



Clearance Certification

C2

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 may not be able to complete the Lemoore College Health Careers Nurse Assistant Training Program.

Student Signature

Student ID#

Date

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