# Klamath Community College HEA 112 Application Form

Full name_____

Last First Middle

Address:_____

Street Address Apt/Unit #

_____

City State Zip Code

Home Phone:_____ Cell Phone:_____

E-mail Address (REQUIRED)_____

*If you fail to write clearly, or your email blocks KCC email messages and/or this email address is not current, this could limit your ability to receive time sensitive materials and prevent you from meeting important deadlines for program admission.*

Student Signature_____ Date_____

# KLAMATH COMMUNITY COLLEGE
# Certified NURSING ASSISTANT 2 PROGRAM
# APPLICATION PROCESS: PHASE I

Student Name: _____ Phone: _____

E-mail: (required) _____

NOTE: Form to be completed by Student Services (SS). Students are to provide original documents for Student Services to verify; Student Services will make any copies necessary to be placed in student's application packet.

1. **ACADEMIC REQUIREMENTS (STUDENT MUST ATTACH COPY OF TRANSCRIPT, COMPASS TEST RESULTS AND CURRENT CNA1 CERTIFICATE)**

| REQUIREMENT | REQUIREMENT DESCRIPTION | Yes | No | Grade if applicable | initials/date |
|---|---|---|---|---|---|
| MATH COMPASS SCORE Part-one | Must have earned at least 50% on fractions.<br>• *If the answer is no, the student must complete MATH 10 with a "C" or better prior to starting the application process.* | | | | |
| MATH COMPASS SCORE Part- two | Must have earned at least 50% on decimals<br>• *If the answer is no, the student must complete MATH 10 with a "C" or better prior to starting the application process.* | | | | |
| MATH 10 | If student has completed Math 10 or higher, they have met the minimum requirement to begin the application process. | | | | |
| Writing COMPASS SCORE | Must have earned at least a combined score of 42.<br>• *If the answer is no, the student must complete LGS 80 with a "C" or better prior to starting the application process.* | | | | |
| LGS 80 | If student has completed LGS 80 or higher, they have met the minimum requirement to begin the application process. | | | | |
| Oregon CNA 1 certificate | Certificate much not expire within the term of application and remain unencumbered | | | | |

2. **OTHER REQUIREMENTS (STUDENT MUST ATTACH COPY OF MMR on the proper form found on the web site, Hepatitis B waiver of copy of the immunizations and original of the current TB skin test or Chest Xray.)**

| Additional Requirements | Comments | initials/date |
|---|---|---|
| Immunization: Measles (MMR) see HR dept form | **Date of vaccines or titer:** | |
| Immunization: Hepatitis B series see waiver form | **Date of vaccines or titer:** | |
| TB/PPD skin test or Chest X-ray Must not be more than a year old by end of the term you apply to. | **Results of PPD or CXR:** | |