



Southern Union State Community College

Health Sciences Division

1701 LaFayette Parkway

Opelika, AL 36801

Phone: (334) 745-6437

Fax: (334) 745-6342

NURSING ASSISTANT TRAINING PROGRAM

Application for Admission

Social Security Number: _____

RETURN COMPLETED FORM TO:

SUSCC, Health Sciences Admissions, 1701 Lafayette Parkway, Opelika, Alabama 36801

Print clearly:

Full Legal Name: _____
(Last) (First) (Middle/Maiden or other Last Names)

Home Phone: (____) _____ Other Phone: (____) _____

Present Mailing Address: _____

City/State/ZIP: _____ E-Mail Address: _____

Sex: Male ___ Female ___ Citizenship: USA: ___ Other: Specify _____

Race: Black ___ White ___ Asian/Pacific Islander ___ Hispanic ___

American Indian/Alaskan Native ___ Other _____

Education*: High School Diploma: Yes ___ No ___ GED: Yes ___ No ___; Other: _____

Eligibility requirements: documentation of high school diploma, GED, or current high school enrollment.

Students currently enrolled in high school may enroll in Nursing Assisting, but the student must be aware that some employing agencies require employees to be age 18 years or older and have a high school diploma or GED prior to employment.

Person to be contacted in case of emergency: _____
(Name) (Phone)

Signature: _____ Date: _____

Privacy Act: In accordance with the Family Education Rights and Privacy Act of 1974, Southern Union State Community College considers the following information as Directory Information: "Student's name, address, telephone listing, date of birth, major field of study, participation in officially recognized activities and sports, weight and height of varsity athletes, dates of attendance, degrees and awards received and the most previous educational agency or institution attended by the student."

If you do not want this information released, YOU MUST SIGN A REQUEST in the Admissions and Records Office no later than seven days after the formal registration period ends. In order to remove this hold, you must notify the Admissions and Records Office in writing.



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Non-Collegiate Credit Enrollment Form

Present this form to business office when paying fees to register for Nursing Assistant program.

Name: _____ SS#: _____
(Last) (First) (Middle)

Mailing Address: _____

City/State/ZIP: _____

Home Phone Number: _____ E-Mail Address: _____

Date of enrollment in program: _____

Tuition: \$ 360.00
Drug Screening: \$ 36.00
Malpractice Insurance: \$ 10.00

TOTAL FEES: \$ 406.00 (Make checks payable to SUSCC)

Participant understands that the following will be part of the course requirements:

1. Payment of fees for student malpractice insurance at time of enrollment.
2. Negative drug screening (*Screening to be conducted at SUSCC. Cost of screening to be paid upon enrollment in course.*)
3. Completion of Annual Health Questionnaire verifying:
 - a. a state of physical and mental health such that the student is able to complete all program requirements without presenting undue risk/harm to the student or other persons.
 - b. Skin test for TB within last year (*at student's expense*).
 - c. Ability to meet Technical Standards requirements as specified in the program of study.
 - d. proof of current immunizations, including Hepatitis B vaccinations (*at student's expense*). (The first Hepatitis injection is due prior to attending clinical.)
4. Verification of current CPR certification at the Health Care Provider or Professional Rescuer level (*at student's expense*).

Please read: By signing this form, I verify that I have read and understand that I will be financially responsible for the additional course requirements as stated above to be completed as required by instructor.

Student's Signature: _____ Date: _____