



Nurse Aide Application

Applicant Information

First Name: _____ Middle Initial: _____ Last Name: _____

Current Address: _____

City: _____ ST: _____ Zip code: _____

Email: _____

Date of Birth: ____/____/____ *SS#: ____/____/____

Home Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Best time to call: Morning Afternoon Evening Other: _____

Are 18 years of age or older?

- Yes
 No

Please note: A Level II background check is a federal requirement to work in healthcare facilities in Florida. Person(s) with certain convictions may be ineligible for employment in healthcare of facilities. Please disclose any occurrences

Have you had a level II background check in the last 5 years?

- Yes
 No

Have you been convicted of a misdemeanor, felony or closed with adjudication? Y ____ N ____

Please select a course:

- 6-week C.N.A. On-campus
 6-week C.N.A. Online – Hybrid
 6-week C.N.A - Learn 2 Earn
 2-week Home Health Aide
 Self-study Phlebotomy Online

Student Initials



Below are questions that determine your eligibility for Nursing Assistant / Home Health programs. You must answer all these questions honestly. If the information on this questionnaire is inaccurate or false it can impact your ability to obtain gainful employment and/or take the Nursing Assistant examination

1. Have you ever been arrested for any reason within the last 40 years?

Yes

No

If you have answered **Yes to question 1**, you will need to provide the information listed below in order to be eligible for the C.N.A. Examination:

- i. **Self-Explanation** – a letter written in your own words that describe the circumstances surrounding each offense; including date, city, state charges and outcome
- ii. **Court Dispositions** – documentation from the county Clerk of Courts in the jurisdiction (state/county) in which the offense(s) occurred, including disposition/outcome. You may be able to obtain the online through the clerk of court website.
- iii. **Arrest Report(s)** – a copy of the arrest report for each offense if you are unable to obtain a copy from the Clerk of Court
- iv. **Probation/Parole or PTI Letters (If applicable)** – proof that you completed all court ordered probation/parole or PTI (Pre-trial intervention). This documentation must be issued by the probation office
- v. **Receipt of Payment (if applicable)** – proof that all fines, restitution, other court costs have been paid in full for each offense. This documentation can be obtained from the Clerk of Court in the county in which the offense occurred and must include the date in which the payment/completion of the sanction was satisfied.

2. Have you ever taken the C.N.A. examination in Florida?

Yes

No

Student Initials



3. If you answered **Yes to question 2**, how many times have you taken the Florida C.N.A. Examination?

- Once
- Twice
- Three times
-

If you are enrolling in **Learn 2 Earn** program, please answer the questions below:

4. Do you have access to a computer / laptop with internet?

- Yes
- No

5. Have you ever taken classes online?

- Yes
- No

6. Are you available to attend classes Tue/Thurs per week for up to 8 hours per class?

- Yes
- No

7. What time are you available on Tues/Thurs?

- 9am-3pm
- 5pm-10pm
- Neither

8. Do you currently have a part-time/full-time job?

- Yes
- No

9. If you answered **Yes to question 3**, Do you understand that you will be required attend classes two times per week for up to 8 hours for 6 weeks?

- Yes
- No

Student Initials



The total cost of the program \$1,245. 00.

A **\$350.00 deposit** is required to enroll in the program. These funds will be held by the sponsoring facility until you (the student) successfully complete and pass your C.N.A Certification Examination. If you fail the C.N.A Certification examination or do not complete the program, these funds will be used to pay for re-testing fees and/or partial re-payment of the entire program. Upon completion of all the requirements stated in the “Student Contract” any unused portion of the deposit will be refunded to you (the student).

10. Do you understand the above-mentioned requirement of the program?

- Yes
 No

11. Do you have reliable transportation to/from the facility mentioned above and C.N.A Technical Center?

- Yes
 No

12. Have you ever taken the C.N.A. examination in Florida?

- Yes
 No

13. Is there anything at this time or in the future that will prevent you from completing the course and/or taking the C.N.A Certification exam.?

- Yes, if yes please explain:
 No

14. Have you reviewed and understand the Student Responsibility Contract attached in this packet?

- Yes
 No

Student Initials



By signing below, I understand I am responsible for making sure all information provided in this application is completely true and correct. I understand if the information given is not true it can affect my ability to obtain gainful employment and/or eligibility to take the Nursing Assistant examination.

STUDENT PRINT NAME

DATE

STUDENT SIGNATURE

DATE

Student Initials



Admission Requirements

We do not discriminate based on race, ethnicity, and country of origin, sex, gender identity, sexual orientation, religion, physical disability, or mental disabilities.

1. A complete application must be filled out
2. Applicant must be 18 years or older
3. Applicant must be able to read, write, speak and understand English.
4. Applicants must have a complete Level II background check through an approved Live Scan vendor in order to be eligible for the “Guaranteed Job Placement Program” or Certified Nursing Assistant examination.
5. Persons whose background check is determined to be ineligible will be subject to dismissal of the program until an exemption is obtained through the Agency of Healthcare Administration. (*See list of disqualifying offenses*)
6. Applicant must have a negative PPD or chest x-ray before acceptance into the program.
7. Applicant must pay all class and textbooks fees before the first day of class.

