## **Application Form**

**Student Information:** 

### Steps to Submit Your SummaPrime Application via Email



1. Download and complete the application form (please type or print). 2. Email the completed application to info@summaprimehealth.com. 3. Please make sure to include "SPHC Application" in the subject line of your email.

**Note:** If you are submitting the form electronically, save all changes to your computer, and then send the completed form via email.

In order to be accepted into the CNA program, you MUST adhere to the application deadlines for this semester. (This application does not admit you to the school. You will be contacted by the school regarding your admission status.)

| Date:                       |               | Date of Enrollment (Date course starts): |                   |                  |            |       |
|-----------------------------|---------------|--|-------------------|------------------|------------|-------|
| Print Student Name:         |               |  |                   |                  |            |       |
| Print Other Name Use        | d:            |  |                   |                  |            |       |
| Address:                    |               |  |                   |                  |            |       |
| Email Address:              | Phone Number: |  |                   |                  |            |       |
| Date of birth:              |               | Adult (Over                              | 18): Yes          | No               | Age        |       |
| Gender: Male                | Female        | Other                                    | Preferred Prono   | un: He           | She        | Other |
| Veteran: Yes                | No            | Do you nee                               | ed special accomr | nodations: Yes   | ı          | No    |
| Education Leve              | d:            |  |                   |                  |            |       |
| HS graduate: Yes            | No            | Year                                     | GED: Yes          | No               | N/A        |       |
| Did you attend college? Yes |               | If yes, how many year?                   | Do you            | have a college d | egree: Yes | No    |

SummaPrime School of Healthcare does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, political affiliation, or any other legally protected status. All applicants are considered without regard to these factors in the admission process. SummaPrime School of Healthcare is committed to providing equal opportunity in education and employment.

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| work History Information:                    |                               |                           | THCAR!       |
|--|-------------------------------|---------------------------|--------------|
| Are you currently employed: Yes              | No                            | How Long?:                |              |
| Employer:                                    |                               | Title:                    |              |
| Unemployed: Yes No                           |                               |                           |              |
| Are you currently in an "On the job training | ng, Work Experience, Interns  | ships and Externship Prog | ram"? Yes No |
| Emergency Contact Informa                    | tion:                         |                           |              |
| Name of Emergency Contact:                   |                               |                           |              |
| Relationship of Emergency Contact:           |                               |                           |              |
| Address of Emergency Contact :               |                               |                           |              |
| Contact number of Emergency Contact:         |                               |                           |              |
| Additional Information:                      |                               |                           |              |
| LEP (Limited English Proficient)/NEP (N      | lon-English Proficient)(Lang  | guage Barriers) : Yes     | No           |
| Are you receiving supportive services, i     | .e. childcare, transportation | , etc: Yes No             |              |
| If yes, please speak to SummaPrime He        | althcare staff.               |                           |              |
|  |                               |                           |              |

If not, what is your primary language?

Is English your primary language?: Yes

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No

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### **School Information:**

| Desired class check one: Day program: 9am-2pm |                 |   | Evening program: 4pm-9pm |                                     |    |
|---|-----------------|---|--------------------------|-------------------------------------|----|
| •   |                 | ekends either Satur<br>the end of the cours | •                        | m 8am-4pm (total 40 hours of mandat | or |
| Choose one: Saturdays 8am-4pm                 |                 | Sundays 8am-4pm                             |                          |                                     |    |
| How did you hear                              | about SummaPrim | e Healthcare CNA So                         | chool ( Please Choose    | an Option)?                         |    |
| Word of Mouth                                 | Social Media    | Referral                                    | Website                  | Workforce Development Program       |    |
| Previous CNA St                               | udent           | Other                                       |                          |                                     |    |
| Print Student Na                              | me              |   |                          |                                     |    |
| Student Signatur                              | re              |   |                          |                                     |    |

Date

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