

Certified Nursing Assistant Training is an excellent opportunity for individuals interested in pursuing a career in the rewarding field of healthcare. Successful completion of the training and passing the NYS test will result in certification as a Certified Nursing Assistant.

Classes begin: May 12, 2025

Application Deadline: May 7, 2025 (including all required documentation)

What are the requirements for CNA Certification?

- The NYS Licensing Exam will be scheduled at the end of the **mandatory** classroom and clinical training required for the course.
- Students must achieve a passing grade on all 6 written tests throughout the course in order to sit for the NYS Licensing Examination.
- Official NYS CNA Certification is achieved through attainment of a passing grade on both the NYS written and practical-skills exams. If the student fails either assessment, they will **NOT** be certified.
- No “make-up” or repeat certification exams will be scheduled through FMCC. Students who miss the test date at FMCC must contact testing agency (Prometric) to re-test at a regional testing facility at their own expense.

What is expected of participants during the training?

- The program consists of approximately 6-8 weeks of training and will be a combination of both virtual and in-person classroom/lab and clinical instruction at local clinical sites. Attendance is **mandatory** to complete the training and sit for the NYS Licensing Certification Exam given at the conclusion of the program.
- Students are expected to login/arrive on time and be prepared to participate in all the training activities.
- Outside of the class time, the students will need to study for the tests throughout the training and for the NYS Licensing Exam at the end of the training.
- It will be important for students to ask questions and ask for help in understanding the classroom material and clinical procedures.

How can I get assistance to help pay for the training and testing? No financial aid is available for this training. Contact Christie Davis, Director of External Partnerships, to find out if there are current funding opportunities available through Employer or Agency sponsorship. For payment, the Student Financial Services Office can be reached at 518-736-3622 ext. 8601. Payment Plan Options may be available. Payment is due prior to first day of CNA class, please speak with the Student Financial Services Office for information when you submit your completed application.

How do I apply for acceptance into the training program?

- 1) Complete the attached application.
- 2) Provide all required documentation (Proof of minimum age of 17 years required)

Health/Physical Documentation:

Employer Sponsored Students ONLY: Employer must sign off on student's application.

Employer Verification that there is a completed Health Exam Form/Physical Exam within one year of program start date. Proof of TB test dated less than 12 months prior to program start date; Proof of (dated) MMR immunization records or Titer Certificate showing immunity.

For Non-Employer Sponsored Students ONLY–

_____ You must provide all of the following health records: Health Exam/Physical Exam within one year of program start date. Candidate must be able to lift 50lbs. to the waist; Proof of TB test dated less than 12 months prior to program start date; Proof of (dated) MMR immunization records or Titer Certificate showing immunity. ***Contact your healthcare provider for documentation***

All Applicants (Both Employer Sponsored and Non-Employer Sponsored Students):

Two Forms of ID are required

_____ Primary ID must be a government issued photo ID, such as a driver's license.

_____ Secondary form of ID must have a matching (same name) signature.

3) Submit application and documents to FMCC Admissions Office. If you are being sponsored by an employer or agency, include a letter of commitment from the sponsoring agency. If you are not being sponsored, you must arrange payment with the Bursar Office upon CNA registration with your completed application.

4) You must attest to having a clear criminal record (no felonies)

CNA Application Check List: ALL items listed are REQUIRED for your application to be accepted.

_____ Proof of age (at least 17)

_____ Verified signature that the following are on file: Completed **CNA Health Exam Form** signed by physician and dated less than 12 months prior to start of training course;

_____ Proof of TB test and results dated less than 12 months prior to start of training course; **and** Proof of MMR vaccination or a Titer Certificate showing immunity.

For students being sponsored by an employer or agency for payment:

_____ Sponsored Students: Letter of Commitment from Employer or Sponsoring Agency for payment. Non-sponsored: Arrange payment at the Bursar's Office at time of registration.

Two forms of Identification for testing:

_____ **Government issued photo ID with signature.** (for example: driver's license).

_____ **Secondary I.D. with matching (same name) signature.** (For example: social security card, benefit card, debit/bank card, library card, passport).



