



A

Nurse Assistant Training Program Application (NATP/CNA)

Semester _____ Year _____

Name _____
Legal Last Name First Middle Social Security Number

*WHC Email: _____@my.whccd.edu *Student ID # _____

Mailing Address _____
Number and Street City State Zip Code

Primary Phone _____ Secondary Phone _____ Birth Date: _____

CA Resident _____ year(s) CA Driver's License # _____ Birth Certificate (if no DL)

High School Graduate: Yes No GED Are you currently enrolled with another College? Yes No

Name of College: _____ Location of College: _____

Have you previously attended West Hills College? Yes No Year(s) Attended _____

VETERAN: Yes No

The final responsibility for the completeness and accuracy of this application packet rests with the applicant.

I hereby affirm under penalty of dismissal that all information supplied in this application is complete and accurate.

Applicant Signature

Date

Student ID# _____

**This information is required.*