



A

Nurse Assistant Training Program Application (NATP/CNA)

Semester _____ Year _____

Name _____
Legal Last Name First Middle Social Security Number

*WHC Email: _____@my.whccd.edu *Student ID # _____

Mailing Address _____
Number and Street City State Zip Code

Primary Phone _____ Secondary Phone _____ Birth Date: _____

CA Resident _____ year(s) CA Driver's License # _____ Birth Certificate (if no DL)

High School Graduate: Yes No GED Are you currently enrolled with another College? Yes No

Name of College: _____ Location of College: _____

Have you previously attended West Hills College? Yes No Year(s) Attended _____

VETERAN: Yes No

The final responsibility for the completeness and accuracy of this application packet rests with the applicant.

I hereby affirm under penalty of dismissal that all information supplied in this application is complete and accurate.

Applicant Signature

Date

Student ID# _____

**This information is required.*



Release of Information

Personally identifiable information from educational records may not be released without the prior written consent of the student, except as specified under the provisions of FERPA (Family Educational Rights and Privacy Act of 1974).

The West Hills Community College District Health Careers Programs are required by their contracts with various health facilities for clinical placements with the clinical and community institutions to provide certain personal information to the agency. The release of information is required in order to allow you to receive your clinical experience. The clinical agencies are required to have certain information because of JACHO accreditation and other Federal requirements.

- I am a Contract Ed student, if this box is checked, you are a Contract Ed student. We are required by our agreement with the sponsoring hospitals to share information with them regarding your application, attendance and academic and clinical progress. You have already agreed to this information reporting in exchange for being sponsored in the Contract Ed Program.

It is therefore necessary for you to provide your clinical instructor a **Release of Information** form when you give him/her the immunizations, TB test results, malpractice insurance information, background clearance, physical exams, etc. as requested by each clinical agency.

By signing this form you are giving the District and the Health Careers Programs or its representative, such as your clinical instructor, the right to provide your personal and academic information to the agency in need of specific information necessary for your clinical rotation or Contract Ed Program or for your Extern position. This includes the release of your grades on a pass/fail basis and for any safety issues that might arise.

Student's Name: _____
Print

Student's Signature: _____
Sign Legibly

Date: _____

WHC Student ID #: _____



Emergency Treatment Consent

I, _____, give my permission and consent for emergency treatment, in the event of an accident or sudden illness, by the staff of any and all hospitals while using the clinical facilities of a specific hospital as assigned by the WHCL Health Careers Office while a student of WHCL.

I DO ____ or I DO NOT ____ give my permission for the administration of blood when prescribed by a physician.

Student Signature

WHCC ID#

Date

IN CASE OF EMERGENCY, contact the following:

Name _____

Name _____

Relationship _____

Relationship _____

Phone-residence _____

Phone-residence _____

Phone-cell _____

Phone-cell _____



Clearance Certification

I _____ certify that I have no criminal offenses on my personal record. I
(Print First & Last name)

understand that if the Certified Background Check (CBC) report reveals past activities that make me ineligible, I will be terminated from the WHCL Health Careers Nurse Assistant Training Program.

Student Signature

Student ID#

Date