# *Nurse Aide Class Registration*

This form MUST be completed and returned to Continuing Education:
Iowa Western Community College, Continuing Education, Looft Hall, 2700 College Road, Council Bluffs, IA 51503
FAX: 712-325-3721 Email: ce@iwcc.edu

| **Course:** | **Course #:** | **Course date:** |
|---|---|---|

## PERSONAL INFORMATION

| **NAME** (*Lastname, First name Middle Initial*) | **DATE OF BIRTH** (*mm/dd/yyyy*) | **SSN:** |
|---|---|---|
| | | |

**ADDRESS** (*Number, Street, City, State Zip Code*)

| **TELEPHONE** (*Home*) | **TELEPHONE** (*Mobile*) | **EMAIL ADDRESS** | **GENDER** ___Male ___ Female ___ Nonbinary |
|---|---|---|---|
| | | | **CITIZENSHIP** ____US _____ Other (Specify) |

## CRIMINAL BACKGROUND CHECK (Fill out one line for each name you have had (Married, Maiden, etc)

| **1. Current Last Name** | **Current First Name** | **Current Middle Name** |
|---|---|---|
| | | |
| **2. Previous Last Name** | **Previous First Name** | **Previous Middle Name** |
| | | |
| **2. Previous Last Name** | **Previous First Name** | **Previous Middle Name** |
| | | |

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime other than a simple misdemeanor offense relating to motor vehicles and laws of the road under chapter 321 or equivalent provisions in this state or any other state? No _____ Yes _____

I give Iowa Western Community College permission to complete an IOWA CRIMINAL HISTORY check. The information I have furnished is accurate and complete.
Signature _____ Date _____

## Tuberculosis Screening

### Tuberculosis Screening

☐ a. Tuberculin Skin Test:
Date #1 given ____/____/_____ Date #1 Read ____/____/_____ Results _____
Date #2 given ____/____/_____ Date #2 Read ____/____/_____ Results _____ **OR**

☐ Chest X-ray (required if tuberculin skin test is positive) result: Normal _____ Abnormal _____
Date of Chest Xray ____ /____/_____ Attach copy of chest x-ray report

## PAYMENT METHOD:

| ☐ E2E | ☐ Money Order | ☐ Cashier's check | ☐ Cash | ☐ Credit Card |
|---|---|---|---|---|

**Credit/Debit Card #:** **Exp. Date:** **3 Digit Code:**

**Name on Card:**

**Billing Address:**

**Payee Email:**