



BERKSHIRE WORKFORCE BOARD

BECOME A CERTIFIED NURSING ASSISTANT!

SIGN UP!

If interested, please complete the attached application and:

Email to:

Shannon@masshireberkshire.com

OR

Fax to:

413.448.2801

Please call

413.442.7177 ext. 118
with questions.



This project is funded by a Senator Kenneth J. Donnelly Workforce Success Grant (Workforce Competitiveness Trust Fund FY'19 Appropriation) through the Massachusetts Executive Office of Labor and Workforce Development and is administered by the Commonwealth Corporation

Blended Online CNA Training Program

This Is A FREE Training Opportunity
through the Berkshire Nursing Assistant Program!

Un- and underemployed individuals are encouraged to apply! Limited spots are available

This 5 week (100 hour) program with online learning and in-person lab and clinical components prepares you to apply for and complete the State of Massachusetts Nursing Assistant Certification Exam.

Students complete all the didactic work online with monitoring and assistance from a state-approved instructor. The lab and clinical hours are completed at the facility with an onsite field instructor.

Course Information

Course Dates: **September 20, 2020 – October 24, 2020**
Participants must also participate in one orientation session on September 14th or 15th

Course Times: Online at your own time
Must have access to a computer, phone or tablet with internet connection

Labs: Saturdays, 8:00-4:30 Kimball Farms
weeks 2,3, and 4 Lenox, MA

Clinical: M-Th, Sat 7:00-2:30 Kimball Farms
week 5 ONLY Lenox, MA

This program is an Equal Employment Opportunity



Berkshire Nursing Assistant Program
Application for Online CNA Training Programs

Please print clearly

NAME: _____ DATE OF BIRTH: ____/____/____
(Last, First, MI)

ADDRESS, CITY, STATE, ZIP: _____

PHONE/CELL: _____ EMAIL: _____

EMPLOYMENT STATUS: Unemployed____ Employed____

Place of Employment: _____ Title: _____

MA STATE RESIDENT: Yes__ No__ Can you Provide Citizenship/Work Authorization? Yes__ No__

ARE YOU CURRENTLY RECEIVING ASSISTANCE: SNAP____ TAFDC____ SSI____
Unemployment Insurance ____ Other: _____ Not receiving assistance _____

HIGHEST LEVEL OF EDUCATION:

- ____ Less than high school, no diploma
- ____ High School Diploma
- ____ GED/High School Equivalency
- ____ Some college, no degree
- ____ Associate Degree: concentration: _____
- ____ Bachelor Degree or higher: concentration: _____

Please describe any prior or current work in healthcare:

Please attach:

1. A paragraph describing why you are interested in become a certified nursing assistant
2. (optional) A letter of support from an employer

Have you ever taken an online course before? Yes____ No____

Rate your comfort working with computers: (least comfortable) **1 2 3 4 5** (most comfortable)

How did you hear about this training? _____

By signing below, I am committed to finding work as a CNA, have reliable transportation, willing to have CORI and drug testing done, and can commit to the entire duration of this training program.

Signature: _____ Date: _____