Your time. Your place. Chesapeake College

**P.O. Box 8, Wye Mills, MD 21679**
**Telephone: (410) 827-5817**
**Fax: (410) 827-5817**

# CERTIFIED NURSING ASSISTANT PROGRAM APPLICATION

## COMPLETE THE FOLLOWING INFORMATION (Please Print):

Last 4 Digits of Social Security No. or Student ID No.: _____ Date of Birth: _____

Name: _____
Last First M.I. (or maiden)

Mailing Address: _____
Street or P.O. Box County

_____
City State Zip

Cell Phone: _____ E-Mail Address: _____

## COLLEGE READINESS TESTS:

☐ Check if exempt & provide documentation. Exemption information here: https://www.chesapeake.edu/admissions/accuplacer

Please enter the appropriate Assessment Score below.

| Assessment | Score/Grade | Date Taken |
|---|---|---|
| Reading Comprehension (minimum score of 230 is required) must be taken prior to admission | | |

_____ _____
**Date** **Signature**

**NOTE: Students interested in the Certified Nursing Assistant program are required to attend an orientation session. Please use this link to register for a CNA session.**
**https://www.chesapeake.edu/cna-orientation**

**Mail this application to:** Health Professions Office c/o CNA Program
Chesapeake College
P.O. Box 8 1000 College Circle Wye Mills, MD 21679
or Fax it to (410) 827-5817.

For questions, please contact CEHealthcare@chesapeake.edu

*Chesapeake College is an E.O.E. Institution*