

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? _____

January 3 - 1:00 PM - 5:00 PM

January 9, 10, 23, 24 - 8:30 AM - 5:00 PM

February 6, 7, 20 - 8:30 AM - 5:00 PM

February 21 - 7:00 AM - 4:00 PM

March 6, 7, 20, 21 - 7:00 AM - 4:00 PM

March 27 - 7:00 AM - 5:00 PM

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