

**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: \_\_\_\_\_