

Rolla Technical Institute/Rolla Technical Center
573-458-0150
Certified Nursing Assistant (C N A) Form

Date _____

Name: _____

Address: _____

City: _____ **ST:** _____ **Zip:** _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Email: _____

Birth Date: _____

SS Number: _____

C N A Fee: _____ **\$700.00** _____

Method of Payment: _____

Place of Employment: _____

(City)

(State)

(Zip)

**Rolla Technical Institute/Rolla Technical Center
573-458-0150**

**Certified Nursing Assistant (C N A)
Check List**

***All Items must be met prior to enrolling**

- Complete Enrollment Form**

- Complete a Background Check with the Family Care Safety Registry**

- OJT Form from Facility (if not employed by a facility)**

- Provide \$700.00 payment for class**