

CLASS INFORMATION:

DATES

- November 3 December 19, 2025 (Monday, Tuesday, & Thursdays)
- Saturdays will be scheduled with your instructor for skills and clinical

TIME

• 5:30-9:30PM

LOCATION

- Classes at Alcorn Career & Technology Center (2101 Norman Road, Corinth, MS 38834)
- Clinicals at Corinth-MS Care Center

ATTENDANCE

- The fourth absence will result in dismissal
- NO CLINICAL ABSENCE ALLOWED

OTHER INFORMATION

- Uniform (navy scrubs & sneakers) required
- One stethoscope, blood pressure cuff, and watch with second hand required
- Black pen and pocket sized notebook
- Student registers & pays CNA exam fee (skills/written exam - \$135) after class completion
- Student responsible for their own transportation to/from testing center
- Potential employment with hospitals, nursing homes, or home/hospice health agencies

FEES

- \$400 fee for Tuition & Books

 Payment may be made by check,

 money order, or debit/credit card
- \$55 fee for fingerprinting and background check Must be paid by debit/credit card

SELECTION CRITERIA

- Proof of age (17 years old)

 Driver's License
- Prerequisite ACT (16) or Work Keys Test (Silver)
- COMPLETED PACKET including ALL shot records
- FULL PAYMENT

required to reserve class slot on a first come, first served basis

HOW TO APPLY

Scan QR code or use link below

https://nemcc.formstack.com/forms/cna_trainee_application



662-720-7296 continuinged@nemcc.edu



In compliance with Title VI of the Civil Rights Act of 1964; Title IX, Educational Amendments of 1972 of the Higher Education Act; and, Section 504 of the Rehabilitation Act of 1973, as amended the Board of Trustees of Northeast Mississippi Community College has adopted this policy assuring that no one shall, on the grounds of race, color, age, national origin, or sex, be excluded from participating in, be denied the benefits of, or otherwise be subjected to discrimination in any program or activity of the College. Northeast Mississippi Community College adheres to the principl of equal educational and employment opportunity without regard to race, sex, age, color, creed, or national origin. This policy includes the qualified handicapped and extends to all programs and activities supported by the College. The Section 504 Coordinator is Leigh Ann Stewart, Wright Hall (662)720-7192 and the Title IX Coordinator is Liz Calvery, (662) 720-7443.



CONTINUING EDUCATION

| APPLICATION | | |
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| | | |
| First Name MI Last Name | | |
| Mailing Address City | | |
| State Zip E-mail | | |
| Social Security # County of Residence | | |
| Date of Birth/ Telephone () | | |
| Emergency Contact#Emergency Contact# | | |
| Racial/Ethnic Group (Please choose only one): □ White/Caucasian □ Black/African American □ American Indian/Alaska Native □ Hispanic/Latino □ Hawaiian Native/Pacific Islander □ Asian □ More than one Race | | |
| Level of Education (Please choose only one): □ Less than High School □ High School Diploma / GED □ Some College without Degree □ Associate Degree □ Bachelor Degree □ Graduate / Professional Degree | | |
| Employment Status/Type: □ Employed □ Unemployed □ Retired | | |
| ☐ Full-time ☐ Part-time ☐ Seasonal ☐ Temporary | | |
| Current or most recent employer: | | |
| Gender: ☐ Male ☐ Female Age: | | |
| Enrollment Status: □ Part-Time (less than 12 credit hours in fall or spring; less than 6 in the summer) □ Full-Time (12 or more credit hours in the fall or spring, 6 in the summer) □ Degree Program □ Certificate Program Please check all that apply: □ Veteran □ Disabled □ Pell Grant Eligible □ TAA Eligible | | |
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| Signature Date | | |



STUDENT REQUIREMENTS CHECKLIST

(Keep for your records)

You will be expected to attend class and clinical. Three absences are allowed, with a reasonable excuse, for the class instruction. The fourth (4th) class absence will result in dismissal.

All clinical sessions must be attended.

| Items to l | be submitted before acceptance: Due BEFORE Class Begins |
|------------|--|
| | Tuition (\$400.00 payable by Check, Money Order or Debit/Credit Card) will include your textbooks and liability insurance. |
| | Trainee Application (Page 2) |
|] | Proof of High School Diploma or G.E.D |
| (| Copy of ID (Driver's License) |
| | ACT (15) or Workkeys Assessment (Silver) (Contact Adult Basic Education @ 662.720.7184 to schedule Workkeys if needed) |
| (| American Heart Association Basic Life Support (BLS) Certification. Contact local hospitals, clinics, or fire departments and ask about their next available training session. MUST BE AHA-BLS and have a hands-on component. (Online Classes Are Not Accepted) |
| | General Physical Examination (School Physical) |
| | 5 or 10-panel in-house Drug Screen from your healthcare provider. (We do not provide a form for either exam.) |
| | Vaccination Records (Shot) of the following: |
| | I <mark>Flu Shot</mark> |
| | TB Skin Test (Current within 6 months must carry you through course completion) |
| | Hepatitis B Series (3 Injections) |
| | MMR Series (2 Injections or proof of Measles immunity) NOTE: The MMR vaccine is |
| co | ontraindicated with pregnancy or conception within 3 months of immunization. |
| | • Provide documentation of having received two (2) live Measles containing vaccinations after |
| | first birthday. |
| | OR provide documentation of physician diagnosed measles and laboratory evidence of measles immunity. |
| | OR birth before 1957 (Copy of Driver's License) |
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If you have any questions/concerns, please feel free to contact us in Holliday Hall room 303, call us at (662) 720-7296, or e-mail continuinged@nemcc.edu.