



BAPTIST HEALTH CLINICAL PARTNER (CNA) PREPARATORY PROGRAM

To apply for the Baptist Health Clinical Partner (CNA) Preparatory Program, please complete all fields below and upload all required documents. Prior to beginning your application, please review the program pre-requisites available on the program website. Only complete applications will be reviewed.

Eligibility Criteria

Please confirm you meet all eligibility requirements for the program:

- Graduate of an accredited High School or completion of GED
- Eligible to train or work in the United States
- Eligible to train or work at Baptist Health. Note: Current Baptist Health employees not in good standing or former Baptist Health employees who are ineligible for rehire are ineligible to participate in the program.

Which month would you like to begin the program?

- January
- April
- July
- October

Please select your preferred time and location:

- North Region (Broward/Palm Beach County):
 - Day Courses
- South Region (Miami-Dade County):
 - Day Courses
 - Evening Courses

For information regarding program hours, please call 786-594-6309 or email clinicalpartner@baptisthealth.net.

Demographic Information

First Name: _____ Last Name: _____

Date of Birth (MM/DD/YY): _____ Last 4 digits of your Social Security Number: _____

If you have ever been known by another name (e.g. maiden name) please provide that name.

Alternate First Name: _____ Alternate Last Name: _____

Phone Number: _____ E-Mail Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact Information

Name: _____ Phone Number: _____

Education

Do you hold a valid/current Basic Life Support (BLS) certification issued by the American Heart Association?

Yes _____ or No _____ Date of BLS expiration? _____



Baptist Health Employee Questions

Please note, if you are a current Baptist Health employee you must have completed 1 year of employment by the application deadline to be eligible to apply.

1. Are you **currently** employed by a Baptist Health South Florida affiliated entity, including but not limited to Baptist Health hospitals, Baptist Outpatient Services, Baptist Health Medical Group, Bethesda Hospital(s), Boca Raton Regional Hospital, etc.? Yes _____ or No _____

If you are not currently a Baptist Health employee, please go to question #2.

If “Yes”, please complete the following:

Initial date of hire (MM/DD/YY): _____ Baptist Health employee ID#: _____

Current Baptist Health entity/facility of employment: _____

Current Baptist Health department: _____

Current position held at Baptist Health: _____

Baptist Health Department Manager or Director’s Approval for Participation		
Manager/Director Name	Manager/Director Signature	Date

I am attesting the employee is not on corrective action and has been employed with Baptist Health for one (1) year. I am aware the employee will be attending the course while still completing their work schedule.

2. Have you **previously** been and are no longer employed by a Baptist Health South Florida affiliated entity, including but not limited to Baptist Health hospitals, Baptist Outpatient Services, Baptist Health Medical Group, Bethesda Hospital(s), Boca Raton Regional Hospital, etc.? Yes _____ or No _____

If “Yes”, please complete the following:

Last date of most recent employment (MM/YY): _____ Baptist Health employee ID#: _____

Baptist Health entity/facility of most recent employment: _____

Baptist Health department of most recent employment: _____

Last position held at Baptist Health: _____



Baptist Health South Florida

Please provide details of your separation (termination or resignation) from your most recent position at Baptist Health. (100 word max).

Documents to Upload

- Copy of High School diploma or GED

Applicant Attestation

By signing below, I certify that I have filled out all the required information accurately and to the best of my knowledge. If I have any updated information to provide after submitting this application, I will be responsible for notifying the program of these updates. I further attest that I understand and agree with the information and requirements set forth herein. I understand that failure to provide accurate information in this application or future program documentation may result in termination from the program and preclude future participation.

Acceptance and admission to the program is contingent on submission of all requested materials and meeting all eligibility requirements as determined by the program.

Name (print)

Signature

Date

Please email your completed application and required documents to ClinicalPartner@BaptistHealth.net.