

# CNA REGISTRATION FORM

# 2026



## Option 1: In Person (Evening)

Circle your desired date.

May 4-29

Sept. 8-Oct. 2\*

\*Denotes dates available for college credit.

June 1-25\*

Oct. 5-29\*

## Option 2: Hybrid (Day Skills)

Circle your desired date.

May 4-June 19; Skills Week June 22-26

June 8-July 24; Skills Week July 27-31

Sept. 7-Oct. 23; Skills Week Oct. 26-30

## Option 3: Hybrid (Evening Skills)

Circle your desired date.

July 1-30; Skills 7/13-14, 16, 20-23, 27-30

Nov. 2-Dec. 1; Skills 11/9-10, 12, 16-19, 23-24, 30, 12/1

### REGISTRATION All fields are required unless otherwise indicated; please fill out this registration form completely.

Date of Registration \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ *Your confirmation and other correspondence will be sent to this email address.*

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Would you like to receive class notifications via text message to the cell phone number provided above?  Yes  No

This program receives funding from the U.S. Department of Labor allowing Veterans and eligible spouses to receive priority of service over a non-covered person. (20 CFR 1010) If claiming Veteran's Preference, you must provide a DD 214, Military ID Card, VA documents, or official college documentation that demonstrated eligibility using one of the aforementioned documents to verify eligibility. Are you claiming Veteran's Preference?  Yes  No

Question for Online Students Only: Have you taken a course through a ND University System institution (BSC, NDSU, UND, etc)? If so, please indicate your Student ID or Blackboard username if known.  Yes  No

Student ID or Blackboard Username: \_\_\_\_\_

**Please check one:**  Non-Credit  For-Credit (If taking the class for college credit, students must be a registered BSC student and must get permission from the program manager to add the class in Campus Connection.)

**Please check all that apply:** *Make check payable to Bismarck State College*

In-person Training, **\$689** (increases July 1, 2026 to \$849)

Hybrid Training, **\$719** (increases July 1, 2026 to \$899)

For-credit Training and State Certification Exam, fee is paid to the BSC Student Finance office and is billed according to BSC nursing tuition and fee rates. **Provide your NDUS Student Email Address and Student ID**

Sponsored Student (Third party authorization letter is required and the name and address of the sponsoring business) \_\_\_\_\_

### Health Requirement Acknowledgement:

I acknowledge that I am required to have my Tuberculosis (TB) skin test completed within the last 12 months and that I must submit the printed results to the instructor on the first night of class. I understand that if I have not met this requirement by the deadline stated I will not be allowed to attend or complete the class. I acknowledge that I may need to transfer to a different month and that I will be required to pay a transfer fee.

\_\_\_\_\_ My initials indicate that I have read and understand the above requirement. **CONTINUED ON THE NEXT PAGE**

## Felony Disclosure:

According to ND Administrative Code 33-43-01-03 and 33-43-01-22, CNA class applicants with a history that includes conviction of a crime substantially related to the qualification, functions, or duties of a certified nurse aide, home health aide, nurse aide, or medication assistant may not be allowed to begin the training program or take a challenge test without providing specific information relating to their background, criminal history, or impairment. An arrest, conviction, plea, or adjudication that occurred as a juvenile or through juvenile court authorities also applies. All information disclosed will be reviewed by the North Dakota Department of Health before students will be allowed to begin class or test.

### ALL QUESTIONS MUST BE COMPLETED

### CIRCLE ONE

- |                                                                                                                                                               |     |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Have you ever been arrested, charged, or convicted of a crime other than a minor traffic offense?                                                          | Yes | No |
| 2. Has any court deferred imposition of a sentence, suspension of a sentence, or have you entered a plea of nolo contendere to any crime in any jurisdiction? | Yes | No |
| 3. Have you ever had a nurse aide registry listing marked for abuse, neglect or misappropriation of property?                                                 | Yes | No |
| 4. Has your registration or nursing license ever been suspended, revoked, encumbered or otherwise sanctioned?                                                 | Yes | No |
| 5. Have you been investigated by any other jurisdiction?                                                                                                      | Yes | No |
| 6. Have you ever been denied registration or nursing licensure by any other state?                                                                            | Yes | No |

If you answered "Yes" to any of the above questions, please write below a detailed explanation (dates, places, charges, and results). Attached another page, if necessary. Include any legal documents and send them with this application. If you are under the age of eighteen (18) please have your parent or guardian sign this application.

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Signing below verifies that all information provided to BSC Continuing Education and TrainND is true and accurate and verifies that you are physically able to fulfill the student requirements of the course or that any temporary or permanent condition limiting your ability to fulfill the student requirements will be addressed with the program manager and further, that you understand attendance is an essential part of the educational process of this training and that it is mandatory. Any student who fails to attend by the third day of class will be withdrawn from the class. Any student who misses more than eight hours of class time will be dropped from the class. No more than a total of eight hours of missed class time, regardless of the reason, can be missed. Further, to receive a full refund, minus a \$50 processing fee, you must contact the BSC Continuing Education office at least three business days before the class begins.

Student's Name \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Printed Name (if you are under 18) \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this completed form to BSC Continuing Education and TrainND either:

- In Person: BSC National Energy Center of Excellence Building, 1200 Schafer Street, First Floor, Room 107
- By Email through our secure portal: <https://sendfiles.ndus.edu/filedrop/BSC-ContinuingEducation>

### OFFICE USE ONLY

Action \_\_\_\_\_ Date \_\_\_\_\_ Pymt Method \_\_\_\_\_ Pymt Amount \_\_\_\_\_ Remaining Bal \_\_\_\_\_ Tran ID \_\_\_\_\_

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3rd Party Company \_\_\_\_\_ Invoice# \_\_\_\_\_ Date \_\_\_\_\_ Invoice Amount \_\_\_\_\_

Pymt Method \_\_\_\_\_ Date \_\_\_\_\_ Pymt Amount \_\_\_\_\_ SF Receipt # \_\_\_\_\_

Program Manager Permission Granted in Campus Connection for Credit Student? Yes Date \_\_\_\_\_