South Louisiana
Community College
Know. Know How.®

Pre-Application for Nurse Aide Program

Personal Information:

Name: _____ Social Security No.: _____ DOB: _____

Physical Address: _____ City, State, Zip: _____

Mailing Address (if different): _____ City, State, Zip: _____

Home phone: _____ Cell phone: _____

Email Address: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone No.: _____

SLCC cannot accept students who have been convicted/found guilty of abusing, neglecting, or mistreating the elderly or sick, or if misappropriating a resident's property OR has a finding of abuse, neglect, mistreatment, or misappropriating of property on the Nurse Aid Registry or Direct Service Worker Registry. Other positive findings in the background check can make you ineligible for admittance into the program – Check with the program team if you have any questions.

My signature below indicates awareness of the above statement and my responsibility in paying for a physical exam, TB skin test, immunization records, drug screen, background check, uniforms, watch (with a 2nd hand), tennis shoes with no mesh, and school supplies.

_____   _____
Signature of Applicant   Date

_____   _____
SLCC Representative Signature   Date

_____
SLCC Representative Name & Title

Please print, complete, and sign the pre-application. Please return via 1) fax to 337-521-6685 or 2) hand-deliver to SLCC Ardoin Bldg. Room 104D or 104E, 1101 Bertrand Dr, Lafayette, LA 70506. We will contact you after we completed the registry searches with the results. Any questions, please contact us at (337) 521-9028 or email workforce@solacc.edu.