



Nursing Assistant Application and Registration Form

PLEASE PRINT	Semester of Registration			Year
	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	

Name: _____
(Last) (First) (Middle Initial) (Maiden)

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Day phone: (____) _____ Cell: (____) _____ Birthdate: _____

e-mail address: _____ Student ID or SSN _____ (Voluntary)

Are you a resident of the state of Minnesota? Yes No # of yrs _____ mo _____

Are you a U.S. Citizen? Yes No If you answered no, which category below best fits your status:

Resident Alien Refugee/Asylee Temporary protected status None of these

Are you currently or have you ever served in the Armed Forces for the United States Yes No

Have you ever attended DCTC before? Yes No If yes, approx. last date of attendance _____

Additional information about Nursing Assistant:

- Students must complete the Reading Comprehension portion of the Accuplacer Assessment (Recommended Score 50 or above) or have completed a college level English course.
- Books and supplies can be purchased in the bookstore – list of required items are available at www.dctcbookstore.com
- Be prepared to complete a background check on the first day of class (credit card payment for approx. \$20 is required)
- Upon completion of the course (for an additional cost) you will be eligible to take the NNAAP Exam.
- Be aware that the Nursing Assistant Certificate does not meet the criteria for being financial aid eligible.
- If plans change and you are not able to attend the section you registered for, you MUST officially drop the course on or before one business day after it begins to not be financially and academically responsible for the course.
- Final payment for the course is required prior to signing up for the state exam.

Scheduled courses are able to be viewed at www.dctc.edu at the bottom of the home page under Student Links. Search under subject HEAL. Fill in the course ID and section number of desired course.

COURSE REGISTRATION INFORMATION

Course ID	Subject/Course #	Section	Credits	Name of Course	Est. cost
	HEAL 1060		5	Nursing Assistant	

Estimate cost: For cost estimates please refer to the course schedule on our web site at www.dctc.edu.

Estimated cost of courses

Students will be notified if the class they choose is filled or cancelled.

One time Non-refundable \$ 20 application fee

By signing below I accept financial responsibility for course(s) for which I register and I understand the drop/add policy.

Details can be referenced on-line at: <http://www.dctc.edu/admissions/pay-for-college/tuition-fees/withdrawals-refunds/>

Student: _____ Date: _____
(Signature)

Payment Options: You must choose a payment option to complete registration.

Full Payment:

Checks payable to Dakota County Technical College can be mailed with completed registration form to:
 Dakota County Technical College, Attention: Registration, 1300 145th St. E. (County Road 42), Rosemount, MN 55068.

Credit Card: Please Charge my full balance due. VISA MasterCard Discover

Card number _____ Expiration Date: _____

Signature of Cardholder _____

Payment Plan: I am interested in a payment plan to spread out the cost of classes. I know I MUST enroll through the E-cashier link on the college website (www.dctc.edu). I am aware of the pay dates and fees associated with the payment plan.

*Optional – Used for statistical purposes only:

High School Graduate:

YES Year: _____ NO

GED Yes No

Gender: Male Female

Ethnicity/Race

- 1. Black, Non-Hispanic
- 2. American Indian/Alaskan Native
- 3. Asian/Pacific Islander
- 4. Hispanic
- 5. White, Non-Hispanic

Are you a displaced homemaker? Yes No

Single parent? Yes No

***Note to student:**

The information collected in the optional section is needed for reporting and research purposes only. It will be kept confidential and will not be used as a basis for enrollment, or in a discriminatory manner. The information collected will be used for summary reports required by federal and state laws and regulations to support institutional affirmative action. Summary reports do not identify individuals. Completion of this section is voluntary. Refusal to provide any of the requested information will not affect your enrollment. Students with disabilities are encouraged to contact the Supplemental Services Coordinator to arrange appropriate services.