Grounds for Dismissal

Students can be dismissed from the any training program for any of the below infractions:

1. Continued unsatisfactory progress
2. Failure to complete all assigned work
3. Displays behavior that is disruptive to the instructor and classmates.
4. Is under the influence of alcohol or illegal substances
5. Brings a weapon on or around school grounds
6. Cheats or steals any items of any kinds from any person, place or thing on school premises or surrounding area
7. Any type of physical, verbal, emotional abuse to classmates, instructor or school personnel.
8. Performs services for which they have not received training and or have been found proficient by the instructor.
9. Using of foul or inappropriate language in or around school premises.
10. Poor attendance.



Completion Policy

1. Pay all program fees in full
2. Attend all required program hours
 - a. 70 hours classroom
 - b. 48 hours laboratory
 - c. 6 hours HIV AIDS/ CPR
3. Achieve a final grade of 80% or higher on the final examination and a grade of 85% or higher on each quiz.
4. Complete the skills checklist to the instructor's satisfaction.
5. Demonstrate competent communicate and interaction on a one-to-one basis with each client
6. Demonstrate sensitivity to each client's emotional, social and psychosocial health needs through skillful, directed interactions.
7. Assist the client in attaining and maintaining independence.
8. Exhibit behavior in support and promotion of the clients rights
9. Demonstrate observation and documentation skills needed in the assessment of the clients health, physical condition and well-being.

The instructor, with the assistance of the program coordinator, will determine if a student has met the above requirements.

Student Print Name _____

Student Signature _____ Date ___ / ___ / ___

Program Coordinator Signature _____ Date ___ / ___ / ___

Student Initials



Attendance Agreement

- Students that miss class time must make up this time at the training facilities convenience. All hours missed must be made up.
- Students may be required to make up time missed in the next scheduled class if there is room available. Class size is limited so room in any given class may not be available.
- Students may be required to pay for instructor time at \$40/hr. if hours must be made up at a time other than a scheduled class time.
- Students must make up class time within 30 days completion of their scheduled class date. This may require a student to pay for instructor time.
- Students not completing all hours within 30 days will forfeit all tuition paid and all time completed. The student will be required to re-take the entire class and pay full tuition in order to graduate from the program.

Student Initials



Student Refund Policy

Students not accepted to the school are entitled to all monies paid. Students who withdraw by notifying the school in writing within five (5) business days after program state date are entitled to a full refund of the tuition. Enrollment and background checks fees are non-refundable. Students who withdraw by notifying the school in writing after five 5 business days, but before the 1st day of class minus enrollment fees paid the maximum cancellation charge of \$150.00 or 30% of the contract price, whichever is less. In the case of a student withdrawing by notifying the school in writing after commencement of classes the school will retain the maximum cancellation charge of \$150.00 plus a percentage (%) of tuition fees, based on the percentage of contact hours completed, described in the table below. The refund is based on the last date of the recorded attendance by the instructor.

Refund Table

| <u>Student is entitled to upon withdrawal/termination</u> | <u>Refund</u> |
|---|------------------------------|
| Within the first 10% of program | 80% less cancellation charge |
| 10% to 75% of program | 55% less cancellation charge |
| After 75% of program | No Refund |

Class Start Date _____

Date of Student Withdrawal _____

AMOUNT OF REFUND, ACCORDING TO STATED REFUND POLICIES

Amount \$ _____ Date of Refund _____

Check Number _____

Student Signature

Date

Management Signature

Date

Student Initials



Enrollment Agreement

1. The student may cancel this contract at any time prior to midnight of third business day after signing the contract by notifying the school in writing.
2. All refunds will be made within thirty (30) days from the date cancellation was received. The official date of termination or withdrawal of a student shall be determined in the below manner:
 - a. The date on which the school receives notice of the student's intention to discontinue the training program; or
 - b. The date on which the student violates published Center policy, which provides for termination; or
 - c. Should student fail to return from excused leave of absence, the effective date of termination for student on an extended leave of absence or leave of absence is the earliest date the Center determines the student is not returning, or day following the expected return date.
3. The student will receive a full refund of tuition and fees paid if the Center discontinues a course /program within a period of time a student could have reasonably completed it with one exception: the event that the school completely ceases operation.
4. The policy for granting credit for previous training shall not impact the refund policy.

By signing below, you are stating that you understand and agree to every requirement stated in the above application for admission to C.N.A. Technical Center programs. You also understand and agree to the attendance agreement, refund policy and the enrollment agreement.

A COPY OF THIS APPLICATION WILL BE GIVEN TO THE STUDENT UPON REQUEST

Student Name Printed

Date

Student Signature

Date

Student Initials