



Northwest Technical Institute
rethink education

“Changing lives through education, training, and skill development.”

Certified Nursing Assistant Application Packet

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Springdale, AR 72764
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nwti.edu
Revised 1/14/21

CERTIFIED NURSING ASSISTANT PROGRAM CHECKLIST

FILE COMPLETION-This packet must be returned two weeks prior to first day of class.

- Certified Nursing Assistant Application (\$10.00)**
- Next-Generation Accuplacer Reading (\$5.00)**
The Next-Generation Accuplacer is a reading comprehension exam. This test may be taken Monday through Friday by appointment only by calling 479-751-8824 ext. 0 or 116. A photo I.D. is required the day of testing. Applicant must meet minimum score 224 or above.
- Immunization Records**
Two (2) Measles, Mumps, & Rubella vaccines (MMR), if born on or after January 1, 1957 or serologic evidence of immunity.
- Flu Vaccine**
- TB Skin Test-Negative Tuberculosis skin test** in the last 12 months or a Chest x-ray indicating “no active disease” within the last 12 months.
- One Reference**
Reference may be an employer, counselor, or personal. Reference must be **sent directly to NWTI**.
- You will be required to purchase dark gray scrubs and black shoes to wear for clinical.

NEXT-GENERATION ACCUPLACER SCORES

Reading Comprehension—224
(Minimum score)

NOTE: It is your responsibility to make sure you have a complete file. Space is limited to 8 students per class. Each slot is given to the applicant that has completed their entire application packet.

YOU MUST HAVE A VALID ID OR DOCUMENTATION PROVING THAT YOU CAN WORK IN THE U.S.

No payment plans are available. All expenses are due on the first day of class. If there is a balance from the scholarships, it is required on the first day of class. If for some reason you do not receive the scholarship, the remaining payment is due immediately.

NWTI Adult Education Scholarship Information

Northwest Technical Institute Adult Education Center has partnered with the Northwest Technical Institute Allied Health Department to offer scholarships for students who will co-enroll in the NWTI Adult Education Center and NWTI Certified Nursing Assistant.

What will the scholarship cover?

Full NWTI Tuition in the amount of \$355.00

NWTI Application Fee \$10.00*

NWTI Accuplacer Exam (One Free Testing) \$5.00*

*Applicants must contact NWTI Adult Education staff before the Application and Accuplacer testing has been processed in order to receive the waivers for application and one time testing fee waiver.

How do I become eligible?

Students must meet the qualifications for acceptance into the NWTI Certified Nursing Assistant program:

- Students will take a Free TABE assessment at the NWTI Adult Education Center to determine skill level. If a student has a skills deficiency determined by the Free TABE Assessment the student will be offered the NWTI Adult Education CNA Scholarship.
- Students can still have a skills deficiency even if he or she has received a college degree.
- Students must meet a minimum Reading score 501 and Language score of 511

The NWTI Adult Education Director will submit all paperwork to NWTI Allied Health Department and NWTI Business Office detailing the scholarship.

When should I apply for the scholarship?

It is best for students to contact the NWTI Adult Education Center and NWTI Allied Health Department at the time of application for the NWTI CNA program.

*The TABE assessment test given by the NWTI Adult Education Center must be within 90 days of the first day of the CNA class. If not within 90 days the scholarship becomes void.

NWTI Adult Education Center hours of operation are Monday Through Thursday 8-5.

NWTI Adult Education Center

610 E Emma Suites 200

Springdale, AR 71765

479 751 0181

ntiadulteducationcenter@nwti.edu



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Certified Nursing Assistant Estimated Costs

| | |
|--|----------|
| Tuition (Includes Background check) | \$355.00 |
| Student Support Fee | \$60.00 |
| Technology Fee | \$60.00 |
| Fees (application fee and accuplacer test) | \$15.00 |
| Book | \$60.00 |
| Certification Fee | \$125.00 |
| Total for the Course | \$675.00 |

No payment plans are available. Expenses are due on the first day of class. Any questions should be directed to Jessica Melara 479-751-8824 ext. 116. The above expenses are estimates and are subject to change without notice.

After completion of the program, a certificate of completion will be issued. The student will then have an opportunity to test for the state certification. Any individuals with findings of abuse, neglect, misappropriation of residents property or a disqualifying criminal record in accordance with Ark. Code Ann § 20-38-101 et shall not be eligible to take the competency examination.

