



## Nurse Aide Training Program Application

**Personal Information:** - To be completed by Student

Last Name	First Name, Middle Initial	Maiden Name
Street Address		
City	State	Zip Code
Contact Number	E-mail Address	

**Education Background:**

Please list in reverse chronological order any previous schools, training programs, or colleges attended.

Institution	Program of Study	Graduation Date

**Employment Background:**

Please list in reverse chronological order any current employment as well as previous employers.

Employer	Position	Location	Dates Employed

Are you a U.S. Citizen?  Yes  No

If "no", do you have a Permanent Resident Card?  Yes  No  
(If yes, please provide a copy of the front).

If you answered "No" to the above and are currently in the United States, list Visa type \_\_\_\_\_

If you are not in the United States, what Visa are you applying for? \_\_\_\_\_

What is your country of birth and/or citizenship? \_\_\_\_\_

**READ BEFORE SIGNING**

*I authorize Oakland University to disclose my personal, financial, academic and geographic information to any person, donor, sponsor, committee and/or organization designated by Oakland University to select scholarship, award and/or financial aid recipients. The released information, which may include without limitation this application, my education records, financial records, transcripts, letters of recommendation and any other information that I submit to Oakland University, will be used solely to consider my eligibility for scholarships, awards and/or financial aid.*

*I understand that Oakland University may provide, extend or advance funds, credits and/or other financial accommodations to me, to be applied toward my tuition and/or fees, with the understanding that I will repay these amounts. I understand and agree that all such amounts, other than scholarships, fellowships, stipends and/or tuition waivers, are loans and/or educational benefits which I must repay to Oakland University together with late payment fees as established by Oakland University. In consideration for allowing me to attend classes, I agree to repay Oakland University for those loans and/or educational benefits and understand that my repayment obligation is not dischargeable in bankruptcy.*

*I certify that all the information set forth in this application and supporting materials is complete and accurate to the best of my knowledge and, if admitted, I agree to observe all the rules and regulations of Oakland University. I understand that admission to the university is conditioned upon the accuracy of the information. I have provided on this application and that falsification or misrepresentation of the information or inaccurate information constitutes grounds for dismissal from Oakland University.*

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

ALTHOUGH THIS INFORMATION IS VOLUNTARY, IT IS REQUESTED TO FULFILL FEDERAL AND STATE REPORTING REQUIREMENTS. IT WILL NOT BE CONSIDERED FOR SCHOOL OF NURSING ADMISSIONS DECISIONS.

Birth Date: \_\_\_\_\_ Gender (Check One): Male  Female   
 Month Day Year

Racial/Ethnic Background (If your background is multi-cultural, indicate the category with which you most identify):

\_\_\_ White/Non-Hispanic      \_\_\_ Asian/Pacific Islander      \_\_\_ Hispanic  
 \_\_\_ Black/Non-Hispanic      \_\_\_ Native American/Alaskan native      \_\_\_ Other (Please Specify)

*Oakland University, as an equal opportunity and affirmative action institution, is committed to compliance with federal state laws prohibiting discrimination, including title VI of the Civil Rights Act of 1964; Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973. It is the policy of Oakland University that there shall be no discrimination on the basis of race, sex, color, religion, national origin or ancestry, age, marital status, handicap, veteran status or other prohibited factors in employment, admissions or other activities.*

**Student Eligibility Requirements:**

Eligibility Requirements	Record on file Y/N	OU Staff Initial & Date
Completed Application		
TB Skin Test		
Copy of High School Diploma or GED		
Health Assessment		
Titers including Varicella		
Urine Drug Screen (5-Panel)		
Current CPR Certification (American Heart Association)		
Current I-CHAT State Background Check <b>\$10.00</b> ( <a href="https://apps.michigan.gov/ichat/home.aspx">https://apps.michigan.gov/ichat/home.aspx</a> )		