



Certified Nursing Assistant Application

Nursing and Allied Health Department

Applicants for the CNA program must be 18 years of age or older and have an active MSJC student ID at the time of application.

Qualified applicants who submit a complete admission packet by the deadline will be entered into a lottery selection process.

NURS 585

This is a 167.5-hour course including lecture, a two-hour final, and clinical practice which prepares students to take the State Certification as a Nursing Assistant.

Co-requisite: NURS 584

This 26-hour course provides the opportunity for students enrolled in skill based certified nursing program to practice and master skills necessary for safe patient care.

APPLICATION FILING PERIOD: October 1st - October 15th for Fall Admission.

NEW! Applications will be accepted via:

- a. Scanned and emailed to the nursingandah@msjc.edu email address.

Please Note: Documents must be in **PDF** or **JPEG** format

Must include subject line: **SP2027 CNA Application**

OR

- b. Downloaded, printed, and **delivered in a sealed envelope** to the Nursing and Allied Health Department during regular business hours. **Monday-Thursday 8:00A – 5:00P.**

An email will be sent confirming the receipt.

*****Students are required to receive the flu vaccine or a physicians note why it is contraindicated that they do not receive one.**

For assistance with the submission process please contact the Nursing and Allied Health Department at:
nursingandah@msjc.edu



MT. SAN JACINTO COLLEGE
Certified Nursing Assistant (CNA)
CNA Program Application

Instructions:

- Fill out the Application completely and accurately.
- Print legibly (in ink).

Student ID # _____

SECTION I: STUDENT IDENTIFICATION

1. STUDENT'S NAME (Last, First, Middle)

2. ADDRESS (Street / PO Box)

3. CITY

4. STATE / ZIP CODE

5. PHONE NUMBER

6. MSJC STUDENT EMAIL

6. PERSONAL EMAIL

7. AGE

8. BIRTHDATE (MM/DD/YEAR)

9. GENDER (please circle one)

MALE ☐ FEMALE ☐ NON-BINARY ☐ DECLINE TO STATE ☐

10. EMERGENCY CONTACT NAME

10. EMERGENCY CONTACT PHONE NUMBER

Nursing and Allied Health Department Demographics Questionnaire

To be submitted to the Chancellor's Office annually and for additional annual surveys/reports (Confidential).

Please Note: If this is not filled out in its entirety your application will be considered incomplete.

Name _____ Student ID Number _____

1. Gender

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Decline to State

2. Race/Ethnicity

- ☐ Alaska Native
- ☐ American Indian or Alaska Native
- ☐ Asian
 - ☐ Chinese
 - ☐ Japanese
 - ☐ Korean
 - ☐ Malaysian
 - ☐ Thai
 - ☐ Filipino
 - ☐ South Asian (Indian or Pakistani)
 - ☐ Other
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White or Caucasian
- ☐ Mixed
- ☐ Other _____

3. Do you speak another language besides English?

- ☐ Yes
- ☐ No

4. If yes, which of the following languages do you speak?

- ☐ Spanish
- ☐ ASL (American Sign Language)
- ☐ Arabic
- ☐ Chinese
- ☐ Farsi



- ☐ Russian
- ☐ Tagalog
- ☐ Other

5. Age at application _____

6. Age Group

- ☐ Less than 18
- ☐ 18-20
- ☐ 21-30
- ☐ 31-40
- ☐ 41-50
- ☐ 51-60
- ☐ 61-70
- ☐ 71 and older

7. Are you registered with Accommodation Service Center?

- ☐ Yes _____
- ☐ No _____

8. Are you currently affiliated with the military?

- ☐ Yes _____
- ☐ No _____

If yes, what branch? _____

9. If you answered yes to number 8, what is your affiliation?

- ☐ Active _____
- ☐ Veteran _____
- ☐ Reservist _____
- ☐ Guardsman _____
- ☐ Spouse _____
- ☐ Dependent _____

10. Have you ever had any health care license and/or certificate suspended or revoked? Yes ☐ No ☐ If yes, please provide documentation.

11. Have you ever violated the Student Code of Conduct at any College and/or University?

- ☐ Yes _____
- ☐ No _____

12. One-way travel distance to campus

- ☐ 0-10 miles
- ☐ 11-20 miles
- ☐ 21-30 miles
- ☐ 31-40 miles

- ☐ 41 or more miles

13. Average weekly hours of employment

- ☐ Currently not working
- ☐ Less than 8 hours
- ☐ 8-15 hours
- ☐ 16-23 hours
- ☐ 24-31 hours
- ☐ 32-39 hours
- ☐ 40 hours or more

14. Have you had previous experience working in health care? _____ If yes, how many years?

- ☐ Less than 1 year
- ☐ 1-2 years
- ☐ 3-5 years
- ☐ 6-8 years
- ☐ 9 years or more

15. Health care work experience

- ☐ None
- ☐ Licensed Vocational Nurse LVN
- ☐ Certified Nursing Assistant CNA
- ☐ Emergency Medical Technician EMT
- ☐ Medical Assistant MA
- ☐ Health related military experience
- ☐ Other _____

16. Did you move from out of state to attend this program?

- ☐ Yes _____
- ☐ No _____

17. Highest educational level completed

- ☐ High school or equivalent
- ☐ Associate's Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree or above

18. If your program requires prerequisites, which program prerequisites did you complete at MSJC?

Not Applicable	DMS	LVN Transition	ADN
☐ My program does not have prerequisites	☐ Anat-101 ☐ Anat-102 ☐ AH-105 ☐ Comm-103 ☐ Phy-100 ☐ Math-100 or above ☐ None	☐ Anat-101 ☐ Anat-102 ☐ Engl-101 ☐ Math-100 or above ☐ Biol-125 ☐ Psyc-101 ☐ None	☐ Anat-101 ☐ Anat-102 ☐ Engl-101 ☐ Math-100 or above ☐ Biol-125 ☐ None

19. Are you eligible to receive financial aid through any of the following?

- ☐ Yes _____
☐ No _____

If yes, select all that apply

- ☐ California College Promise Grant and/or Program
- ☐ Pell Grant
- ☐ GAIN
- ☐ JOBS
- ☐ JTPA
- ☐ SST
- ☐ General Assistance
- ☐ AFOC
- ☐ Single with income below \$7,500
- ☐ Couple with income below \$15,000
- ☐ \$1,000 for dependent children
- ☐ Other _____