



Continuing Education and Training

406.268.3734

gfcmsu.edu/cet

REQUIRED

- Application including Student Agreement *(on back)*
- Social Security Card *(must present card at the time of registration)*
- State ID or DL
- Payment \$_____ *(Acceptable payments include credit card, cash, or money order)*

HEALTHCARE APPLICATION

Print information so it's legible!

Name: _____
Last First Age

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone(s): _____

Reason for training: Seeking employment
 Required for my job
Employer: _____
 Male Female

To be considered for admission into a Healthcare Training Program, required items must be complete and submitted to:

Great Falls College MSU
Continuing Education & Training (CET)
2100 16th Avenue South
Great Falls, MT 59405
Office Hours: 8:00am to 4:00pm, Mon – Fri

Email: cet@gfcmsu.edu
Fax: 406.771.4340

Applications can be hand delivered, faxed, or emailed.

IMPORTANT INFORMATION

- Training is offered once a month
- In-person and Hybrid options available *(request Hybrid schedule)*
- Attendance is MANDATORY. Select an option that guarantees you will make it to class
- Additional trainings/endorsements are offered periodically

TRAINING PREFERENCE

- Certified Nursing Assistant (CNA) \$900**
 In-Person or Hybrid
Month Preferred: 1) _____ 2) _____
- Certified Nursing Assistant (CNA) SKILLS ONLY \$550**
(must provide proof of completing didactic)
Month Preferred: 1) _____ 2) _____
- *Home Health Aide (HHA) \$300 - Hybrid class**
Month Preferred: 1) _____ 2) _____
- *Medication Aide II (MA2) \$650 - Hybrid class**
Month Preferred: 1) _____ 2) _____

**Must possess a current CNA License to be eligible*

Do you have a current Healthcare CPR Certification? ___ No ___ Yes

Expiration Date: _____

If currently in High School/Where? _____

How did you hear about this program? _____

OFFICE USE ONLY *(To be verified/initialed by staff)*

NOTES:

BOOKS picked up/date: _____

Initials _____

HEALTHCARE APPLICATION/STUDENT AGREEMENT

Great Falls College MSU Continuing Education & Training department is proud to offer a State of Montana approved program to prepare you for certification as a Certified Nursing Assistant. The program will be held monthly and will require a 75 to 85-hour time commitment. Classes consist of lectures, videos, daily quizzes and hands-on procedures. The state of Montana requires a minimum of 75 hours total classroom and clinical time. Students should be prepared to attend class every day in order to complete mandatory hours. The passing score for assignments, quizzes, and exams is 75%. Students who do not meet the hourly requirement and passing score benchmarks will not be able to finish the class or proceed to testing.

Performance evaluations will be conducted by the nursing instructor. Each student will complete a Montana Skill Checklist by the end of the course. You will be given a copy of this checklist and it is your responsibility to share this with your future employer(s). There will be a \$3.00 charge for each additional copy of the checklist.

Initial on each line below and sign at the bottom:

_____ **Cancellations** must be made within one week (7 days) prior to the first day of your scheduled class. Cancellations made after this time will **not** receive a refund.

_____ **Social Security Card and Government Issued ID** are required for testing. Must present at the time of registration. Documentation will be submitted to the State of Montana for each student prior to state exams. To receive certification, successful completion of written exam and hands-on skills test are required.

_____ **Class attendance and participation** is required. Students are expected to show up for class every day, on time, and ready to learn. Absence from class constitutes voluntary termination without refund of course fee. For medical or other emergencies, student will need to visit with Program Coordinator and/or Continuing Educator Director to determine circumstance and course of action.

_____ **Student conduct** expectations should be consistently aligned with a professional nursing assistant and adhere to Great Falls College MSU facility and conduct policies.

Accommodations: The Americans with Disabilities Act (ADA) is a federal anti-discrimination statute that provides comprehensive civil rights protection for persons with disabilities. Among other things, this legislation requires that all students with disabilities be guaranteed a learning environment that provides for reasonable accommodation of their disabilities. If you believe you have a disability requiring an accommodation, please contact the Director of Academic Success and Accessibility or call 406-771-4311 to schedule an appointment.

I hereby certify that the statements on this application are correct to the best of my knowledge and I understand falsification or omission of information may result in denial or rescinding of admission to the Certified Nursing Assistant (C.N.A.) program or continuation in any of its courses of study.

By signing this application, you are agreeing to allow the Great Falls College to use your name and photo for media and general promotion of our training programs. You also consent to information sharing under programs that include job placement.

Student Signature: _____

Date: _____