

CNA Enrollment Checklist

Student Name: _____ Phone: _____

CRN # _____ CCC Email: _____

- TB Skin Test with in the last six months prior to the start of the class**

Results _____ Date _____

If the student has ever tested positive for TB, a report for a negative chest x-ray within 5 years is acceptable

- TDAP within the last 10 years**
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- 2 Varicella vaccinations or a positive titer read by a healthcare provider**
 - 2 MMR vaccinations or positive titer read by a healthcare provider**
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- Flu Vaccination for current flu season.** May be delayed until start of Fall semester.

Date _____

- CPR Certification by American Heart Association - BLS Healthcare Provider**

Expiration Date _____

- DPS Fingerprint Card or Copy of the Application for the Card.**
Applications are available at the Flagstaff or NAU Police Stations.

Expiration Date _____

- English Prerequisite: RDG 099 or placement beyond prerequisite**
- Math Prerequisite: MAT 088 or placement beyond prerequisite**
- Medical Terminology Pre/Co-requisite: AHS 131**