2027 CNA REGISTRATION FORM

BISMARCK STATE COLLEGE | North Dakota's Polytechnic Institution

trainND SOUTHWEST

Option 1: In Person (Evening) *Circle your desired date.*

Feb. 1 - 26* Apr. 5 - 29* June 7 - July 1* Sept. 7 - Oct. 1* Oct. 4 - 28*

**Denotes dates available for college credit.*

Option 2: Hybrid (Day Skills) *Circle your desired date.*

Feb. 8 - Mar. 26
Skills Week Mar. 29 - Apr. 2

Apr. 5 - May 21
Skills Week May 24 - 28

May 3 - June 18
Skills Week June 21 - 25

June 7 - July 23
Skills Week July 26 - 30

Option 3: Hybrid (Evening Skills) *Circle your desired date.*

January 1 - 31; Skills: 5, 7, 11, 13 - 14, 19, 21, 25, 27 - 28

March 1 - 31; Skills: 2, 4, 8, 10 - 11, 16, 18, 22, 24 - 25

April 30 - May 31; Skills: 4, 6, 10, 12 - 13, 18, 20, 24, 26 - 27

July 1 - 30; Skills: 6, 8, 12, 14 - 15, 20, 22, 26, 28 - 29

August 2 - 31; Skills: 3, 5, 9, 11 - 12, 17, 19, 23, 25 - 26

November 1 - 30; Skills: 2, 4, 8 - 10, 15 - 18, 22

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, **$849**

☐ Hybrid Training, **$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 may be required to have my Tuberculosis (TB) skin test completed and if required 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.

_____

_____

_____

_____

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

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OFFICE USE ONLY

Action_____ Date_____ Pymt Method_____ Pymt Amount_____ Remaining Bal _____ Tran ID_____

Action_____ Date_____ Pymt Method_____ Pymt Amount_____ Remaining Bal _____ Tran ID_____

Action_____ Date_____ Pymt Method_____ Pymt Amount_____ Remaining Bal _____ Tran ID_____

3rd Party Company_____ Invoice#_____ Date_____ Invoice Amount_____

Pymt Method_____ Date_____ Pymt Amount_____ SF Reciept #_____

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

BISMARCK STATE COLLEGE
Continuing Education

Tuberculosis (TB) Risk Assessment for Students

Purpose: This questionnaire helps determine whether a student may need TB testing or further evaluation.

Student Information

First Name: _____
Last Name: _____
Date of Birth: _____
Student ID (if applicable): _____

Part 1: TB Symptom Screening

In the past 12 months, have you experienced any of the following symptoms for no known reason?

- ☐ A cough lasting more than 3 weeks
- ☐ Coughing up blood
- ☐ Shortness of breath that does not go away
- ☐ Unusual tiredness or low energy
- ☐ Unexplained weight loss
- ☐ Chest pain
- ☐ Fever
- ☐ Chills
- ☐ Night sweats (waking up sweaty during the night)

If you checked any of the above symptoms, please explain:

Part 2: TB Risk Factors

Please check any statement that applies to you.

- ☐ I was born in a country outside of the US where TB is more common.
- ☐ I have lived in or traveled to a country where TB is more common for one month or longer.
- ☐ I have lived with or spent a lot of time around someone who had active TB.
- ☐ I have a medical condition that weakens my immune system.
- ☐ I take medication that weakens my immune system.
- ☐ I have received a BCG (tuberculosis) vaccination in the past.
- ☐ I have previously tested positive for a TB skin test or TB blood test.
- ☐ None of the above apply to me.

Previous TB Testing

Have you ever had a TB test?

☐ Yes
☐ No

If yes: Date of most recent TB test: _____

Type of test:

☐ TB Blood Test
☐ TB Skin Test
☐ Unsure

Result:

☐ Positive
☐ Negative
☐ Unsure

Student Certification

I certify that the information provided on this form is true and complete to the best of my knowledge.

Student Signature: _____

Date: _____

Staff Use Only

Assessment Outcome

☐ Student has TB risk factors and should receive TB testing.
☐ Student has no symptoms and no identified TB risk factors.

Follow-Up

☐ Student referred for an **IGRA (Interferon-Gamma Release Assay) blood test** for tuberculosis screening.
☐ No Further Action Needed

Note: If Student has been referred to obtain an **IGRA (Interferon-Gamma Release Assay) blood test** for tuberculosis (TB) screening. Test results should be submitted on the first day/night of class.

Staff Member Completing Assessment: _____

Date: _____