

# FROEDTERT HOSPITAL

## Certified Nursing Assistant Training Program Registration Form

Today's date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_

Phone(s): Home \_\_\_\_\_ Cell \_\_\_\_\_ Work(optional) \_\_\_\_\_

Email: \_\_\_\_\_

High School Attended or HSED/GED and Graduation Date: \_\_\_\_\_

Colleges currently attending or have attended: (if applicable)

\_\_\_\_\_

Name of Employer: (if applicable) \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Have you applied for this class in the past?  Yes  No

This program requires that you be at least 18. Are you 18 years of age or older?  
 Yes  No

Are you a current Froedtert Staff Member?  Yes  No

Position/Department: \_\_\_\_\_

Are you able to attend classes on the following dates listed below? \_\_\_\_\_

May 2 – 1:00 PM – 5:00 PM

May 16, 17, 21, 24 - 8:30 AM – 5:00 PM

June 4, 7, 10 – 8:30 AM – 5:00 PM

June 13, 18, 19, 26, 27 - 7:00 AM – 4:00 PM

July 2 – 7:00 AM – 5:00 PM

Have you attached a \$15 check made out to Froedtert Hospital/CNA Class? \_\_\_\_\_