



Grace Health Career Center, LLC

Certified Nurse Aide Application & Registration Information

Congratulations on taking the first step towards a new career!! We are excited you have decided to train with GHCC. This packet provides all the details you need in order to register for the Grace Health Career Center Nursing Assistant training program.

Registration and Fees: \$399 (Special discount expires 10/31/15) Normal fees \$600

\$250 non-refundable registration fee is due with required paperwork by registration deadline date. The remaining balance is due the 2nd Monday prior to the start of class.

If you are **registering online** you can pay by credit card, by visiting the website www.gracehealthcareercenters.com/sign-up, Find your start date and pay for your classes. Fees for the class can also be paid by money order, and Visa or MasterCard, paypal. Registration Closes 5 business days prior to start date. Completed forms can be faxed to 513-297-9057 or dropped off at 10979 Reed Hartman Hwy, Suite 207, 45242.

The **DISCOUNTED** class fee does **NOT** cover the state test fee of \$100.00. You will receive an application for testing in class on the last day. Your payment must accompany this application in order to be scheduled with your class. Personal checks will not be accepted for the state testing fee. Our goal is to assist you in scheduling your test within 10 days of completion of the class.

Program prerequisites and Requirements:

- **Two-Step TB Test** (within one year) signed by a Physician or Certified Nurse Practitioner including their title is required and must be less than 12 months. **(Forms included)**
- **Health Physical (within one year)**
- **BCI & FBI background check (within one year)**
- You must be **at least 16 years old**. A GED is not required.
- A **current State ID or driver's license and an ORIGINAL Social Security card** are required to be presented on the **first day of class and again on the day of the State test(Please note your name must be exactly the same on both the driver's license and Social security card or you will not be permitted to take state test.**
- Other Requirements include the **ability to lift and move 50 pounds and perform the duties of a nurse aide safely.**
- **Registration fee of \$250 (non-refundable)**

Obtain a physical:

- Have your doctor or nurse practitioner complete the enclosed physical form. The physical form will be accepted if you obtained the physical within one year and the form is signed and dated.

Two-Step PPD (TB): Must be completed prior to attending class.

- TB tests may be obtained from your doctor OR the Hamilton County Public Health Tuberculosis Control Clinic, 513-946-7600, 184 East McMillan Street, Cincinnati, OH, 45219.
- Clinic Hours: Monday - Friday: 7:30 a.m. – 4:30 p.m.*
- No skin tests on Thursdays (Readings Only)
- No skin tests on Fridays before a Monday holiday (Readings Only)
- *In order to process walk-in TB testing and readings, you must check in at the registration desk by 3:45 PM*
- No appointment is necessary. Individuals who have experienced a positive reaction to the PPD test are required to submit the result of a chest x-ray (\$40.00). If an x-ray is needed, call 513-946-7606 for an appointment.
- You will be charged \$20.00 for **each test** (if paid in cash) for the two tests (total \$40) at the Tuberculosis Control Clinic. The charge is \$22.00 per test (total of \$44.00) if paid by MasterCard, Visa, American Express or Discover credit card or debit.

Background Check:

- You must complete a BCI & I / FBI background check. You must show picture I.D. Students can go to:

PLACE: Hamilton County Sheriff's Dept., 1000 Sycamore Street, Room 100 (This is in the Justice Center's south building)
PHONE: 513-946-6220
DAYS & HOURS: Monday-Friday
COST: Total Cost is \$66.00 - cash only (BCI & I - \$32, FBI - \$34)

Uniform (REQUIRED for clinical training only):

- Plain Hunter Green scrubs (without prints or cartoon prints), black or white, flat non-skid, closed toe & closed heel shoes (no clogs or crocs) with plain white or black socks, and a watch with a second hand.

E-mail address:

- Please provide us with an e-mail address that you can access easily. If you do not have one, you can go to Google or Yahoo to create an account(Required to schedule state test).

