

Health Link Services  
Nurse Aide Training Program #3950636  
2921 East State Street, Hermitage, PA 16148  
Phone: 724.981.7888 Ext. 103  
Fax: 724.981.9218

APPLICATION

The Nurse Aide Training Program does not discriminate on the basis of race, color, sex, citizenship, national origin, ancestry, veteran status, or on the basis of age or physical or mental disability unrelated to the ability to perform the duties required as a nursing assistant. No question on this application is intended to secure information to be used for such discrimination.

PERSONAL

Date of Application: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN#: \_\_\_\_\_

Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

NOTE: Please complete the FBI Procedural Process for FBI background check (see last page of packet) if you have not been a continuous Pennsylvania Resident for the last two (2) consecutive years.

Address: \_\_\_\_\_  
\_\_\_\_\_

Have you lived in Pennsylvania for the last (2) years? \_\_\_\_\_

Previous Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell #: \_\_\_\_\_

Have you ever been convicted of any felony or misdemeanor, and/or do you currently have any criminal charges pending and unresolved in any court? Circle YES or NO

(see attached Prohibited Offenses)

If you have answered yes, please provide explanation and/or documentation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A person to be notified in case of an emergency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

HLS: 10/10wk

**EDUCATION:**

Information on high schools, colleges, vocational schools, and/or GED:

Name of School	City/State	Graduation Date	Diploma received

**EMPLOYMENT:**

List work experiences from present to past:

Dates worked	Employer	Address	Position

May we ask your present and/or past employers about you? Circle YES or NO

How did you learn about the nurse aide training program? \_\_\_\_\_

Why do you want to become a nursing assistant?

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

Give the complete names of (3) employers, health professionals, teachers, school counselors, or clergy. For applicants who have been out of school, references from college professors, officers of organizations, etc., are acceptable. **DO NOT USE RELATIVES OR FRIENDS!**

(1) Name:	Position
Address:	Phone Number:
(2) Name:	Position
Address:	Phone Number:
(3) Name:	Position
Address:	Phone Number:

**I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief, and hereby grant Health Link Services, permission to verify such answers. I understand that any false statement on this application may be considered sufficient cause for rejection of this application or for dismissal if such false statement is discovered subsequent to my admission. If this application is considered favorable, I agree to abide by the policies and procedures set forth by Health Link Services Nurse Aide Training Program.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Program Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Pennsylvania Department of Education  
PROHIBITIVE OFFENSES CONTAINED IN ACT 14 OF 1997  
Nurse Aide Resident Abuse Prevention Training Act

Prohibitive Offenses

Acquisition of Controlled Substance by Fraud	Obscene and Other Sexual Materials
Aggravated Assault	Obscene and Other Sexual Materials to Minors
Aggravated Indecent Assault	Possession with Intent to Deliver
Arson and Related Offenses	Promoting Prostitution
Burglary	Rape
Causing or Aiding Suicide	Receiving Stolen Property
Concealing Death of a Child	Retail Theft
Corruption of Minors	Retaliation Against Witness or Victim
Criminal Homicide	Robbery
Dealing in Infant Children	Securing Execution of Document by Deception
Delivery by Practitioner	Sexual Abuse of Children
Designer Drugs	Sexual Assault
Drug Delivery resulting in Death	Statutory Sexual Assault
Endangering Welfare of a Child	Theft
Forgery	Theft by Deception
Illegal Sale of Non-Controlled Substance	Theft by Extortion
Incest	Theft by Failure to Deposit
Indecent Assault	Theft by Property Lost
Indecent Exposure	Theft by Unlawful Taking
Intimidation of Witnesses or Victims	Theft of Leased Properties
Involuntary Deviate Sexual Intercourse	Theft of Services
Involuntary manslaughter	Theft of Trade Secrets
Kidnapping	Theft of Unpublished Dramas or Musicals
Library Theft	Unauthorized Use of a Motor Vehicle
Murder I	Unlawful Restraint
Murder II	Unlawful Use of a Computer
Murder III	Voluntary Manslaughter

Have you ever been convicted or entered a plea of guilty to any of the above offenses? If yes, please submit a letter explaining the arrest, charges and final disposition.

If no, sign, date and submit with your application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Link Services  
Nurse Aide Training Program

LETTER OF REFERENCE

Evaluator: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

The above named applicant is a candidate for admission to Health Link Services Nurse Aide Training Program and has named you as a reference person. Your comments will be reviewed only by the Coordinator and/or Executive Director to help her/him arrive at a better understanding of the applicant. Your cooperation in completing and promptly returning this form will assist both the applicant and Health Link Services.

Please Note: Public Law No. 93-380 grants a student access to his/her records as maintained by Health Link Services. It also grants a student or an applicant the right to waive access. See form below for the student's choice regarding confidentiality.

Applicant's Access to Letters of Reference

Public Law No. 93-380 grants a student access to his/her records as maintained by Health Link Services. Furthermore, it grants a student or an applicant the right to waive (give up) access to letters of reference.

To assure that your records are held in compliance with this law, check one:

\_\_\_\_\_ I do not give up my right to read this letter of reference.

\_\_\_\_\_ I do give up my right to read this letter of reference.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HLS: 10/10wk

## Procedural Process for Procuring an FBI Report

- Step 1: Applicant Registers with Cogent Systems
- [www.pa.cogentid.com](http://www.pa.cogentid.com) – available 24 hours/day
  - 1.888.439.2486 Monday-Friday: 8am to 6pm EST
- Step 2: Applicant goes to a Fingerprint Location
- [www.pa.cogentid.com](http://www.pa.cogentid.com) to view listings
  - Location determined during phone call
  - Applicant Livescan Operator (ALO) will identify the applicant and scan all 10 digits.
- Step 3: Cogent forwards Fingerprints to FBI and FBI returns report to Cogent
- Step 4: Applicant Contacts Entity at PDE  
Arthur Richardson @ 717.772.0814 ([arichardson@state.pa.us](mailto:arichardson@state.pa.us))
- Step 5: PDE (PA Dept. of Education) mails Applicant an Official Letter of Approval or Denial

### PREPARATION

- Credit/debit card acceptable for on-line registration
- \$36.00 Money Order/Cashiers Checks ONLY payable to Cogent System at the print location
- Have demographic information available, i.e., name, address, social security number, etc.
- Request a copy for \$2.00 extra (COPY IS NOT REGARDED AS THE OFFICIAL REPORT)
- Have a pen/pencil and piece of paper available
- No scheduled appointments
- Have Registration Number available
- Have photo identification available (driver's license) – see [www.pa.cogentid.com](http://www.pa.cogentid.com) for other types of ID
- Valid demographic information

### OUTCOME

- Registration ID Number will be given to applicant
- Reports available (on-line) within 2 days
- One reprinting available, if needed Cogent will contact applicant
- Wait at least 2 days then check “Proof of Transaction” ([https://www.pa.cogentid.com/index\\_pde.htm](https://www.pa.cogentid.com/index_pde.htm).)
- PDE reviews report, determines eligibility for enrollment into a nurse aide training program
- Applicant submits official PDE letter of approval to state approved nurse aide program