NURSE AIDE II APPLICATION
ALL INFORMATION ON THIS FORM IS HELD CONFIDENTIAL

Registration is subject to class availability. Students must register with their legal name on all documents. Names must match exactly.

Rowan-Cabarrus COMMUNITY COLLEGE

(PRINT)

Last Name: _____ First Name: _____ Middle Name: _____

Maiden Name: _____ Birth Date: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Email: _____

Education (check one):

High School Diploma ☐   or   High School Equivalency (*formerly known as GED*) ☐

School attended: _____

Are you a United States Citizen? Yes☐ or No☐ Place of Birth: _____ State of legal residency: _____

Are you currently enrolled at RCCC? Yes☐ or No☐ *If yes,* which program of study? _____

*Please note the RCCC NAII Class is offered during the **day** at Novant Health Rowan Medical Center.*

In Case of Emergency contact:

Name: _____ Relationship: _____ Phone #: _____

Registration Information

- **Student Background Check and Drug Screen details are provided during the registration phase and not prior to registration.** To obtain background check and drug screen instructions and to register for this program, contact: Casey Hinson-Stapleton at 704-216-3452.
- Tuition of $200.43 is due at time of registration.
  - Scholarships may be available. Visit www.rccc.edu/corporatecontinuing/continuing-education-scholarship-application for more information.

Required Documents

- ✓ Completed Nurse Aide II Application
- ✓ Evidence of a U.S. issued high school diploma or High School Equivalency (transcript copies or copy of diploma)
- ✓ Unexpired government-issued picture identification
- ✓ A copy of your active NC Nurse Aide I Listing – Students may go to the NC Division of Health Services website and print a copy of their NAI listing at www.ncnar.org
- ✓ Immunization Record for Nurse Aide II

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Document Policy: Copies of transcript and identification documents are filed in RCCC's archives and are not returned to the student. Please do not give us your original or your only copy.

Refund Policy: For a **full** refund, you must make your refund request before the class starts. For **75%** refund you must make your refund request before the third (3rd) class day. **No refunds are given after the third (3rd) class day.**

By signing this document, I certify the information given is complete and accurate and I agree to abide by all Rowan-Cabarrus Community College policies and regulations.

Student Signature: _____ **Date**: _____