4. Page 4- Reference Information
5. Physical & PPD Forms

Return to: **American Professional Educational Services, Inc.**
CNA-Applications
One American Way
Norwich, CT 06360

Due Date: 10 days prior to start of class

Office Usage Only:

Complete: _____ Date Received: _____ By: _____



Name: _____

Address: _____

City / Town: _____ State: _____

Zip Code: _____

Phone Number: () _____

E-Mail: _____

Class Applying to: Start Date: _____ Day ____ Eve. ____

Admission Policy:

- **The admission policy will not discriminate on the basis of sex, race, national origin, religion, age, or sexual preference.**
- **High School Diploma or GED.**
- **Applicant must be at least 18 years of age or have guardian signature.**
- **Must submit all required components of the application. (This includes a current physical & PPD)**
- **2 references – employer, teacher etc. (not a relative)**
- **Upon receipt of the application, after its contents have been reviewed and verified, the applicant will then be scheduled for a structured interview.**
- **Successful applicants will be selected based upon all components within this application process and then notified of their acceptance or rejection into the program in writing.**

Program Cost: \$975.00* Books/Supplies are included.
Does not include Uniforms, Testing/Licensing Fees, or Insurance



Personal Statements

Topic:

The applicant will provide a personal statement in which he or she will describe the reason(s) they desire to be a Certified Nursing Assistant. In addition, the applicant will provide insight into their personal experience, skills, and abilities relative to the role of Healthcare provider.

Written Requirements:

- Due Date: Paper must be submitted at the time of application
- Length: Paper must be a minimum of one (1) page in length, and no longer than three (3) pages in length.
- Print. May be typed or hand written but must be legible.

Office Usage Only:

Complete: Yes () No ()

Interview: _____ Time: _____ Date _____

References

1. Name: _____

Title: _____

Address: _____

Phone Number: _____

2. Name: _____

Title: _____

Address: _____

Phone Number: _____

3. Name: _____

Title: _____

Address: _____

Phone Number: _____