



Application Packet

The Mission of McDonough District Hospital is to build a legacy of compassionate care for our friends and neighbors throughout the region.

McDonough District Hospital's basic nursing assistant training course will prepare you to take the certification exam to become a Certified Nursing Assistant (CNA) in the state of Illinois.

MDH's CNA course is designed to prepare those seeking employment as assistants to nurses in hospitals, nursing homes and home health settings. It includes both classroom instruction as well as a great deal of clinical experience. Students successfully completing the program will have met state requirements for working in long-term, extended care, hospital, or home health aide care nursing facilities. It is a unique opportunity for those wanting an entry-level position in the healthcare field.

This program is approximately sixteen weeks in length. Students must have a minimum of 80 hours of theory and 40 hours of clinical.

Requirements:

- **Have a strong interest in healthcare and nursing**
- **Be of good moral character, honest, reliable, and trustworthy**
- **At least 16 years of age**
- **High School Students: Be in good academic standing with a minimum 2.5 GPA**
- **Minimum 8th grade reading level**
- **Have criminal history records check as prescribed by the Health Care Worker Background Check Act with no disqualifying convictions**
- **Previous misdemeanor and felony charges, dishonesty, and/or current alcohol/drug abuse will disqualify applicants**
- **Current physical and Immunization Requirements met (due 3 weeks from course start)**
 - **Includes:**
 - **2 Step Mantoux test (TB test)**
 - **Complete Hepatitis B series or signed waiver**
 - **Flu shot (October-March)**
 - **COVID testing/vaccine as required by clinical site**

Selection for the CNA class is competitive and applicants are required to provide at least two references and submit their most recent report card. Applicants not accepted into the program at this time are encouraged to apply for the next session.

Incomplete applications and applications that do not have the required supporting documents will not be considered. Please take the time to ensure your application is complete, neat, and legible.

Estimated Costs:

- Tuition: \$1,000 (Due 2nd Friday following course start)
- Healthcare Worker Fingerprint Background Check: Approximately \$80
- AHA BLS CPR Card: \$5
- NA Training Competency Evaluation Exam: \$85
 - *Note: Registration process is now an online process. You MUST have an online form of payment (i.e. debit card, credit card, gift card with at least \$85 on it) at the time of test registration.*

Required Supplies:

- NA Clinical Items: Approximately \$100 total for uniform, shoes, watch with second hand, black pen, and pocket notebook
- NA Class Items: Approximately \$105 total for stethoscope/blood pressure cuff, workbook, NA skills packet.
- Textbook can be rented with assumption of current new cost if book is not returned or returned damaged.

Completed applications should be mailed or returned to:

**McDonough District Hospital
ATTN: Human Resources – MDH CNA Program
525 E. Grant St.
Macomb, IL 61455**

Contact Information:

Name: _____
(First) (MI) (Last)

Date of Birth: ____/____/____ Are you over the age of 18? Yes No
(mm) (dd) (yyyy)

Age at time of application: _____ Session (Circle one): Spring Summer Fall

Sex: Male Female Driver's License Number: _____
(If applicable)

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

Present Address: _____
(If different from home) (Street) (City) (State) (Zip)

Phone Number: _____ E-Mail Address: _____

Education:

Are you currently enrolled in High School or College? Yes No

School	Address	Major/Minor	GPA	Graduation Date

*If currently attending, list expected graduation date.

Employment and Experience:

If applicable, please list your last three employers starting with your most recent.

Employer	Phone	Address	Job Title	Dates of Employment

Have you ever been fired or asked to resign by an employer? Yes No

If so, explain:

Do you have any volunteer experience? Yes No

If so, explain:

References:

Please include a minimum of two references below. Please note that references cannot be family members. Ensure you obtain permission from all references listed below before you write them down.

*Examples of acceptable references include: teachers, coaches, neighbors, and clergy.

Name	Phone Number	E-Mail	Relationship	Years Known

Emergency Contact Information:

In case of emergency, please notify:

Primary Name: _____

Relationship to Applicant: _____

Phone Number: _____

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

Secondary:

Name: _____

Relationship to Applicant: _____

Phone Number: _____

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

APPLICATION CHECKLIST

(For applicant use only)

- Completed Application
- Most Current High School/College Transcript
- Letters of Recommendation (suggested)