



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 email

shannon@masshireberkshire.com

or 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

Certified Nursing Assistant Daytime Training Program

Berkshire Community College
1350 West Street, Pittsfield, MA

**This Is a FREE Opportunity
to attend the BHS/BCC Nursing Assistant course!
Un- and underemployed individuals are
encouraged to apply!
Limited spots are available**

This 3 week (90 hour) program with classroom and clinical components prepares you to apply for and complete the State of Massachusetts Nursing Assistant Certification Exam.

Must be a Massachusetts resident to apply

Course Information

Course Dates: January 11th, 2021 – January 29th, 2020

Course Times: Class - 8:00am-2:30pm Monday-Friday
Clinical - 7:00am-1:30pm

Classes: Berkshire Community College West Street, Pittsfield

Clinical: Mt. Greylock Extended Care North Street, Pittsfield

Participants must be willing to follow all safety guidelines regarding COVID-19 and understand that this is an in-person course which may require schedule modifications.

This program is an Equal Employment Opportunity



Berkshire Nursing Assistant Daytime Program Application

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 ____
Veteran's Benefits ____ 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 becoming a certified nursing assistant.
2. (Optional) A letter of support from an employer

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: _____