



# Certified Nursing Assistant

*Full payment of tuition \$695.00 (Cash, Money Order, Visa or MasterCard, billing authorization on company letterhead are accepted). Deposit of \$100.00 must be paid to hold your seat. Balance must be paid in full prior to class start date.*

**Registration Deadline: One week before start of class.**

## Ruth Fahlsing, Training Coordinator

Education and Training Connection: (989) 631-5202 x 245 • Fax: (989) 631-4541 • E-mail: Ruth.Fahlsing@etc-1.com

REGISTRANTS NAME: LAST (PRINT)	FIRST	MIDDLE INITIAL	EMAIL ADDRESS:
HOME ADDRESS:			HOME PHONE: ( )
CITY :	STATE :	ZIP:	DAY PHONE: ( )
PLACE OF EMPLOYMENT:			CELL PHONE: ( )
BUSINESS ADDRESS:			BUSINESS PHONE: ( )
CITY:	STATE:	ZIP:	SOCIAL SECURITY NUMBER:
DATE OF BIRTH:			COUNTY OF RESIDENCE:
Please circle location MIDLAND    SAGINAW			DO YOU HAVE DIPLOMA OR GED? Please circle GED    DIPLOMA    YEAR

<b>REQUIRED ITEMS 5 DAYS PRIOR TO START DATE:</b> <input type="checkbox"/> HEPATITIS B VACCINATION /WAIVER <input type="checkbox"/> TB TEST SHOWING NEGATIVE RESULT <input type="checkbox"/> MUMPS, MEASLES AND RUBELLA VACCINATIONS <input type="checkbox"/> CURRENT FLU SHOT <input type="checkbox"/> UNIFORMS (SCRUBS – MAROON) Can be purchased through us @ 20.00/set <input type="checkbox"/> WATCH WITH SECOND HAND <input type="checkbox"/> TRANSFER BELT/GAIT BELT	<b>PAYMENT METHOD:</b> <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> MI WORKS <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER _____ CREDIT CARD # : _____ EXP. DATE: _____
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Signature	Date
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