

Ashland
1247 E. Main St.
Ashland, OH 44805
PH: 419-281-2273
FAX: 419-207-1737

Ontario
68 Briggs Drive
Mansfield, OH 44906
PH: 567-247-2273
FAX: 419-529-0903



Companions
Nurse Aide Training Centers

Wooster
4164 Burbank Rd.
Wooster, OH 44691
PH: 330-601-1033
FAX: 330-601-1035

Orrville
516 W. High St.
Orrville, OH 44667
PH: 330-930-0136
FAX: 330-930-0137

STNA TRAINING APPLICATION

Personal Information

Training to start: _____ Date of application: _____

Name: _____ Social Security: _____
Last Birth First MI

Date: _____ E-mail: _____

Address: _____ City: _____

State: _____ Zip: _____ How long at this address: _____

Primary Phone: _____ Secondary Phone: _____ Best Time to Call: _____

Additional Information

How Did You Hear About Us? _____

Are you sponsored or do you work in Long Term Care Facility: _____ Y N
(If yes, please give name and address)

Name: _____

Address: _____

Do you have an IEP?: _____ Y N

Are you eligible to work in the United States: _____ Y N

Can you read and write English? _____ Y N

Have you ever been convicted of or pleaded guilty to a felony in the past 7 years? _____ Y N
(if yes please explain: give date, location, charge, etc)

(Convictions need to be reviewed with Program Coordinator prior to starting class)

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____