



**Danville
Area
Community
College**

CERTIFIED NURSING ASSISTANT (CNA)

Application

This program is designed to prepare students to provide basic health care in hospitals and nursing homes. The program will provide training, experience, and educational opportunities that will benefit you and your community. To enroll in the program you must complete this application packet in its entirety.

_____ **Last Name** _____ **First Name**

_____ **Street Address** _____ **City** _____ **State** _____ **Zip code**

(_____) _____ - _____
Area Code **Phone Number**

_____ **Email address** _____ **DACC Student ID**

_____ **FALL**
_____ **SPRING**
_____ **SUMMER**

Please check one

CHECKLIST

- _____ 1. Successful Completion of Health Occupations assessment
- _____ 2. Applied to Danville Area Community College
- _____ 3. Applied to the Certified Nursing Program including the following
 - 2-Step Tuberculosis
 - Physical – (Using form attached to application)
 - Proof of Covid vaccine
 - Negative Drug Test – Drug test must be ordered using the following link. [Drug Screen Link](#) or you can request the link by emailing Nursing@dacc.edu
- _____ 4. Schedule/completed Live fingerprint scan- <https://flawlessbiometrics.com/schedule-fingerprinting/>

Student Signature: _____ Date: _____

DANVILLE AREA COMMUNITY COLLEGE

CNA PROGRAM - HEALTH PHYSICAL FORM

To be filled out by the healthcare provider

Name (please print) _____
Last
First
Middle

Height _____ Weight _____ BP _____ Pulse _____

	Normal	Abnormal	If abnormal, will it affect the student's ability to meet the technical standards as listed?
Appearance			
Head/neck			
Skin			
Ears			
Hearing			
Eyes			
Vision			
Nose			
Mouth/Teeth/Throat			
Respiratory			
Cardiovascular			
Gastrointestinal			
Genitourinary			
Musculoskeletal			
Endocrine			
Neurological			

HEALTHCARE PROVIDER VERIFYING PHYSICAL EXAMINATION

The above individual was found free from symptoms of communicable disease, able to lift a minimum of 25lbs. unassisted, and otherwise physically and emotionally fit to perform the duties of a nursing assistant.

Yes No

If no, please explain: _____

Name (Print) _____

Signature _____ Date: _____