

Application for Advanced Care Training Recertification Program

1. Personal Information

Applicant's Name:

Last Name	First Name	Middle Initial
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Address:

Street address

City	State	Zip Code
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Cellphone: _____ Telephone: _____

Email address: _____

SSN: _____

Do you require special accommodations/facilities (wheelchair access, etc.)?

2. Qualifications: Answer each question by circling either YES or NO.

a) Can you meet all qualifications required by the State and U.S. government for and maintaining your CNA license, including but limited to a criminal background check?

YES

NO

b) Have your nurse aide certification been revoked, suspended, or otherwise subject to disciplinary action by another state agency?

YES

NO

c) Are you currently being investigated or is any disciplinary action pending against you?

YES

NO

d) If you answered YES to question b and c, please explain below.

3. Education

a) Highest Grade Completed:

___ High School ___ Associate Degree ___ Bachelor Degree or Higher

b) Name and Address of Last School attended

4. Current Certificate

CNA _____ Expiration Date: _____

5. Current Employment

Employer _____
Address _____
Phone Number _____
Current Position _____ Years employed _____
Describe Job _____

6. Emergency Contact Information

Name _____ Phone/Cell _____
Address _____ Relationship _____

Name _____ Phone/Cell _____
Address _____ Relationship _____

I certify that I, _____, an applicant for the CNA Recertification Program, have no history of conviction of any felony such as theft, abuse, or assault. Nor have I had my certificate revoked in the past or presently being investigated or have pending action against me. I shall also agree to conduct myself properly during classroom and clinical settings at the hospitals or nursing home facility. I agree to background criminal check.

I certify that the information supplied herein is true to the best of my knowledge and I have read and understand that any falsifications will be grounds for refusal of my application.

Signature of Applicant

Date

Reviewed by ACT Staff/Officer

Date

Mail to Advanced Care Training
1034 Kilani Ave, Unit 105 Wahiawa, HI 96786
Phone: 808-623-1777