

# The Clinical School at Baptist Health CNA Program Application



Name: \_\_\_\_\_

Date of Birth (for TABE testing): \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Current Position: \_\_\_\_\_

Current Student: ☐ Yes ☐ No

If so, what program: \_\_\_\_\_

## **Baptist Employees Only:**

Employee Number: \_\_\_\_\_

Location: \_\_\_\_\_

Department: \_\_\_\_\_

Manager/Director Name: \_\_\_\_\_

Current Hourly Rate: \_\_\_\_\_

Start Date with Baptist: \_\_\_\_\_

Please explain why you would like to pursue this educational opportunity.

Please explain what patient care means to you.

Do you have previous patient care experience? ☐ Yes ☐ No

If yes, what type and when?

(Over)

# The Clinical School at Baptist Health

## CNA Program Application

---

*I attest to the following (please initial):*

\_\_\_\_\_ Course attendance is expected and absence in excess of one class session will place students at risk of being dropped from the program. The Baptist Health Clinical School's attendance policy **MUST** be followed.

\_\_\_\_\_ Orientation is mandatory.

\_\_\_\_\_ Students must complete a course application and must comply with Baptist Health Clinical School admission criteria, as well as student policies including a background check.

\_\_\_\_\_ **Baptist Employees Only:** Once a student obtains a Florida CNA state license, it is expected that the student will work at Baptist Health for at least 12 months in the role of a CNA.

\_\_\_\_\_ **Baptist Employees Only:** The student understands that orientation, classes, clinicals and study sessions will NOT be paid time. Your work schedule must be modified or PTO taken.

Applicant Print: \_\_\_\_\_

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

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

**Baptist Employees Only:** I recommend the following team member to participate in the CNA program at Baptist Health for 15 weeks. I will support the student through the class and allow the student to attend Orientation, once a week classes from 0800-1630, including 80 hours of clinicals.

Manager/Director – Print name: \_\_\_\_\_

Manager/Director – Signature: \_\_\_\_\_

All applications should be sent to [Maureen.McLanahan@bmcjax.com](mailto:Maureen.McLanahan@bmcjax.com)

