

MICRO-CREDENTIAL PROGRAMS (Check desired program)

ACTIVITIES OF DAILY LIVING, PATIENT CARE

HEALTH INFORMATION TECH

COMPUTER USER SUPPORT

Applicant Information

FIRST NAME		MIDDLE INITIAL	LAST NAME		ALIASES/MAIDEN NAME	
STREET ADDRESS			CITY	STATE	ZIP CODE	
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> OTHER	BIRTH DATE	AGE	SOCIAL SECURITY NUMBER	
MOBILE PHONE		ALTERNATE PHONE		EMAIL		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	EMERGENCY CONTACT	RELATIONSHIP	PHONE		
<input type="checkbox"/> HISPANIC OR LATINO	<input type="checkbox"/> NON-HISPANIC OR NON-LATINO	<input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE	<input type="checkbox"/> ASIAN	<input type="checkbox"/> BLACK OR AFRICAN AMERICAN	<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	<input type="checkbox"/> WHITE

ETHNICITY/RACE

Background Checks

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

As required to apply for Nursing Assistant Certification in Pennsylvania and a condition of employment in healthcare, the Micro-Credentials Program conducts an in-depth criminal background check on each applicant. For additional information about state requirements visit https://www.ccac.edu/Nurse_Aide_Training_Program.aspx

HAVE YOU EVER BEEN CONVICTED, ENTERED A PLEA OF GUILTY, NO CONTEST OR A SIMILAR PLEA, OR HAD PROSECUTION OR A SENTENCE DEFERRED OR SUSPENDED AS AN ADULT OR JUVENILE IN ANY STATE OR JURISDICTION?

YES NO

IF YES, PLEASE EXPLAIN.

ARE YOU NOW SUBJECT TO CRIMINAL PROSECUTION OR PENDING CHARGES OF A CRIME IN ANY STATE OR JURISDICTION?

YES NO

IF YES, PLEASE EXPLAIN.

OTHER THAN ANY MATTER ABOVE, IS THERE ANY FACT OR CIRCUMSTANCE INVOLVING YOU AND YOUR BACKGROUND THAT WOULD CALL INTO QUESTION YOU BEING ENTRUSTED WITH THE CARE, GUIDANCE, OR SUPERVISION OF VULNERABLE ADULTS, YOUNG PEOPLE, OR DEVELOPMENTALLY DISABLED PERSONS?

YES NO

IF YES, PLEASE EXPLAIN.

Personal & Family Needs & Support Systems

<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	NUMBER OF PEOPLE IN HOUSEHOLD	NUMBER OF CHILDREN UNDER AGE 18 IN YOUR FAMILY	AGES OF YOUR CHILDREN
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IF YOU HAVE CHILDREN OF CHILD CARE AGE, WHAT IS YOUR PLAN FOR THEM WHILE YOU ARE IN THE MICRO-CREDENTIALS PROGRAM? DO YOU ALREADY HAVE CHILD CARE IN PLACE, OR WILL YOU NEED ASSISTANCE IN SECURING CHILD CARE? PLEASE DESCRIBE.

<input type="checkbox"/> CAR	<input type="checkbox"/> BUS	<input type="checkbox"/> OTHER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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HOW DO YOU PLAN TO TRAVEL TO CLASS?

IS TRANSPORTATION A PROBLEM?

IF YES, WILL YOU NEED ASSISTANCE WITH TRANSPORTATION?

Educational Background

HIGHEST LEVEL OF EDUCATION ACHIEVED:

LESS THAN HIGH SCHOOL HIGH SCHOOL DIPLOMA OR GED CERTIFICATE ASSOCIATE DEGREE BACHELOR'S DEGREE GRADUATE DEGREE

ARE YOU THE FIRST PERSON IN YOUR IMMEDIATE FAMILY TO ATTEND COLLEGE? YES NO

<input type="checkbox"/> YES	<input type="checkbox"/> NO	HIGH SCHOOL DIPLOMA	IF NO, HIGHEST GRADE COMPLETED	DATE EARNED	NAME/LOCATION OF HIGH SCHOOL
<input type="checkbox"/> YES	<input type="checkbox"/> NO	DID YOU EARN A GED?	DATE EARNED	NAME/LOCATION OF GRANTING INSTITUTION	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	HAVE YOU ATTENDED CCAC?	DATES ATTENDED	STUDENT ID NUMBER	

PLEASE LIST ALL TRAINING, CLASSES OR CERTIFICATES SINCE HIGH SCHOOL OR GED.

