

# PROGRAM ACKNOWLEDGEMENT

## Acknowledgement

I have read the TMCC Certified Nursing Assistant (CNA) Program Policies and Procedures

I understand that I am responsible for reading and abiding by the policies and procedures of the program that can be [accessed online](#).

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name (*print*)

## Release

I agree to release my name, address, and TMCC identification number, dates of attendance and program status when requested by government or regulatory bodies.

To withhold disclosure of this directory information, I must provide written notification separately to the TMCC CNA Program Coordinator.

All changes of name, address or phone information during your program dates must be reported to the [TMCC Admissions and Records](#) office immediately.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date