



CERTIFIED NURSING ASSISTANT

REGISTRATION:

1. Apply to Snow College.
2. Register in person at Student Success. There is no online registration for this course.
 - High School students must be 16 years of age and a high school junior at the time of registration.
3. Proof of current PPD, tuberculosis or TB skin test.
4. Background check.
 - **Utah students** must apply for a criminal background with the Utah Bureau of Criminal Identification. *The Allied Health Department must receive all background results in the mail directly from the Utah Bureau of Criminal Identification.* A third-party release form is included with the background form.
 - **Out-of-state students** will need to complete their background check through Tiburon. Contact Melissa Blackner 435-893-2232 or Ashlee Gardiner 435-283-7588 for more information.

A background check that is hand delivered in an unsealed envelope will not be accepted!

Background checks and TBs must be received by the “Last day to add or withdraw from a regular semester course”. This is determined by Snow College and is usually the third week of class. If your background is not received by this date, you may be dropped from the class. If you have a felony on your background, you will not be able to attend class; misdemeanors will be considered on a case by case basis.

TEXTBOOKS:

Please bring textbooks with you on the first day of class. There are two required textbooks for the course. You must purchase the workbook new and as a paper copy.

Textbooks can be purchased at snow.textbookx.com.

Course Name: AHNA 1000 – Nursing Assistant

REQUIRED MATERIALS:

Supplies can be purchased at the Ephraim or Richfield Bookstore.

- Textbook and Workbook
- Manual Blood Pressure Cuff and Stethoscope
- Watch with second hand
- Digital Thermometer (touchless recommended but not required)
- Royal Blue Scrubs – top and bottom
- White or Gray Shoes
- Black pen and notepad

CONTACT INFORMATION:

Student Success

Richfield, Piute, Wayne, Delta, or Fillmore classes:
800 W. 200 S. Richfield, UT 84701
Phone 435-893-2211

Ephraim or Nephi classes:

Brittany Cornelsen
Greenwood Student Center
150 College Avenue, Ephraim UT 84627
Phone 435-283-7325

Allied Health

Melissa Blackner, Office Manager
melissa.blackner@snow.edu Phone 435-893-2232

Ashlee Gardiner, Administrative Assistant
ashlee.gardiner@snow.edu Phone: 435-283-7588

Erica Serrine, CNA Supervisor
erica.serrine@snow.edu Phone: 435-893-2290



Instructions for Application for Criminal History Record

Enclosed is an application for Criminal History Record from the State of Utah, Department of Public Safety, Bureau of Criminal Identification. Please complete all of the steps described below. Failure to properly complete one of the steps may cause a delay in processing your application.

1. Fill out the top portion of the application. List all of your previous names including married and maiden names. Be sure to read and sign the application.
2. Take the application to a law enforcement agency such as your city police department or county sheriff's office. Request that they print the four fingers of your right hand on the space provided. Make sure the law enforcement official who takes your fingerprints fills out the portion of the application labeled "OFFICIAL TAKING PRINTS." Valid government-issued photo ID must be provided to the official taking your prints (for example, passport, state ID card, consulate ID card, and driver license.) **"Utah Driving Privilege Cards" WILL NOT be accepted by BCI as valid ID. Driving Privilege Cards state on them that they are not to be used as ID. NOTE:** The fingerprints may be taken at our office, Bureau of Criminal Identification, 3888 West 5400 South, Taylorsville, Utah.
3. The application fee is \$15.00. Select a method of payment by making a check mark in the appropriate box. Checks and money orders must be US Currency and be made payable to "Utah Bureau of Criminal Identification." To pay by credit card (Visa, MasterCard, Discover Card or AMEX), please fill out the requested information on the application. Credit card numbers must include: the signature of the cardholder, the three-digit control number located on the back of the card, the expiration date, and the zip code of card billing address; **sorry we cannot accept credit cards outside of the US.** Cash is accepted only when applying in person. **DO NOT SEND CASH IN THE MAIL.**
4. Your report will be mailed to the mailing address indicated on the application form. If the information needs to be sent to a third party, the third party release form must be filled out and submitted along with your application.
5. Mail the application, fee and release form (if applicable) to:

UTAH BUREAU OF CRIMINAL IDENTIFICATION
3888 West 5400 South
Taylorsville, Utah 84129

The report cannot be faxed or sent by e-mail.

