

**Care Training Services
4117 Overland Ave., room D
Culver City, CA 90230
323-290-2447**

**I _____ have received a copy of the fingerprint rolling
(students Name: Print)**

**and live scan process. I also received a list of convictions of various
Penal codes which constitute automatic Denial of certification as a
Certified Nursing Assistant.**

Student's Signature

Date

Instructor's Signature

Date