



SOUTHERN UNION

STATE COMMUNITY COLLEGE

NURSING ASSISTING / MEDICATION AIDE APPLICATION

Social Security Number _____ Date of Birth _____ Student Number _____

Full Legal Name _____
Last First Middle Maiden/Other Last Names

Mailing Address _____ E-mail address _____

City _____ State _____ Zip _____ County _____

Phone (_____) _____ Other Phone (_____) _____

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

Applying for Spring (Valley Campus) ____ Summer (Opelika Campus) ____ Fall (Valley Campus) ____

<p>Course(s) desired (please select one):</p> <ul style="list-style-type: none"> <input type="radio"/> NAS 100: Long- Term Care Nursing Assistant <input type="radio"/> NAS 102: Medication Assistant (<i>successful completion of NAS 100 <u>or</u> documentation of completion of a CNA course required</i>) <input type="radio"/> Both NAS 100 <u>and</u> NAS 102 	<p>Credit Option (please select one):</p> <ul style="list-style-type: none"> <input type="radio"/> Non-credit (continuing education) <input type="radio"/> College Credit (application to college also required)
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High School from which you graduated _____ Year you graduated (or will graduate) _____

City _____ State _____ County _____

If you do not have a high school diploma, did you receive a GED? ____ Yes ____ No If yes, year received _____

Citizenship: ____ U.S. Resident ____ Other (Specify) _____

Residency: Please check the appropriate box:
 _____ I affirm that I am an Alabama resident for at least the previous twelve months.
 _____ I affirm that I am a resident of one of the following reciprocal Georgia counties for at least the previous twelve months:
 Carroll, Chattahoochee, Coweta, Haralson, Harris, Heard, Marion, Meriwether, Muscogee, Pike, Quitman,
 Stewart, Talbot, Taylor, Troup, Upson
 _____ I am not a legal resident of Alabama or one of the above-mentioned Georgia counties.

Sex (optional): ____ Male ____ Female

Ethnic Origin (optional): ____ White ____ Hispanic ____ American Indian/Alaskan Native
 ____ Black ____ Asian/Pacific Islander ____ Other

Signature _____ Date _____

It is the official policy of the Alabama State Board of Education and Southern Union State Community College that no person shall, on the grounds of race, color, disability, gender, religion, creed, national origin, marital status, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment. Persons requiring reasonable accommodations under the Americans with Disabilities Act (ADA) should contact the Southern Union State Community College ADA Coordinator at (334) 745-6437 extension 5351.