KEYS
Career Training Center

FOR OFFICE USE ONLY	
____ NA REFRESHER	_____MED TECH
____ NA CLASSES (AM)	_____ BLS/CPR
____ NA CLASSES (PM)	_____ OTHER

STUDENT APPLICATION INFORMATION:

Last Name		First		M.I.	DOB	
Street Address				County		
City		State		ZIP		
Phone		E-mail Address				
Desired Schedule		Desired Clinical Day		Emergency Contact Info: Name	Phone #	
How did you hear about us?						

Are you a citizen of the United States?	YES ☐	NO ☐	If no, are you authorized to work in the U.S.?	YES ☐	NO ☐
Have you taken a CNA class before?	YES ☐	NO ☐	If so, when?		
Are you between the ages of 18-24?	YES ☐	NO ☐			
Have you had SC SLED Background Check?	YES ☐	NO ☐	If so when?	**Fee App Result: (Office Use Only)**	
Have you ever been convicted of a felony?	YES ☐	NO ☐	If yes, explain		

High School					Address			
From		To		Did you graduate?	YES ☐	NO ☐	Degree	
College					Address			
From		To		Did you graduate?	YES ☐	NO ☐	Degree	

Policy Holder:	Phone:	Employer:	
Address:		Relationship	
Identification Number	Insurance Name:	Group Number	

DISCLAIMER:** Enrollment & completion in the program does not guarantee employment

EMERGENCY CONTACT INFORMATION

Each student must provide two (2) contacts in case of emergency

STUDENT NAME: _____ **PROGRAM**: _____

Emergency Contact Name: _____

Relationship: _____ Contact #: _____

Emergency Contact Name: _____

Relationship: _____ Contact #: _____

INSURANCE INFORMATION:

Company: _____ Policy #: _____

Preferred Hospital Location: _____

ADDITIONAL INFORMATION: