



BERKSHIRE WORKFORCE BOARD

BECOME A CERTIFIED NURSING ASSISTANT!

SIGN UP!

If interested, please complete the attached application and:

Email to:

Training@MassHireBerkshire.com

OR

Fax to:

413.448.2801

Please email

training@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.

All applicants must be vaccinated against COVID-19 to participate in this training program.

Must be a Massachusetts resident to apply

Course Information

Course Dates: November 1st, 2021 – November 19th, 2021

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



Certified 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:

Are you, or will you be, fully vaccinated against COVID-19 at the time of the program's start? Yes ___ No ___

If no, do you have a religious or medical exemption? Yes ___ No ___

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: _____