

CMA Enrollment Requirements

(NO STUDENT will be enrolled until ALL items are submitted to one of our HCC locations.)

- ❖ Completed Enrollment Form ******(If you have not attended HCC in the last 12 months please also complete the online application found on our website highlandcc.edu and choose the program General Ed/Associate of Arts/General Ed Transfer.)

- ❖ Payment: (Payment is due in FULL upon enrollment into the course)
 - Cash
 - Check
 - Credit Card (VISA or Mastercard)
 - Voucher
 - Employer Letter
 - High School Students: Anticipated Graduation Year
- *Please Note HS students are only eligible for this class if 18 years of age
- ❖ Accuplacer Reading Test Results (the test is free, takes 25 minutes to complete and can be taken at any HCC Regional site.)
- ❖ Copy of Negative TB Test or Chest X-Ray(TB Test/Chest X-Ray results documented within 1 year of the course will be accepted. TB Tests can be received at your local doctors office or health department)
- ❖ Copy of Current Driver's License
- ❖ Copy of Social Security Card
- ❖ CNA Card or Registry Printout

Please submit all questions and documentation to:

Any of the following Highland CC Sites

Atchison HCC Center
Attn: Allied Health
1501 W Riley
Atchison, KS 66002
P: 913-442-6180
F: 913-442-6239
atchison@highlandcc.edu

Holton HCC Center
Attn: Allied Health
6th & Nebraska
Holton, KS 66436
P: 785-442-6170
F: 785-442-6179
hconline@highlandcc.edu

Perry HCC Center
Attn: Allied Health
P.O. Box 129, 203 W Bridge
Perry, KS 66073
P: 785-442-6400
F: 785-442-6411
perry@highlandcc.edu

Wamego HCC Center
Attn: Allied Health
500 Miller Drive
Wamego, KS 66547
P: 785-442-6280
F: 785-442-6300
wamego@highlandcc.edu

HCC Western Center
Attn: Allied Health
313 Nemaha
Baileyville, KS 66404
P: 785-442-6240
F: 785-442-6279
western@highlandcc.edu



HIGHLAND COMMUNITY COLLEGE

ENROLLMENT/REGISTRATION FORM

TERM _____

WWW.HIGHLANDCC.EDU

I. _____

Name: _____ Soc. Sec. # _____
(Last) (First) (Middle)

Address: _____ City _____ State _____ Zip _____

County: _____ Email: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

II. _____

ENROLLMENT DATA: (All final charges subject to review for fee assessment purposes)

Location	Course No.	Course Title	Day	Cr. Hrs.	Charges
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Placement Scores: Accuplacer Asset _____ ACT _____ Compass _____ CASAS _____

I have met all of the prerequisites to enroll in the class(es) listed above.

Additional Fees: _____

Late Charges: _____

Cash Check # _____ Payment Plan (Payment Plans available at www.highlandcc.edu.
There is a \$25 Non-Refundable Payment Plan fee.)

Total Charges: _____

Master Card Visa Discover

Amount Received: _____

Card # _____ Exp. Date _____

Payment Plan Amount: _____

Name as it appears on card: _____

Remaining Amount Due: _____

Received By: _____ Date: _____

III. _____

Declaration: If I decided not to attend the semester for which I have enrolled, I will contact the Regional Director to complete a drop/add form. If I do not return and fail to notify the Regional Director one day before the beginning date of each course, I will be responsible for payment of all fees associated with my enrollment and/or withdrawal in accordance with the Highland Community College Refund Policies. I certify the above information to be correct.

Parental signature is required if student enrolling is under 18 years of age.

Signature _____ Date _____

Signature _____

Date _____

IV. _____

(The following information is necessary for state and federal reporting purposes. This information does not affect your status at Highland.)

Date of Birth: ____/____/____ Male Female Marital Status: Married or Single

U.S. Citizen Yes No If no, are you a permanent resident? Yes No

Ethnic Group: Black Hispanic American Indian Asian Caucasian Other

Have you lived in Kansas for more than 6 months? Yes No Did either of your parents earn a four-year college degree? Yes No

V. _____

High School Attended: _____ H.S. City, State _____

Did you or will you receive a H.S. Diploma GED Graduation Year _____ /Date received _____

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

75-Hour Certified Medication Aide Application Form

Each candidate must complete the following form and return it to the instructor. All information must be completed and printed neatly. Incorrect or illegible information will result in this form being rejected.

If the Kansas Department of Health and Environment cannot (1) find evidence of your nurse aide certificate; (2) verify your social security number; or (3) verify a name change, your application will be rejected until a copy of the required information is received.

IMPORTANT: The seventy-five hour medication aide certificate you receive from the State will be your OFFICIAL certificate. A \$20.00 non-refundable fee is required. Your medication aide certificate MUST be renewed by the expiration of your original certificate in order for you to continue working as a medication aide.

TO BE ELIGIBLE TO BECOME A CERTIFIED MEDICATION AIDE, YOU MUST FIRST BE A CERTIFIED NURSE AIDE OR QMRP.

If Nurse Aide (CNA): ID# _____ Certificate Issued: ____/____/____

If QMRP: You MUST attach a letter of employment verification. NOTE: You are allowed to pass medications ONLY in an ICF-MR.

Course Information (The candidate must complete this part with instructions by the instructor.)

Instructor ID # _____ Course # _____ - _____ # of Course Hours _____

Candidate Information (This part must be completed by applicant.)

If name change, submit name change documentation (such as a copy of marriage license or divorce decree).

Name _____ (Last) (First) (MI) Others Names Used

Social Security Number _____ - _____ - _____ Please attach a copy of your social security card.

Birthdate ____/____/____ Sex: ___ Male ___ Female

Home Address _____ Street City State Zip

Phone Number: Home () _____ Work () _____

Please mark the highest level of education received:

- ___ No High School diploma ___ Diploma Nurse ___ Master's Degree
___ High School Diploma or GED ___ Associate Degree ___ Education Specialist
___ LPN Nurse ___ Bachelor's Degree ___ PhD

Candidate's Signature

I do hereby attest that the information supplied in this application is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and any attachments.

Candidate's Signature

_____/_____/_____
Date