

Lakewood Learning Center (NATCEP)

Nurse Aide Training Program

Trainee Application



Date: _____

Personal Information: **DOB:** _____

Name: _____ **SS#** _____

Email address: _____

Home address: _____ **City:** _____

State: _____ **Zip Code:** _____ **Phone:** _____

Do you have dependable transportation to class? Yes _____ No _____

Emergency Contact:

Name: _____ **Relationship:** _____ **Phone:** _____

Education:

Level	School	City	Yrs completed	Date completed
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High School

Trade School

College

If you did not graduate from HS, do you have a GED? Yes _____ No _____ Date completed _____

Work Experience:

Company _____ Dates: _____

City: _____ State: _____ Phone: _____

What skills did you use in this setting? _____

References:

These people may be contacted for a reference.

Name: _____ Relationship: _____

Address: _____ City: _____

State: _____ Phone: (day) _____ (evening) _____

Name: _____ Relationship: _____

Address: _____ City: _____

State: _____ Phone: (day) _____ (evening) _____

If accepted into the Lakewood Learning Center Nurse Aide Training Program, I will comply with all the Policies & Guidelines of the NATCEP.

I certify that the above information is true & correct.

Signature of Applicant: _____ **Date** _____

Comments: (please enter any comments you feel may be applicable)

Skills Assessment
Nurse Aide Training Program

This is an assessment of your experiences with ill, elderly or disabled persons:

1.) Do you have any experience with a grandparent, older person or disabled person?

None ___ Some ___ A lot ___ Comment _____

2.) If you do, how do you know this person?

Grandparent ___ Family Friend ___ Church ___ Neighbor ___ Other ___

3.) How often do you spend time with this person?

Daily ___ Weekly ___ Monthly ___ Other ___

4.) Do your friends & family ever seek you out as a caregiver?

Yes ___ No ___ Sometimes ___ Comments _____

This is an assessment of your basic reading comprehension skills:

1.) You know, I never got a chance to play football. The coaches told me I was too small. The position I wanted to play was quarterback but the coaches always told me, hey Wilt, you just don't have the height. So I went out and formed my own team!

Please, summarize this statement in your own words:

2.) As a nursing assistant, you will spend more time with your residents than any other member of the healthcare team. Because of this you may be the first person to find a resident who has fallen or had some other kind of accident. It will be up to you to report these findings immediately.

Please, summarize this statement in your own words:

Question? Why do you want to be a STNA?

This is an assessment of your basic math skills:

Nursing assistants use numbers when reporting weights, vital signs, intake & output, percentages of food eaten and more. Numbers are an important measurement to doctors & nurses and can give them an indication about what is going on with that resident. Please, complete the following:

Addition:

$$\begin{array}{r} 17 \\ +35 \\ \hline \end{array} \quad \begin{array}{r} 224 \\ + 66 \\ \hline \end{array} \quad \begin{array}{r} 21.5 \\ +11.7 \\ \hline \end{array}$$

Subtraction:

$$\begin{array}{r} 66 \\ -- 21 \\ \hline \end{array} \quad \begin{array}{r} 125 \\ -- 44 \\ \hline \end{array} \quad \begin{array}{r} 98.6 \\ --93.1 \\ \hline \end{array}$$

Multiply the following:

$$8 \times 10 = \underline{\hspace{2cm}} \quad 11 \times 24 = \underline{\hspace{2cm}} \quad 301 \times 12 = \underline{\hspace{2cm}}$$

Divide the following:

$16 \div 4 = \underline{\hspace{2cm}}$

$22 \div 10 = \underline{\hspace{2cm}}$

$200.5 \div 5 = \underline{\hspace{2cm}}$

Fill in the missing number:

3, 6, 9 _____, 15

12, 24, 36 _____

This is a simple assessment of your ‘organizational’ skills:

Put the following in alphabetical order:

puppy, washer, bluebird, flowers, school

_____, _____, _____, _____, _____

Student Signature: _____

Interviewer: _____



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