



## RNA PROGRAM APPLICATION

For the RNA class, ***please wear scrubs & flat, closed toe shoes*** that will be comfortable for your practical application time. Any color of scrubs are fine. ***Please also bring a gait belt.***

In order to secure your spot in the class please complete and submit application and payment to the College of Medical Arts Corporate Address below. You may also fax the application to 916-919-8516 or scan and email a signed copy to [admissions@cmaschool.org](mailto:admissions@cmaschool.org). If you fax or email the application, payment must be made online at [www.cmaschool.org](http://www.cmaschool.org), click Make a Payment.

**Application and payment MUST be received in advance.**

Date/Location: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

Nurse Assistant Certificate Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you currently employed as a Certified Nursing Assistant?  Yes  No

If yes, is your employer paying for you to take the class?  Yes  No

Name of employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

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

\_\_\_\_\_  
Date

**FOR COLLEGE OF MEDICAL ARTS USE ONLY**

*Payment Verification:*

Payment Received \$ \_\_\_\_\_

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

Sponsoring Facility \_\_\_\_\_

Billed \_\_\_\_\_

*Verification of CNA Certification:*

Name on Cert.: \_\_\_\_\_

Cert Number \_\_\_\_\_  Exp. \_\_\_\_\_

Status \_\_\_\_\_  Confirmation \_\_\_\_\_

Form Completed by \_\_\_\_\_

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