Wytheville Community College does not discriminate on the basis of race, sex, color, national origin, religion, sexual orientation, gender identity, age, political affiliation, genetics, veteran status, or disability when the person is otherwise qualified in its educational programs and activities or employment. The following person has been designated to handle inquiries regarding the non-discrimination policies: Crystal Cregger, Vice President of Finance and Administrative Services, 215 Bland Hall, 1000 East Main Street, Wytheville VA 24382, 276-223-4762. For further information, call 1-800-421-3481 for the address and phone number of the enforcement office that serves your area.

**Nursing Assistant with Enhanced Skills**

**Certifications:**
- Nursing Assistant
- Medication Administration
- CPR/First Aid/AED
- Microsoft Digital Literacy
- Career Readiness Certificate
- GED® Credential if needed
- WCC Non-credit Certificate of Completion

**Eligibility:**
- Adults 18+ years
- Adults who need a GED® Credential
- Adults who have a GED® Credential
- Adults who have a high school diploma

**Start Date:** September 22, 2015

**Capacity:** 14 seats available

**Tuition:** Those who qualify will be paid by People, Inc.

For more information contact: Angie Lawson at (276) 233-6059 or aylawson37@gmail.com

**LIMITED SEATING AVAILABLE**

SIGN UP TODAY!
Name __________________________________________________________________________________________
Prefix : (Mr., Mrs.)        First   Full Middle   Last  Suffix (Jr., Sr.)
Social Security Number:             -           -
See privacy statement, which may be obtained in the Admissions/Records Office.
Former Name _______________________________________________________________________________________
First    Full Middle    Last
Date of Birth:________ /_______ / ________
Have you received a GED since 6/30/09? Yes ☐ No ☐
(Month)         (Day)          (Year)
Have you previously attended, applied for admission to, or been employed by any Virginia Community College? Yes ☐ No ☐
If yes and you know your Student ID/EMPL ID, please provide: _______________________________
What campus do you plan to attend (if known)? _____________________________________________
Primary Phone (include area code):  (______)____________-____________ Ext. _______
Mailing Address ____________________________________________________________________________________________
(Street Address)      (City)  (State) (Zip) (Country, if not USA)
Current residence: ___________________________ (City/County) 
Provide what you consider to be your location of residence.
Have you lived in Virginia for the last 12 months? Yes ☐ No ☐
If no, where else did you live: _________________________________ (US State or foreign country)
VISA Type _______________________________   VISA Expiration Date __________________________
Email Address ________________________________________________
Emergency Contact Information _______________________________________________________________________________________
First Name   Last Name   Relationship  Phone
Employer Name & Address _______________ ____________________________________________________________________________
Business Phone(____)________-_________  Ext. _________Employer E-mail address_____________________________________________
Ethnicity    American Indian/Alaskan Native         Asian Black/African American
Hispanic/Latino           White             Native Hawaiian/Other Pacific Island
Gender       Male            Female
□ Alien temporary □ Not living in the U.S. □ Not indicated
Primary Language □ English ☐ Other
Military Status No Military Service      Spouse Dependent Active Duty Active Reserves
Inactive Reserves      Retired Veteran/VA Ineligible Veteran Branch _________________________
Applicant’s Signature: ____________________________________________   Date:  __________________________
This institution promotes and maintains educational opportunities without regard to race, color, sex, ethnicity, religion, gender, age (except when age is a bona fide occupational qualification), handicap, national origin or other non-merit factors. For further information, contact the Title IX Coordinator in Smyth Hall – Room 110, (276) 223-4869).
Note: Employer, date of birth, sex, and race information are used for research, reporting, and management of student records.

CLASS REGISTRATION
Title                  Nursing Assistant with Enhanced Skills
Class Prefix          HLTH
Course Number
Section
SIS Class #
CEU’s
Cost
$1,242
Start Date
9/28/15
End Date