Building the Future
One Student at a Time
NORTHWEST TECHNICAL INSTITUTE

Upon Completion of the course, the student will be able to:

- Function as an effective member of the health care team
- Communicate effectively concerning health care with the patients and family
- Perform safe activities of daily livings
- Adhere to the regulations as set forth by the Arkansas Office of Long Term Care

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(479) 751-8824 ext. 116

APPLICATION FEE \$10.00

Certified Nursing Assistant Application for Enrollment

Name _____
Last First Middle

Nickname _____ Maiden Name _____

Current Address _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Cell Phone _____

E-mail _____ SS# _____ - _____ - _____ DOB _____ / _____ / _____

EMERGENCY CONTACT INFORMATION

Last Name First Name M Relationship

Address City State Zip Phone

Gender: Male Female Expected start date _____

High School Attended _____

High School Address _____

Did you graduate? _____ If so, what year? _____

If high school equivalency achieved, give name of test and date _____

College Attended _____ Hours _____ Degree _____

Other Educational Experience _____

Please select one or more of the following, as applicable: *Additional Information (Used for research purposes and federal and state reporting requirements, not for admission consideration.)

- American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
Are you Hispanic or Latino? Yes No Are you a citizen of the U.S.? Yes No If No, Country or Origin: _____
Marital Status: Married Single Divorced Separated Widowed Are you a Veteran? Yes No

Applicant's Signature

Date

Background Screening Consent

Applicant should complete all relevant information and sign and date the form.

I, _____, hereby authorize Northwest Technical Institute and/or its agents to make an independent investigation of my background, references, character, part employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for entrance into the clinical setting.

I release Northwest Technical Institute and its agent and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed) _____

Maiden Name or Other Names Used _____

Social Security Number: _____ Date of Birth: ____/____/____

Present Address _____

City _____ State _____ Zip Code _____

How Long at Present Address? _____

Former Address _____

City _____ State _____ Zip Code _____

How Long at Former Address? _____

Please List all states and counties of residence since turning age 18:

Driver's License Number _____ State of License _____

Signature of Applicant _____ DATE _____

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. Northwest Technical Institute abides by all applicable state and federal employment laws.

CERTIFIED NURSING ASSISTANT APPLICATION FOR ENROLLMENT

Employment History: List work in health related fields first.

| EMPLOYER | MAILING ADDRESS | JOB | DATES | |
|----------|-----------------|-----|-------|----|
| | | | FROM | TO |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

PERSONAL REFERENCES: No family member or residents of the same household.

| NAME | MAILING ADDRESS |
|------|-----------------|
| | |
| | |
| | |
| | |

Personal Reference Letters: You will need one. Complete the top portion of each form and sign it. The reference should be completed and mailed by your reference and sent directly to NWTI. ***Reference letters submitted to NWTI directly from the applicant will not be accepted!***

In keeping with the guidelines on Title VI, Sections 602, Civil Rights Act of 1964; Title IX, Section 901, Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, this school assures that no person in the United States shall, on the basis of race, color, national origin, sex, or handicap be excluded from the participation in, be denied benefit of, or be subjected to discrimination under any person or activity administered by the school.

I hereby affirm that all information supplied for this application is complete and accurate. It is my understanding that I shall not be considered for admission until I have submitted all credentials specified. I understand that withholding information requested or giving false information may make me ineligible for admission and enrollment. I also understand that upon discovery of any falsified information on this application I will be subject to immediate dismissal from the program.

For more information concerning Northwest Technical Institute's Campus Security Report, please visit The following link: <http://www.nwti.edu/campus-security.html>

Signature

Date

CNA
 NORTHWEST TECHNICAL INSTITUTE
 709 S. Old Missouri Road
 SPRINGDALE, AR 72764
 Phone: (479) 751-8824 Ext. 116

REFERENCE LETTER

PART I – TO BE COMPLETED BY CNA APPLICANT. ONCE COMPLETED, REFERENCE MUST MAIL TO NWTI.

Name and Address: _____
& Phone Number: _____

Applicant's Name: _____

I authorize the above named employer to release to Northwest Technical Institute any information in my personnel file for the purpose of entry into the Certified Nursing Assistant Program.

Applicant's Signature _____ Date _____

PART II – PLEASE COMPLETE AND MAIL TO NWTI.
Employment reference letters submitted to NWTI directly from the applicant will not be accepted.

The above person has applied for admission to our Certified Nursing Assistant and has given your name as a reference. Will you kindly give us your candid opinion of this applicant's suitability for the duties of nursing? All information will be kept confidential. Thank you for your assistance.

Evaluate the applicant on the following 1 – 5 scale:

1=Unacceptable 2=Poor 3=Fair 4=Good 5=Excellent

| | | | | | | | | | | | |
|----------------------------------|---|---|---|---|---|----------------|---|---|---|---|---|
| Ability to get along with others | 1 | 2 | 3 | 4 | 5 | Initiative | 1 | 2 | 3 | 4 | 5 |
| Reaction under stress | 1 | 2 | 3 | 4 | 5 | Responsibility | 1 | 2 | 3 | 4 | 5 |
| Character | 1 | 2 | 3 | 4 | 5 | Dependability | 1 | 2 | 3 | 4 | 5 |
| Honesty | 1 | 2 | 3 | 4 | 5 | Efficiency | 1 | 2 | 3 | 4 | 5 |

Comments/Recommendations:

 Signature/Date

 Job Title/Relationship