Enrollment for the Course:

- \$399(until 10/31/15) – Includes workbook, class materials, and CPR/first aid. All paperwork & Registration fee is to be submitted **5 business days** prior to the start of class at Grace Health Career Center office, 10979 Reed Hartman Hwy, Suite 207, Cincinnati, Ohio 45242. We accept money order, or credit card ONLY. Please make money orders payable to “Grace Health Career Center” **We cannot accept cash or personal checks.**

Attendance Policy:

- **Attendance is 100 percent required. Students CANNOT miss ANY class or clinical time.** If there is an emergency, you must talk with your instructor about making up the time, and call Grace Health Career Center immediately if you are going to be absent. You will incur a fee of \$25 per hour to make up the missed time with your instructor.
- Nurse Aide Training is a State approved program and attendance at all classes is required. If you are late or absent at the beginning of class or miss any of the Curriculum Standards I-VI which count for the initial 16 hours of the course you may be dismissed from the course.
- Standards I-VI, Lab and clinical require instruction in the presence of an instructor as opposed to having a make-up assignment. Occurrences of tardy, leaving early, or absence anytime during the class may cause dismissal from the program. Opportunities for make-up for 15 or 30 min of missed lecture are limited to two occurrences. Some missed topics may require additional testing. If so, you must pass the test in order for the make-up to count. **Lab Skills and clinical cannot be missed.** In cases of “Acts of God” or extreme hardship which can be documented, it may be possible to make up a small amount of time in another class if there is space. A clinical make up cannot be guaranteed.

Refund Policy: (In addition to calling to cancel you must also submit it in writing) ***

- No refund will be returned after the first day of class is completed.
- There will be no exception to this rule. If after that time you decide you cannot attend class, your payment may be held, and you may attend the following month if requested in writing by the student.
- PLEASE NOTE: Classes may be cancelled if class size requirements are not met, students will be refunded all payments in full if classes are cancelled for this reason.

Class Hours and Clinical Time:

Class hours: 8:00 p.m. - 4:30 p.m.

Clinical hours: 7:00 a.m.-3:30 p.m. (2 days Dates T.B.A.)

Grace Health Career Center, LLC
10979 Reed Hartman Hwy, Suite 207
Cincinnati, OH 45242
Phone: 513-226-9436
Fax: 513-297-9057



Grace Health Career Center
Let GRACE Carry You to Success

Date: _____

CERTIFIED NURSING ASSISTANT COURSE APPLICATION

Social Security Number: _____

Name: _____
Last First

Address: _____
Street Apt. # PO Box

_____ City State Zip

Phone: _____ 2nd Number: _____

E-Mail: _____

Emergency contact: _____

Name/Relationship Phone

Birthdate: _____ Age: _____

Race: White _____ Black _____ Hispanic _____ Asian _____ Other _____

Education:

Graduated: _____ GED: _____ Highest grade completed: _____

Other Education: _____

Work Experience:

Current employer: _____

Address

phone

List last two employers: _____

Background Information:

Please read carefully and answer honestly.

Have you ever been denied a nursing assistant certificate/license? Yes _____ No _____

Have you ever had any disciplinary action (probation, suspension, revocation or reprimand) taken against your nursing assistant certificate-license? Yes _____ No _____

Have you ever been convicted of any crime under the laws of Georgia? Yes _____ No _____

Have you ever appeared in any court, paid any fine or been put on probation? Yes _____ No _____

Have you ever been convicted of any crime under the laws of any state? Yes _____ No _____

Have you ever been convicted of any crime under the Federal Law of the United States?

Yes _____ No _____

If you answered yes to questions #1 and #2, please give a detailed account of the occurrence(s) including the name of location and date.

If you answered yes to all others, give a description of the incidents. You may be asked to provide court documents and or explanatory letters.

List three references that we may contact:

Name	Phone
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Name	Phone
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Name	Phone
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Read and answer the following:

How did you hear about Grace Health Career Center?

Why do you want to become a C.N.A.?

What kind of atmosphere would you like to work in?

What are your feelings about aging?

How do you feel about working with older aged residents?

Read and sign the following sections:

I wish to be considered as an applicant for the Certified Nursing Assistant Course.

