

# DRAKE STATE

COMMUNITY & TECHNICAL COLLEGE

## Certified Nursing Assistant or Medication Assistant Certificate Application

(Please Print or type)

_____ First Name		_____ Middle		_____ Last Name	
_____ SSN		_____ DOB			
_____ Mailing Address		_____ City		_____ State	_____ Zip Code
_____ Email Address			_____ Phone number		
Workforce Development	CNA	_____	Date	_____	Cost _____
	MAC	_____	Date	_____	Cost _____

Are you paying for this class on your own? \_\_\_ YES \_\_\_ NO

If NO:

Please complete the information below:

_____ Name of Employer/ Institution/Sponsor	_____ Company Contact
_____ Address	_____ Phone number

### ALL APPLICANTS

- CITIZENSHIP**
- U.S. Citizen  
 Permanent Resident (non-citizen)  
 Foreign Visa \_\_\_\_\_  
Indicate country of citizenship if other than  
U.S. \_\_\_\_\_

- ETHNIC ORIGIN (optional)**
- Hispanic  
 Permanent Resident (non-citizen)  
 Unknown

- RACE optional (Check all that apply)**
- Caucasian/White  
 Black/African American  
 Asian

- ETHNIC ORIGIN (optional)**
- American Indian or Alaskan Native  
 Native Hawaiian or Other Pacific Islander  
 Non-Resident Alien

- Gender**
- Male  Female

I, the undersigned applicant for admission, understand that withholding information requested in this application, or giving false information will make me ineligible for admission to, or continuation of enrollment in J. F. Drake State Technical College. I, therefore, certify that all statements contained herein are correct and complete. I further agree that J. F. Drake State Technical College is not responsible or liable for any information determined to be false or incomplete.

Signature: \_\_\_\_\_  
Complete full name typed will suffice for signature.

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