

Health Care Provider Education Center
 1013 Logan Ave.
 Cheyenne, WY. 82001
 (307)-778-8861

Last Name	First Name	Middle Initial	SS#
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Address	City	State	Zip Code
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Phone Number

Do you have any commitments or agreements with another employer that might affect your completion of this program?
Yes No

Do you have any physical limitations?
Yes No

History Information

ALL questions must be answered by applicant. If you answer yes to any of these questions and are concerned about your certification contact the State Board of Nursing at (307)-777-7601

Has your nursing practice ever been investigated by the licensing authority?
Yes No

Have you had a nurse aide registry listing marked for abuse, neglect, or misappropriation of property?
Yes No

Have you been admitted to any facility or received treatment on an outpatient basis for mental illness, alcohol addiction, or substance abuse in the last 10 years?
Yes No

Have you ever been charged, arrested, cited, or convicted of any criminal offense (including DUI)? You must disclose any arrested, plea, or conviction; even if pardoned, dismissed, or deferred, or your civil rights have been restored. Failure to disclose this information, whether recent or years ago may result in the denial of your application or in disciplinary action against your license or certificate.
Yes No

If yes, provide the following if applicable

- | | |
|-------------------------------------|---------------------------|
| *Personal statement | *Charging information |
| *Court documents that are paid | *Discharge from probation |
| *Probation conditions if applicable | *Judgment and sentencing |
| *Letter from probation officer | |

Certification and Acknowledgement

I certify that all the information I have provided on this application and any accompanying documents are true and correct. I understand that any false statements I have made may herein or my failure to disclose requested information might disqualify me from entrance into the CNA program. I further understand and acknowledge that if I am accepted into the CNA program, my association with this program may be terminated at any time with or without my notice or cause as otherwise provided by law.

Signature of Applicant	Date
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