If accepted, I agree to abide by the rules and regulations of the program. I understand my references may be checked. Failure to furnish all information on past education, past employment, and personal background may constitute adequate reason for disqualification of my application or subsequent dismissal. Falsification of information of any application is reason for dismissal.

Signature

Date

FOR PROSPECTIVE CERTIFIED NURSE ASSISTANT STUDENTS: Read Carefully

If you are considering a career as a Certified Nurse Assistant you should be aware that during the course of your training and subsequent employment, you are likely to be working in situations where exposure to infectious disease is possible. This is an occupational risk for all health care workers and persons should not become health care workers unless they recognize and accept this risk.

Proper training and strict adherence to well-established infection control guidelines, however, can reduce this risk to a minimum. Thorough training in infection control procedures will be an important part of your Certified Nurse Assistant Training Program. I have read and understand the above statement.

Signature

Date

TO COMPLETE REGISTRATION BRING THE FOLLOWING TO THE OFFICE:

1. Original Social Security Card
2. Original Government-Issued Signed, **Non-Expired** Picture ID (i.e. Driver's license, State ID, Military id, passport)
3. Completed background check form
4. Health Physical & TB form
5. All signed and completed paperwork
6. **\$250 Non-Refundable fee or full \$399 Registration fee**

***Notes about registration (**Office use only**):

NAME: _____ DATE: _____

CHECK THE CLASS YOU WISH TO ATTEND

_____ August 10th-August 21st 8:00 A.M. – 4:30 P.M. (Monday – Friday)

****Deposit & paperwork due by July 31st**

_____ September 14-September 25th 8:00 A.M. – 4:30 P.M. (Monday – Friday)

****Deposit & paperwork due by September 4th**

ALL STUDENTS WILL NEED A COMPLETE UNIFORM (CLINICAL DAYS)

THE UNIFORM WILL CONSIST OF:

Plain Hunter green scrub top & pants- Clinical

Shoes: black or white, flat non-skid, closed toe & closed heel shoes (no clogs or crocs) with plain white or black socks

Watch with a second hand

Pen & 2 inch binder (any color) with clear front sleeve

1-box of medium (non-latex) gloves Last name (A-L)

1-box of Large (non-latex) gloves Last name (M-Z)

SIGNATURE OF STUDENT

DATE

CNA Physical Form

Have your doctor or nurse practitioner complete this form. The form must be signed, dated and cannot be more than one year old.

Last Name	First Name	Middle Name
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Social Security Number	Date of Birth
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Street Address	E-mail address
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City	State	Zip Code
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Phone Number	Alternate Phone Number
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Is this person free of communicable disease? Yes _____ No _____

Have you noted any physical or emotional condition(s) which might prevent this person from fulfilling his/her duties as a Nurse's Aide? Yes _____ No _____

If yes, please describe:

Temperature: _____	Pulse: _____
Blood Pressure: _____	Height: _____
Respiration: _____	Weight: _____

I verify that _____ is physically fit and able to perform the duties of a nursing assistant - including lifting 35 pounds.

Printed Name and Title

Signature and Title

Date

**Grace Health Career Center
Certified Nursing Assistant Program**

Student Name:

Class:

Date:

Hamilton County Public Health Tuberculosis (TB) Control Clinic

184 East McMillan Street, Cincinnati, OH 45219

Phone: (513) 946-7600

NOTE: Tuberculin test steps #1 & #2 must be read between 48-72 HOURS after each step. The Second step must be at least one week, but no more than 21 days from the first step.

Mantoux Tuberculin Test Step # 1:

Date Given:

Site: Right FA or Left FA

Nurse:

Date Read:

Results: 0mm
_____ mm

Nurse:

Referred to TB clinic: YES or NO Date:

Nurse:

Client: Asymptomatic or
Symptomatic

Comments:

Mantoux Tuberculin Test Step # 2:

Date Given:

Site: Right FA or Left FA

Nurse:

Date Read:

Results: 0mm
_____ mm

Nurse:

Referred to TB clinic: YES or NO Date:

Nurse:

Client: Asymptomatic or
Symptomatic

Clinic/Medical office identification & address:

Comments: