

FREMONT COUNTY BOCES  
Certified Nursing Assistant Class

Student Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number \_\_\_\_\_

---

August 10<sup>th</sup>- 21<sup>st</sup>, 2009  
Monday-Friday, 8:00 am- 3:00 pm

All sessions will be held at the Fremont County BOCES, 320 West Main (Old Riverton High School/6<sup>th</sup> Grade Bldg.) in Riverton, WY.

---

**BOCES FEE: \$400**

Each participant will be required to provide a \$400 payment at the Time of registration. Names will not be placed to the sign-up list until Payment is received. The attendance fee is non-refundable. Make checks payable to: Fremont County BOCES. Credit cards will not be accepted.

---

No registrations or payments will be accepted the first day of class.

Upon successful completion of this course, students will be required to apply to the State Board of Nursing for their certification test. State Board of Nursing will require applicants pay a \$218 application fee.  
Students will purchase scrubs at approximately \$30

Criminal background check will be conducted through Wyoming DCI and FBI.

---

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM AND PAYMENT TO:**

Fremont County BOCES  
320 West Main, 3<sup>rd</sup> Floor  
Riverton, WY 82501  
(307) 856-2028

**IMPORTANT:**

The CNA application will ask for history information about your background. If you answer yes to any of the questions below, extra documentation will have to be included in your application. Our advice is to work on any additional documentation that you may need and have it ready by the first day of your CNA class.

1. Has any disciplinary action been taken or is any pending against you by a licensing authority?
  - a. If "YES" provide: **Personal statement and disciplinary documentation**
  
2. Have you ever been investigated or charged with abuse, neglect or misappropriation of property?
  - a. If "YES" provide: **Personal statement and disciplinary documentation**
  
3. Has your application for examination or licensure ever been denied by a licensing authority?
  - a. If "YES" provide: **Personal statement and denial documentation**
  
4. Have you been admitted to any facility or received treatment on an outpatient basis for mental illness, alcohol addiction, drug addiction, or substance abuse in the last 10 years?
  - a. If "YES" provide: **Personal statement, progress report from counselor/physician, discharge summary/aftercare plan from hospitalizations**
  
5. Have you ever been charged, arrested, cited, or convicted for any criminal offense (including DUI)? You must disclose any arrest, plea, or conviction even if pardoned, dismissed, deferred or your civil rights have been restored. Failure to disclose this information, whether recent or years ago, may result in the denial of your application or in disciplinary action against your certificate.
  - a. If "YES" provide the following if applicable:
    - i. **Personal statement,**
    - ii. **court documents,**
    - iii. **judgment and sentencing,**
    - iv. **charging information,**
    - v. **probation conditions,**
    - vi. **discharge from probation,**
    - vii. **letter from probation officer**