



# 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 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'20 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!**

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

We are currently recruiting for a chance to take Berkshire Healthcare's Blended Online Training program at no cost. 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.

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

### Course Information

**Course Dates:** **October 17, 2021 – November 20, 2021\***

*Participants must also be able to attend one orientation session prior to start date. Date TBD*

**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 7:00-1:30      Kimball Farms  
week 5 ONLY      Lenox, MA

*\* These dates are subject to change. All applicants will be informed if a change occurs.*

*This program is an Equal Employment Opportunity*



**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

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

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 \_\_\_\_

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: \_\_\_\_\_