NAME OF SCHOOL	DATES	<input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF TRAINING	DATES	COMPLETED?
<input type="checkbox"/> YES <input type="checkbox"/> NO	IS ENGLISH YOUR FIRST LANGUAGE? IF NOT, PLEASE LIST YOUR FIRST LANGUAGE.	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU TAKEN ESL (ENGLISH AS A SECOND LANGUAGE) CLASSES?		HIGHEST ESL CLASS/LEVEL COMPLETED

Please list your most recent experience. Include work experience, volunteer or community service positions.

JOB TITLE	DATES	NAME AND LOCATION OF EMPLOYER
SUPERVISOR	REASON FOR LEAVING	

MICRO-CREDENTIAL TRACK INFORMATION

Career Goals & Employment Readiness

WHAT INTERESTS YOU ABOUT THE MICRO-CREDENTIALS PROGRAM? PLEASE STATE YOUR JOB AND CAREER GOALS.

HOW WILL THE MICRO-CREDENTIALS PROGRAM HELP YOU ACHIEVE THESE GOALS?

PLEASE LIST ANY OBSTACLES COMING UP IN THE NEXT NINE MONTHS THAT MIGHT PREVENT YOU FROM COMPLETING THIS TRAINING AND/OR ACCEPTING IMMEDIATE EMPLOYMENT.

HOW DID YOU HEAR ABOUT THE PROGRAMS?

- | | |
|--|--|
| <input type="checkbox"/> COLLEGE OPEN HOUSE/OTHER EVENT | <input type="checkbox"/> CCAC.EDU WEBSITE |
| <input type="checkbox"/> ADVERTISEMENTS, INTERNET, TV, RADIO | <input type="checkbox"/> CCAC BROCHURE |
| <input type="checkbox"/> NEWSPAPER, PRINT MEDIA | <input type="checkbox"/> SOCIAL MEDIA |
| <input type="checkbox"/> CURRENT EMPLOYER | <input type="checkbox"/> FRIEND/ACQUAINTANCE |
| | <input type="checkbox"/> WORKFORCE SYSTEM CASEWORKER |
| | <input type="checkbox"/> OTHER |

Micro-Credentials Program Application

Information collected in this form will be used for the purposes of Micro-credentials: Opportunity for Stackable Achievements program recordkeeping at the College. The College will share the information on this form with third parties for the purposes of evaluation of the Micro-Credentials program at the College. All information shared with the third parties will be kept confidential and no individual participant will be identified. Several layers of security provisions are in place to protect your personal information. YOUR SIGNATURE INDICATES CONSENT TO THE RELEASE OF YOUR RECORDS.

SIGNATURE _____ DATE _____

Authorization

I have read the information contained in this application. I certify the information given is true and correct. By signing below, I authorize the Community College of Allegheny County Micro-Credentials Grant program to:

1. Conduct background checks and obtain any and all information needed to process my application.
2. Share necessary information with college staff at CCAC, community partners and any governmental entity and law enforcement agency.

SIGNATURE _____ DATE _____

For more information and assistance with completing this form contact microcredentials@ccac.edu.

Office Use Only

DATE APPLICATION RECEIVED _____

APPLICATION STATUS

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ACCEPTED	DATE	DENIED	DATE

DIRECTOR'S SIGNATURE _____ ADVISOR ASSIGNMENT _____ COHORT YEAR _____ PROGRAM ASSIGNED _____

Community College of Allegheny County (CCAC)

Since its founding in 1966, CCAC has flourished, becoming the educational powerhouse it is today,—a nationally renowned two-year college dedicated to serving all members of the community. From groundbreaking student success initiatives to top-ranked academic and career-based programs, CCAC continues to be the college of choice for nearly one out of three adults in the Greater Pittsburgh metropolitan region.

Every year, more than 25,000 students enroll at CCAC, taking advantage of more than 150 degree, certificate, diploma and transfer programs while thousands more access noncredit and workforce development courses. Comprising four campuses and four neighborhood centers, as well as other offsite locations, CCAC is honored to have one of the largest veteran student populations in the state and takes pride in ranking among the nation's top community colleges for the number of individuals graduating in nursing and other health-related professions.

CCAC graduates have transferred to the nation's most prestigious colleges and universities, have obtained the most academically challenging and competitive degrees, and can be found at leading companies, organizations and institutions throughout the country. CCAC alumni are actively engaged in every sector of society, providing leadership to scores of economic, scientific, civic, and philanthropic entities both in the Pittsburgh region and around the world. Visit ccac.edu to learn more. Notifications of nondiscrimination and contact information can be found at ccac.edu/nondiscrimination.