KENT CAREER TECH CENTER 2019-2020 CERTIFIED NURSING ASSISTANT/NURSE TECH PROGRAM
STUDENT APPLICATION CHECK LIST

This check sheet will assist you in making sure you have all the application sheets filled out and signed. Students MUST complete an enrollment request prior to applying for the program. Deadlines are FIRM.

Due by 4:00 p.m. on March 11, 2019

☐ Student Application with Completed Attendance Information*

*Students with 6 or more absences and/or more than 4 tardies during their first semester of 11th grade may not be eligible for the CNA/Nurse Tech program

☐ Course Registration Request Completed for Certified Nursing Assistant/Nurse Tech through Online Enrollment

☐ Essay

☐ Principal Recommendation

☐ Two (2) Teacher Recommendations
  (1 recommendation must be your current KCTC teacher if applicable)

☐ Parent/Guardian Signed Approval

☐ Application Submitted per Guidance Counselor to Email Address Provided

*CNA/Nurse Tech has a firm attendance policy. Please provide an explanation if you cannot complete the attendance portion of the application.

*If selected to be interviewed, your interview will be March 19th or March 21st.
KENT CAREER TECH CENTER
Certified Nursing Assistant/Nurse Tech Program
2019-2020 Academic Year
Student Application

Student’s Name: ________________________________ Grade: _______________

High School: __________________________________________

Parent/Guardian: __________________________ Date: _________________

Home Address: __________________________________________

Phone: ________________________________

I am currently enrolled at KCTC in the ________________________program.

ATTENDANCE INFORMATION

This section to be completed by the school guidance counselor or attendance officer.

Days absent – First Semester of 11th Grade: ____________

Days tardy – First Semester of 11th Grade: ____________

*Students with 6 or more absences and/or more than 4 tardies may not be eligible for the CNA/Nurse Tech program

Has the student ever been suspended or expelled? ________________________

If so, infraction and how many days? ________________________

Explanation/Comments (if needed): ________________________

To be completed by Certified Nursing Assistant/Nurse Tech Instructor:

Interview Date: March 19 or March 21 Time: ________________________

Recommendations: ________________________

Deadlines are FIRM.

Applications are due on March 11, 2019 by 4pm

Your guidance counselor must submit your completed applications to:
CNAapplication@kentisd.org

THESE FORMS ARE PERSONAL AND CONFIDENTIAL
What makes you a solid candidate for the Certified Nursing Assistant/ Nurse Tech program?
Please explain in your own handwriting, why you want to take CNA/Nurse Tech program and the reasons you feel you should be accepted. To be completed in black ink only.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If you have more than 6 absences and/or more than 4 tardies in the first semester of 11th grade, please provide an explanation below.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
请让您的高中校长或副校长填写此推荐表格，并将其交到您的指导办公室。此表格应由填写此表格的管理员交给指导办公室。**请不要将此表格交给学生**

**学生姓名：**

<table>
<thead>
<tr>
<th>问题</th>
<th>是</th>
<th>否*</th>
</tr>
</thead>
<tbody>
<tr>
<td>学生是否始终积极参与学校文化？</td>
<td></td>
<td></td>
</tr>
<tr>
<td>你认为这位学生是一个充满同情心、有同理心的人，能够为病人和居民提供卓越的护理？</td>
<td></td>
<td></td>
</tr>
<tr>
<td>学生在你学校的出勤情况如何？</td>
<td></td>
<td></td>
</tr>
<tr>
<td>你希望每天、每天与这位学生一起工作吗？（与管理员、教师、同龄人和他人相处融洽）</td>
<td></td>
<td></td>
</tr>
<tr>
<td>你愿意雇佣这位学生代表你的学校欢迎新生吗？（具有专业形象和礼貌）</td>
<td></td>
<td></td>
</tr>
<tr>
<td>根据你对这位学生的了解，你是否会信任他/她为家人提供高质量的护理？</td>
<td></td>
<td></td>
</tr>
<tr>
<td>你认为这位学生能够处理成熟的医疗情况，如伤口护理、洗澡、如厕等吗？</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

通过签名，你完全推荐此学生，确信他/她是获得注册护理助理/护士技术员资格的强有力候选人。

**管理员签字名称：**

**管理员签名：**

*如果您的回答中有任何一项为否，请解释：

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

______________________________________________

*如果您标记为否，请解释：
TEACHER RECOMMENDATION

Please have one of your high school teachers complete this recommendation form and return it to your guidance office. This form is to be turned into the guidance office by the teacher filling it out. 

