

CNA 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 _____

- ❖ Copy of Negative TB Test or Chest X-Ray(TB Test/Chest X-Ray results documented within 1 year prior to the beginning of the course will be accepted. TB Tests can be received at your local doctor's office or health department.)

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: 785-442-6180
F: 785-442-6239
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



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

APPLICATION FOR STATE TEST

Check the course you are currently enrolled in. If one of the following is not checked, this form will be rejected and the candidate will not be able to take the test.

- 90-Hour Certified Nurse Aide Course
- 20-Hour Home Health Aide Course
- Bridge Course for Nurse Aide Course

Complete this form, attach the following and return to instructor:

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

Instructor ID # _____ Course # _____ # of course hrs _____

Candidate Information (incomplete forms will result in test schedule delay)

Name _____
Last First MI

Other Names Used _____

Social Security Number _____ - _____ - _____

Birth date ____/____/____ Sex: Male ____ Female ____

Address _____
Street City State Zip

Phone Number Home () _____ Work () _____

Please mark the highest level of education received:

- (N) No high school
- (H) High school diploma or GED
- (L) Licensed Practical Nurse
- (D) Diploma Nurse(RN)
- (A) Associate Degree
- (B) Bachelor's Degree
- (M) Master's Degree
- (E) Education Specialist
- (P) PhD

Candidate's Signature

I do hereby attest that the information supplied in this application and any attachments 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 and to send my test results to my instructor.

Candidate's Signature

Date



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.

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

Master Card Visa Discover

Card # _____ Exp. Date _____

Name as it appears on card: _____

Additional Fees: _____

Late Charges: _____

Total Charges: _____

Amount Received: _____

Payment Plan Amount: _____

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.

Signature _____ Date _____

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

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 _____