Klamath Community College HEA 100 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
NURSING ASSISTANT PROGRAM
APPLICATION PROCESS: PHASE I

Student Name: _____ Phone: _____

E-mail: (required) _____

1. **ACADEMIC REQUIREMENTS**

(ATTACH A COPY OF YOUR UNOFFICIAL TRANSCRIPT OR COMPASS TEST)

REQUIREMENT	REQUIREMENT DESCRIPTION	Yes	No	Grade if applicable	initials/date
MATH COMPASS SCORE Part-one	Must have earned at least 50% on fractions. • *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 • *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. • *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.				

OTHER REQUIREMENTS

NOTE: STUDENTS ARE TO PROVIDE DOCUMENTS OF EACH REQUIRMENT LISTED BELOW FOR INSTRUCTOR TO VERIFY

Additional Requirements	Comments	initials/date
Current AHA Healthcare Provider CPR Card	**Expiration Date:**	
Immunization: Measles (MMR) see instructor or website for the form	**Date of vaccines or titer:**	
Immunization: Hepatitis B series see instructor or website for 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:**	

CPR card **can only be** Healthcare Provider by American Heart Association. Immunization record and Hepatitis B waiver must be on the correct forms.