



A

Nurse Assistant Training Program Application
(NATP/CNA)

Semester _____ Year _____

Name _____
Legal Last Name First Middle

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

Mailing Address _____
Number and Street City State Zip Code

Primary Phone _____ Secondary Phone _____ Birth Date: _____

CA Driver's License # _____ CA ID# (if no license) _____

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 Lemoore College AKA 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.**

Lemoore College Health Careers Office Contact Information
Room 823
559-925-3490
healthcareerslemoore@whccd.edu