



Licensed Nursing Assistant Application

1. PLEASE PRINT using black ink.

- o Attach the \$50.00 non –refundable application fee (made out to Care Med Educational Services, LLC ©)

Please note: acceptance into the training is dependent on passing the pre-entrance reading comprehension and writing sample to be administered at the interview. In order to pass the exam, students can not answer more than one question incorrectly.

Last Name First Name MI or Maiden Name

Mailing Address City State Zip Code

Home Phone Number Cell Phone Number or Work Number

Email Address

Date of Birth U.S. CITIZEN? YES / NO (circle one)

Social Security Number Class location preferred days or evenings

Uniform (please circle size) XS S M L XL 2XL

Certify:

I CERTIFY THAT ALL INFORMATION PROVIDED IS TRUE AND COMPLETE AND THAT I HAVE TAKEN THIS TEST BY MYSELF WITHOUT ANY ASSISTANCE. I also certify that I have read the attendance and refund policy and agree to the terms.

Please sign:

Signature of applicant Date

THIS SPACE FOR OFFICE USE ONLY:

Table with 4 columns: Accept, Decline, Pre-test score, Sponsor (if applicable)