



**HOME COMPANION AIDE COURSE
NURSE 33216
Enrollment Application**

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Phone _____
(Home) (Work) or (Cell)

Employment

Have you ever worked as a sitter? Yes _____ No _____

If yes: 1) Name of Employer _____
2) Date started to work _____
3) Date stopped work _____

Are you employed now? Yes _____ No _____

If so, where? _____

EDUCATION:

It is not required that you be a high school graduate or have a GED but please state level of education. _____.

***Please provide us with a **copy** of a pictured ID (Driver's License, etc.) and a **copy** of your SS Card.

The fee for this class is \$75.00 which can be paid by personal check, money order, cashier's check or credit card. **NO CASH ACCEPTED.**

***The book can be purchased at the bookstore on campus at the Vernon-White building and is \$58.25 for text and workbook (subject to change).