DO NOT RETURN THIS FORM TO THE STUDENT

Student Name: ________________________________________________

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No*</th>
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<tbody>
<tr>
<td><strong>Is the student consistently engaged in your class?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Do you believe this student is a compassionate, empathetic individual that would provide exceptional care to patients and residents in a healthcare setting?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Does this student have any attendance issues in your class?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Would you want to work all day, every day with this student as a partner?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(gets along with administrators, teachers, peers, and works well with others)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Would you hire this student to represent your school to incoming students?</strong></td>
<td></td>
<td></td>
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<tr>
<td><em>(has professional presentation and courteous demeanor)</em></td>
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<td></td>
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<tr>
<td><strong>Based on your knowledge of this student, would you trust this student to provide quality care for a family member?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Do you believe this student can handle mature medical situations such as wound care, bathing, toileting, etc.?</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
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Teacher Printed Name: ________________________________________________

Teacher Signature: ________________________________________________

*If you marked No for any answer, please explain:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

______________________________________________________________________
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______________________________________________________________________
______________________________________________________________________
KENT CAREER TECH CENTER
CERTIFIED NURSING ASSISTANT/NURSE TECH PROGRAM APPLICATION

TEACHER RECOMMENDATION (Current KCTC teacher if applicable)

Please have one of your high school teachers complete this recommendation form and return it to your guidance office. This form is to be turned into the guidance office by the teacher filling it out. **DO NOT RETURN THIS FORM TO THE STUDENT**

Student Name: ________________________________

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<td></td>
</tr>
<tr>
<td>Does this student have any attendance issues in your class? If a KCTC student, how many school related absences, no call no shows, etc.</td>
<td></td>
<td></td>
</tr>
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<td>Would you want to work all day, every day with this student as a partner? (gets along with administrators, teachers, peers, and works well with others)</td>
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Teacher Signature: _______________________________________________

*If you marked No for any answer, please explain:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
Kent Career TECH Center
Certified Nursing Assistant/Nurse Tech Program

Parent/guardian approval for application

I/we understand that our son/daughter is applying for the Certified Nursing Assistant/Nurse Tech program offered at the Kent Career Tech Center. I understand that students with 6 or more absences and/or more than 4 tardies during their first semester of 11th grade may not be eligible for the CNA/Nurse Tech program and that if he/she is accepted:

1. Daily attendance is REQUIRED to remain enrolled in the program and absences cannot exceed 12 throughout the school year.
2. Uniforms are REQUIRED attire and MUST be purchased by the student.
3. A complete up to date immunization record will be required.
4. A TB skin test will be required.
5. A flu vaccine will be required.
6. Transportation to internships/clinical sites may be required periodically throughout the program.
7. An attendance policy and grade policy are required for this program. Students who fail to meet the requirements will not be allowed to attend clinicals and internships.
8. Student will return to sending school at semester if not eligible for state test, internships, or clinicals.

I have read the attached information about the Certified Nursing Assistant/Nurse Tech program content and my son/daughter (print name of student)
___________________________ has my approval to enroll in the program.

Parent/Guardian Signature: ______________________________________________

Parent/Guardian Printed Name:________________________________________

It shall be the policy of the Kent Intermediate School District that no person on the basis of race, color, religion, national origin or ancestry, age, sex, weight, height, marital status, handicap condition or disability shall be discriminated against, excluded from participation in, be denied the benefits of, or be otherwise subjected or discrimination under any federally funded program or activity for which the Kent Intermediate School District is responsible or for which it receives federal financial assistance from the Department of Education.

The following person has been designated to handle inquiries regarding the nondiscrimination policies:
Coni Sullivan, Assistant Superintendent, 2930 Knapp Street NE, Grand Rapids, MI, 49525; (616) 364-1333