



*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: \$875.00\*** 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: \_\_\_\_\_