

PLEASE PRINT OR TYPE

<input type="text"/>			<input type="text"/>		
FIRST, MIDDLE, LAST NAME			PHONE NUMBER		
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>
HOME ADDRESS		CITY		STATE	ZIP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
MALE	FEMALE	DATE OF BIRTH	SOCIAL SECURITY NUMBER	EMAIL ADDRESS	

YES NO Have you ever been found to have violated or been convicted of offenses, misdemeanor, or felony abuse, neglect, exploitation, or physical abuse of an elder or adult with a disability?

YES NO Will you need information on how to submit an ADA accommodation for testing? English as a second language is not an ADA-eligible disability for accommodations during competency testing. Accommodations will NOT be provided at the examination site unless accommodations are granted by South Dakota Health Association prior to testing through the application process.

YES NO An audio (oral) version of the knowledge exam is available if you have difficulty reading English. However, you must request an Audio exam in advance of testing. The questions are read to you neutrally and can be heard through wired headphones/earbuds (Bluetooth-connected devices are not allowed) plugged into the computer. When taking an electronic Audio version of the knowledge exam, the audio control buttons will be displayed on the computer screen, enabling you to play, rewind, or pause questions as needed. There is \$10 fee to request an audio version of the exam.

YES NO **Photo/Video Release Consent:** I hereby irrevocably consent to use, for communication & promotional purposes by Avera my name and/or one or more portraits, pictures, video recordings and photographs of me, or reproductions of the same in any form. I further agree that Avera may use, or permit other persons to use the prints or video prepared for such photographs and videos for social media, teaching, and educational purposes, publication in medical or scientific articles, or for such purposes and in manner as may be deemed necessary by Avera.

INITIAL TO ACKNOWLEDGE EACH STATEMENT

____ **Avera CNA Online Training Release & Waiver of Liability:** In consideration of allowing me to participate in the certified nurse aide training, I, the undersigned (or parent or legal guardian if a minor), do hereby waive, release, and forever discharge Avera, its affiliates, officers, agents, employees, agents and representatives, from any and all liability, including future damages, from injuries or damages of any kind resulting from my participation in the certified nurse aide training. I have voluntarily and knowingly agreed to participate in the certified nurse aide training and do hereby assume all responsibility for my participation and activities in such training.

____ **CNA Test Injury Disclaimer:** The South Dakota approved Certified Nurse Aide test you are applying to take will require you to demonstrate typical duties of a Certified Nurse Aide. During the test you may be required to lift and/or transfer a resident actor weighing up to 180 pounds. If you have a preexisting condition or temporary disability, that may affect your ability to do this or other skills, you are advised to delay your testing. It is understood, in consideration of our performance of the service enumerated at the price stated, that South Dakota Health Care Association, its officers, agents and employees, and Independent Consultants administering this test will not be held responsible for any injuries or damages sustained during or as result of testing.

____ **Additional Fees/Removal from CNA Training:** Failure to meet CNA Training requirements may result in the need to pay additional fees, register as a new student, or removal from the CNA training program.

<input type="text"/>		<input type="text"/>	
STUDENT SIGNATURE		DATE	
<input type="text"/>		<input type="text"/>	
PARENT/GUARDIAN PRINTED NAME		PARENT/GUARDIAN SIGNATURE	
***SIGNATURE OF PARENT OR LEGAL GUARDIAN IS REQUIRED IF STUDENT IS UNDER THE AGE OF MAJORITY.			
<input type="text"/>		<input type="text"/>	
PARENT/GUARDIAN PHONE NUMBER		PARENT/GUARDIAN EMAIL	