

SOUTHWEST CAREGIVER TRAINING INSTITUTE, LLC

STUDENT REGISTRATION

General Information:

First _____ M _____ Last _____

Date of Birth _____ Soc Sec _____

Address _____

City _____ ST _____ Zip _____

Phone _____ Alt Phone _____

Email _____

Emergency Contact _____ Phone _____ Relation _____

Students must be able to qualify for an Arizona DPS Fingerprint Clearance Card to qualify for employment in an assisted living facility in Arizona.

Student Signature

Date

For office use only

Date received: _____ Start date: _____ Completion date: _____

TB Clearance Card Expiration Date: _____

CPR/First Aid Expiration Date: _____

Food Handlers' Card Yes [] No []

Copy of Picture ID Yes [] No []

Student given application for Arizona DPS Fingerprint Clearance Card: Yes [] No []

[] Student has Fingerprint Clearance Card Expiration Date _____