



116 N 2nd St. Suite B10. • Clarksville, TN 37040 • Phone 931-648-2424 • Fax 931-648-2425
www.tnhealthcareers.net

Dear Nursing Assistant Candidate,

Thank you for your interest in our nursing program that we have designed with *quality* in mind. Enclosed is the information you requested. Fill out your application and pre-test and send them in along with a \$35 non-refundable money order for the processing fee to our office.

Spaces are limited, so we strongly encourage you to complete the process quickly.

The total cost of the program is \$965.00 (*the \$965.00 is all inclusive. It includes book and supplies*). Your State Exam is not included and is payable to D&S Technologies. The following payment options may be available to you: credit card (MC/Visa/Discover) money order, or cashiers checks. (NO personal checks or cash.) We also offer a payment plan. Call to speak with a representative from Tennessee Health Careers to discuss payment options.

Students are required to provide a negative TB reading or negative chest x-ray dated within the past year. Once you are approved for the program, you will be required to provide a copy of the results a week before class or latest on your first day of class.

An *all navy blue uniform (Cherokee scrubs)* white shoes, white socks and a watch with a secondhand is required for your class *including the first day of class*. You may purchase these Scrubs as well as the other items at *Scrubs & More, 1134B College St, Clarksville, TN 37040*.

You will want to bring a pen, notebook and a highlighter to class. Your book will be provided to you on your first day of class, (unless you want to pick it up at the office prior to class). You may also want to bring a bag lunch. There will be a refrigerator and microwave available to use.

Call us at 931-648-2424 for directions to the office or for any other questions. Return your application today along with the \$35.00 fee, which will be applied towards your payment, and start on your way to a rewarding career! You'll be contacted via telephone once we receive your paperwork.

Sincerely,

Cheryl Hooton, RN
Coordinator of Tennessee Health Careers, LLC



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NURSING ASSISTANT APPLICATION

Please Print Legibly in Blue or Black Pen

Applicant Information:

Last Name:		First Name:		MI:	Date of Birth:	Social Security Number:	
Street Address:				City:		State:	Zip Code:
Home Phone #:		Cell Phone #:		Email Address:			
Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", provide *Work Visa #				GED or Highest Grade Completed?			
Have you ever been convicted of a felony or misdemeanor?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you listed on the TN Abuse Registry?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Briefly describe event and date occurred:							
Do you require any special accommodations because of a physical condition or disability or learning condition or disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:							

Please indicate the person to be notified in the event of an emergency:

Name:	Phone #:	Alternate Phone #:
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Course Information:

Describe what you hope to achieve from this program:

How did you hear about us? Newspaper Website New Comer Orientation Friend/Family Other _____

I would prefer to take a: Day Class Evening Class Weekend Class Anytime is fine Specific Date _____

Certify:

I CERTIFY THAT ALL INFORMATION PROVIDED HEREIN IS TRUE AND COMPLETE. I also certify that I have read the attendance and refund policy and agree to the terms. I further acknowledge that Tennessee Health Careers will complete an Abuse Registry and may complete a criminal background check on me prior to my entering the clinical portion of the program. If it is found that I have a criminal history not previously disclosed on this application, I may be in jeopardy if not being eligible to complete this program or eligible to be hired to work as a CNA, and I agree not to hold TN Health Careers responsible. I attest to taking the pretest on my own with out any assistance.

The information provided by the applicant on this application form will be held confidential. Tennessee Health Careers reserves the right to deny admission to any application, within the judgment of the Program Coordinator. Once accepted a photo ID is required to attach to your application for our file. A copy of social security card and work visa will be needed to attach your file.*

Please Sign:

Signature	Date
Please include a \$35.00 (non-refundable) application/processing fee and mail to: Tennessee Health Careers, LLC 116 N. 2 nd St, Ste #B10 Clarksville, TN 37040	

This Space for Office Use Only

Pre-Entrance Exam Score <input type="checkbox"/> Accept <input type="checkbox"/> Decline	Sponsor (If applicable)
Program Coordinator Signature	Date