



## Clearance Certification

I \_\_\_\_\_ certify that I have no criminal offenses on my personal record. I  
(Print First & Last name)

understand that if the Certified Background Check (CBC) report reveals past activities that make me ineligible, I will be terminated from the WHCL Health Careers Nurse Assistant Training Program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student ID#

\_\_\_\_\_  
Date