Stark State College - STNA Application

Instructions: Please fill out the application *COMPLETELY*, circle and check mark all that apply.

Required Student Information			
Student Number: **S00**	**First Name:**	**Middle:**	**Last Name:**
Address:			
City:	**State:**		**Zip:**
Email Address:			
Phone: ☐ **Home** ☐ **Cell**		**Course preference:**	

STUDENT SIGNATURE: _____ DATE: _____

By signing this form, the student attests that all items are ready for review, accurate, and complete.

Applicants must place all required documents in a sealed envelope with student name and "Attention STNA Program Coordinator" written on the envelope. Envelope must be submitted to the Akron Gateway Center no later than 14 days prior to the start of the class. Failure to submit on time will result in students being unable to start until a later class is offered.

Requirement Documents	Program Preference *Choose the preferred campus, class times AND semester)*
BCI/FBI Background Checks – Official report obtained through SSC Security **Must be free of ALL disqualifying offenses*	☐ **Main Campus** (North Canton) ☐ **Akron Campus**
PHYSICAL EXAM FORM **Must use the form in information packet*	
2-STEP TB SKIN TEST OR T-SPOT/QUANTIFERON BLOOD TEST *See details in information packet*	☐ **Day Class** ☐ **Evening Class**
CURRENT SEASON FLU SHOT **If class will be held between October-May*	☐ **Fall Semester** ☐ **Spring Semester** ☐ **Summer Semester**
INITIAL COVID VACCINE(S) or APPROVED EXEMPTION	
OHIO DRIVER'S LICENSE *Attach copy of license*	
SSC CARD *Attach copy of card*	

STARK STATE COLLEGE
Health and Public Services Division

PHYSICAL EXAM FORM – required to use this form
(completed by a doctor, nurse practitioner, or physician assistant)

Student Name_____ Student ID _**S00**_____

Program_____

This section is to be completed by your physician/healthcare provider (DO, MD, NP, PA).

Office Name _____

Office Phone _____

HealthCare Provider Printed Name _____

Contact Person _____

This is to certify that the above student had a physical exam on _____(date) and is in apparent good health, has no condition that would endanger the health and well-being of students, College staff, or patients, and is physically/mentally able to participate in the _____ program at Stark State College.

_____
Healthcare Provider Printed Name

_____
Healthcare Provider Signature Date