



BEST STEP ACADEMY

Your Success is our Priority

ADMISSIONS APPLICATION

PROGRAM OF INTEREST

Select programs of interest

- Certified Nursing Assistant (CNA)
- Basic Life Support (BLS) – CPR Certification

Preferred admission date: _____

(See program catalog for dates)

PERSONAL INFORMATION

Please enter your name as it appears on your passport or other official documents.

Legal Name

First	Middle	Last (Family)
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Gender identity

Male
 Female
 Self-Identify _____

Date of Birth _____
(mm/dd/yyyy)

Last 4 SSN _____

Address

Street Address	Apt. #
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City/Town/Village	State	Country	Zip/Postal Code
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Phone _____

Email _____



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CITIZENSHIP

Select the option that best applies to you

- US citizen
- US Permanent Resident
- Other (specify) _____

ETHNICITY

Race/Ethnicity information is optional. Information you provide will not be used in a discriminatory manner.

Are you Hispanic or Latino?

- Yes (Country of family's origin: _____)
- No

Select all that applies to you

- Asian
- African American
- Caucasian
- African
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Other _____

EMERGENCY CONTACT

This is required in case of emergency. Enter only current information.

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____



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ACADEMIC INFORMATION

Select your highest level of education

- GED/High school diploma
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctorate degree
- Other _____

	Name of Institution	Degree/Program of Study	Graduated?	Dates Attended
High School		High School Diploma		
College/University				

EMPLOYMENT INFORMATION

Please select current employment status

- Full Time
- Part Time
- Unemployed but actively looking for work
- Unemployed

Rate your level of experience within healthcare settings

- No experience
 - Minimal experience
 - Significant experience
- (Specify years: _____)



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PERSONAL STATEMENT

Why do you want to complete the Basic Nursing Assistant Training Program at Best Step Academy? Include experience, commitment, expectations and plans after graduation

[If you need more space, please attach your response to the end of the application]

AUTHORIZATION

Your signature below authorizes that you agree that all the information entered is correct. Any misinformation will be regarded as fraud and may lead to expulsion from the school. You will not be entitled to any refund if you are expelled from Best Step Academy.

Signature of applicant _____ **Date** _____