Student Information (Please Print Clearly):

Last Name: _____ First Name: _____ MI: _____

Maiden Name/Other names known by: _____

Date of Birth: ____/____/____ Social Security #: ____/____/____

Gender: ☐ Male ☐ Female Are you a US Citizen? ☐ Yes ☐ No If NO, are you
authorized to work in the US? ☐ Yes ☐ No Is English your primary language? ☐ Yes ☐ No

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____

Home Phone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____ May we text you with updates? ☐ Yes ☐ No

E-Mail Address: _____

Have you ever been certified as a C.N.A.? ☐ No ☐ Yes, Date of Certification: _____

Are you currently a certified Home Health Aide (H.H.A.)? ☐ No ☐ Yes, Date of Certification: _____

Are you currently a certified Personal Care Aide (P.C.A.)? ☐ No ☐ Yes, Date of Certification: _____

Have you ever been convicted of a misdemeanor? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

I understand that all information submitted is true to the best of my knowledge. Any deliberate falsification or omission of application data may result in denial of admission or dismissal. I have reviewed the program requirements and I accept all the participation and attendance requirements of this training program.

Applicant's Signature: _____ **Date:** _____

Employer Sponsored Students ONLY: Employer Verification that there is a completed Health Exam Form/Physical Exam within one year of program start date. Proof of TB test dated less than 12 months prior to program start date; Proof of (dated) MMR immunization records or Titer Certificate showing immunity. "The above records are on file at the facility:" **(Employer Sponsor complete this portion)**

Sponsoring Agency Name: _____

Agency Representative Name (Please Print Clearly): _____

Signature: _____ Title: _____

Phone#: _____ Email: _____

Submit Application and required documents to: SUNY FMCC Admissions Office

Non-Credit Registration Form

<u>COURSE NAME</u>	<u>COURSE/SECTION #</u>	<u>START DATE</u>	<u>COST</u>
<u>Certified Nursing Assistant (CNA)</u>	<u>CNA001</u>	<u>May 12, 2025</u>	<u>\$2200</u>
<u>(Example: Certified Nursing Assistant</u>	<u>CNA001-NWP</u>	<u>May 12, 2025</u>	<u>\$2200</u>

YOUR RESPONSES ARE VOLUNTARY. FM will keep your responses confidential and will not use the information provided in a discriminatory manner. Failure to respond to these questions will not subject you to any adverse treatment.

Are you Hispanic/Latino? ☐ Yes ☐ No

If yes, is your background (select one): ☐ Central American ☐ Dominican ☐ Mexican
☐ Puerto Rican ☐ South American ☐ Other Hispanic/Latino

All applicants, please indicate your race — **select one or more**:

☐ (I) American Indian or Alaska Native ☐ (A) Asian ☐ (B) Black or African American
☐ (P) Native Hawaiian or Other pacific Islander ☐ (W) White

Applicant Certification: I understand that all information submitted is true to the best of my knowledge. Any deliberate falsification or omission of application data may result in denial of admission or dismissal. I have reviewed the program requirements and I accept all the participation and attendance requirements of this training program.

Non-Employer Sponsored Students ONLY

Applicant Signature: _____ Date: _____

Method of Payment (Check One):

<input type="checkbox"/>	Personal Payment: (credit card , cash or check (made payable to FMCC))
<input type="checkbox"/>	For Sponsored Students: Sponsoring Agency/Employer: <i>*A letter or sponsorship from agency/employer must accompany your completed application*</i>

*All payments are made via the FMCC Student Financial Services Office
 (Email: studentfinancialservices@fmcc.edu Phone: 518-736-3622 x 8601)*

Please return this completed application along with documents outlined on the attached checklist (if applicable) to: FMCC Admissions Office 2805 State Highway 67, Johnstown, NY 12095.

Applications that are not complete or are missing documentation will not be accepted.

THIS SECTION IS FOR COLLEGE USE ONLY

Application Received by: _____ Date Received: ____/____/____

Reviewed/Accepted by: _____ Date accepted: ____/____/____

Acceptance letter sent by: _____ Date accepted: ____/____/____

_____ **Two** forms of ID Received (Age 17 or over) _____ Health Physical/Immunizations Documents

For Sponsored Students:

_____ Please indicate name of sponsor): _____

_____ Approval letter from sponsor attached

_____ FMS Workforce Solutions Center

_____ Other Sponsor (bill Sponsor directly)

For Non-Sponsored, Self-Paying for Course

Name on Check: _____

_____ Check # _____ **OR** _____ Money Order # _____

OR

_____ Name on Credit Card: _____

Credit Card #: _____ Expiration Date: _____ CSV: _____

Notes:
