

BISMARCK
STATE COLLEGENorth Dakota's
Polytechnic Institution

2026 Class Dates

Theory/lab meets on Tuesdays and Thursdays from 9:00 AM to 3:30 PM. Registration closes one week before the first day of class.

Theory/Lab: Feb. 17 - Mar. 17

Theory/Lab: Aug. 4 - Sept. 1

Clinical: Mar. 18 - Apr. 11

Clinical: Sept. 2 - Oct. 3

Theory/Lab: Apr. 21 - May 19

Clinical: May 20 - June 13

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

Date of Registration _____ Class Start Date _____

First Name _____ Middle _____ Last Name _____

Address _____ City, State, Zip _____

Daytime Phone _____ Work Phone _____ Cell Phone _____

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

E-Mail Address _____ Date of Birth _____

Your confirmation and other correspondence will be sent to this address.

Social Security Number _____ CNA License Number _____

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

Please check one: *All checks should be made payable to Bismarck State College.*☐ Enclosed is the full tuition of \$849

☐ I am a sponsored student. Enclosed is the Third Party Authorization Letter as well as the name and address of the sponsoring business/agency. Sponsoring Business/Agency: _____

Health Requirements and General Acknowledgement:

I have read and understand the essential physical requirements of the course: ability to lift a minimum of 50 pounds, lab, and clinical practice, including an eight hour clinical practice session with minimal rest periods. I acknowledge I have a valid ND Certified Nursing Assistant (CNA) license, and I am in good standing as a CNA with the ND Department of Health and Human Services. I understand this is an 84-hour course and attendance is mandatory. If I miss more than four hours for any reason, I understand that I will be dropped from the course. I understand I am required to take, and pass, chapter exams after each subject and that I will have two opportunities to pass each section before remediation is required, per the NDHHS. A passing score of 85% is required on all quizzes and the final exam. I understand I will be able to take the CMA II state exam after completing the coursework and that the cost of the exam is included in the class tuition. I understand that I will have two attempts to pass the written exam. Once all coursework has been completed successfully, I understand I will be eligible to apply for my CMA II license through the NDHHS and that I am responsible for the application fee (credit card only). I understand I am required to have my Tuberculosis (TB) skin test completed within the last 12 months. Further, I acknowledge that I will be required to adhere to policies of the clinical facility in regard to vaccination against COVID-19. I also understand I need to receive the seasonal flu vaccination for classes beginning during the months of September through March.

CONTINUED ON THE NEXT PAGE

I agree to provide printed documentation of my TB result, provide my COVID-19 vaccination status, and seasonal flu vaccination proof upon registration or no later than the first day of class. I understand that if I have not met these requirements in a timely manner 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. If I must cancel my registration, I understand that I must notify BSC Continuing Education and TrainND SW at least three business days prior to the start of class in order to receive a refund of the tuition and that a \$50 processing fee will be deducted from the amount refunded.

COVID-19 Disclosure: ☐ I have been vaccinated for COVID-19; I can provide documentation.

☐ I have not been vaccinated for COVID-19.

_____ My initials indicate that I have read and understand the Health Requirements and General Acknowledgement and that the vaccination disclosure is true. Further, I understand I may not enter clinical without adequate completion of all documentation of coursework as determined by the instructor.

STUDENT EXPECTATIONS:

Because quality and commitment is of utmost importance, the instructor has the authority to dismiss a student who does not meet the expected standards of the class for a number of reasons, including, but not limited to: lack of responsibility, safety, respect for instructors and others students, or any other negative issue related to the student completing the program. In any of the above cases, the instructor or BSC Continuing Education and TrainND SW will notify the student's employer and/or program sponsor of the first offense. Continued offenses or behavior could result in unsuccessful completion of the program. Additional student expectations are outlined below:

- Students must attend in clean and neat attire.
- Students must be prepared and have proper clothing.
- Students must respect other students and instructors.
- Students must operate the equipment in a safe and responsible manner.
- No discrimination of any kind will be tolerated.
- No use of cell phone during classroom lab or clinical instruction. Limit use to breaks or emergency-related situations only.

_____ My initials indicate that I understand this requirement.

Signing below verifies that all information provided to BSC Continuing Education and TrainND SW 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 first day of class will be withdrawn from the class. Any student who misses more than four hours of class time will be dropped from the class. No more than a total of four hours of missed class time, regardless of the reason, can be missed.

Student's Name (please print) _____

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 & TrainND SW either:

- In-Person: BSC National Energy Center of Excellence Building, 1200 Schafer Street, 1st Floor, Room 107
- By Email: <https://sendfiles.ndus.edu/filedrop/BSC-ContinuingEducation>

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 Receipt #_____		