If you have questions you may call (801) 965-4445 from 8:00 AM - 5:00 PM Monday-Friday.

Our office is closed weekends and holidays.

You may also visit our website at <http://publicsafety.utah.gov/bci/>

**The Bureau of Criminal Identification does not maintain juvenile offender records.
Requests for such records must be made directly to the Juvenile Court.**

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APPLICATION FOR CRIMINAL HISTORY RECORD

Utah Department of Public Safety • Bureau of Criminal Identification
3888 West 5400 South, Taylorsville, Utah 84129 - Telephone: (801)965-4445

form 98-1-03, Rev 4/2019

WHEN FILLING OUT THIS APPLICATION TYPE OR PRINT IN BLACK INK. Your application will not be processed unless all sections of this form are filled out completely. You will need a valid form of government issued picture ID and \$15.00 fee.

NAME: _____ **DATE OF BIRTH** _____
(Last Name) (First Name) (Middle Name)

PREVIOUSLY USED NAME(S) (Maiden, etc.): _____

MAILING ADDRESS: _____
(Street/Box number) (City) (State) (Zip)

PHYSICAL ADDRESS: _____
(Street) (City) (State) (Zip)

HOME PHONE NUMBER: _____ **DAYTIME PHONE NUMBER:** _____

SOCIAL SECURITY: _____ **DRIVER LICENSE # AND STATE:** _____

PHYSICAL DESCRIPTION: HGT/ _____ WGT/ _____ EYE COLOR/ _____ SEX/ _____ RACE/ _____

I hereby declare that I am the person listed above and am entitled to my criminal record as provided by Utah Code Ann. § 53-10-108(9)(a). The information contained in this written statement is true and correct to the best of my knowledge and I understand that any false statements I make that I do not believe to be true may subject me to criminal punishment as a class B misdemeanor pursuant to Utah Code Ann. § 76-8-504.

Signature of applicant: _____ **Date:** _____

FINGERPRINT INSTRUCTIONS: (OFFICIAL TAKING PRINTS) Confirm identity of applicant with identification that shows photo, signature and date of birth. Confirm ID with the information above, then list the type of government issued ID used and the ID number in the space provided below. Fingerprint the four fingers of the applicant's right hand simultaneously in the box located in the lower right portion of this form.

This Area must be completed by OFFICIAL TAKING PRINTS

Type of identification used: _____
*(Utah Driving Privilege Cards are **not** valid ID and will not be accepted)*

Identification number: _____

Name on ID: _____

Fingerprints taken by: _____
(PRINT NAME)

Agency Name: _____

Badge # _____ Date Printed: _____
(If applicable)

BUREAU USE ONLY AFIS Confirmation _____

SID# _____ R&F _____

FINGERPRINTS

METHOD OF PAYMENT (Only to be filled out if application is mailed in. Check appropriate box for payment)

Check, Money Order or Cashier's Check (Payable to "BCI") **There will be a \$20.00 service charge for any returned check.**

Credit Card (cannot use foreign credit cards) must be Visa Master Card Discover AMEX

Fill out the information below to pay by credit card.

*3 or 4 digit control #

Exp Date MM/YY

Cardholder signature: _____

Zip Code Associated with Credit Card: _____



THIRD PARTY RELEASE FORM

Utah Department of Public Safety • Bureau of Criminal Identification
3888 West 5400 South, Taylorsville, Utah 84129

WHEN FILLING OUT THIS FORM, TYPE OR PRINT IN BLACK INK. If you wish to have your criminal history record or certificate of eligibility sent to an individual other than yourself, you must indicate the name of the person or agency to whom you would like the document sent and the mailing address.

NAME: Ashlee Gardiner
(Name of Person to Receive Report)

AGENCY: NURSING – West Campus (if applicable)

MAILING ADDRESS: 150 E. College Ave. Ephraim UT 84627
(Street/Box number) (City) (State) (Zip)

I request that the criminal history record or certificate of eligibility for which I applied be released to the individual or agency indicated above at the listed address. I hereby release the Bureau of Criminal Identification from any liability resulting from such release.

Name of applicant (Print): _____

Signature of applicant: _____ **Date:** _____