Student Application Check list

Student Name:		Term:	
Students must have all of the following items present in their student file to be eligible to participate in the program. Dead line for Health Requirements is the Monday prior to the start of the semester. West Los Angeles College Student Application			
	Proof of enr	ollment of 283B form, signed and properly typed with Student personal Information.	
	2.	Program Information Session Admission application assistance Financial assistance contact: FAFSA.COM Submit CNA Program Application Packet	
	Nursing Assi	istant Program Application Complete	
	Cardiopulmo	onary Resuscitation (CPR) – Basic Life Support for Health Care Providers Card valid through	
	the duration	of the program (will be offered at WLAC).	
	Physical Ex	sical Examination. Health Record signed by a Physician, Nurse Practitioner or Physician Assistant	
	(completed	within the 2 months prior to the start of the program) that specifies that you can	
	participate in	the classroom and clinical internship portions of the program without any limitations.	
	Urine Negat	rine Negative Drug Test (8 panels, within 2 months of start of Program) Immunization	
	proof or tite	er results confirming:	
	Tetanus (wit	hin past 10 years)	
	Flu Shot Cui	rrent	
	Hepatitis B immunization record or Titer result		
	MMR (Meas	les, Mumps, Rubella) immunization record or Titer result	
	Proof of Absence of Tuberculosis (negative skin test or negative chest x-ray within two months of		
	start of program)		
	Varicella (Ch	nicken pox) (titer or proof of vaccination)	
	CNA Malpra Go to NSO.	ctice Insurance Application (District require \$ 1000,000 single occurrence & \$ 3000,000 COM	
	Covid -Vac	cine	
		DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY	
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Stud	ent file reviewe	ed by: Date:	
	Live Scan /	/ Criminal Background Clearance	
	Evidence o	Evidence of Understanding from Student Hand Book	
	DHS 283 B	5 form	
Student approved for entrance into program by: Date:			