

Welcome to the Nursing Assistant Training Program. Participation is based on an interview process. If you are accepted into this program, you will be receiving 88 hours of training over an eleven day period, both in the classroom and clinical areas. These hours exceed the Federal and Montana State requirements. This course is being taught by qualified licensed nurse instructors, based on the requirements outlined by the State of Montana. Congratulations on choosing this growing field of Health Care. There are many opportunities for advancement within the medical field.

The purpose of this course is to teach you good basic nursing care, so you may give the best possible care to the residents of long term care facilities. After successfully completing this course, you will be eligible to test for Montana State Certification. The necessary forms for registration and testing will be provided to you at the end of the course by the instructor.

There is a \$195.00 fee to take the C.N.A. course and an additional \$35.00 fee for the textbook and training materials charged to individuals who are accepted into the training. If you are notified that you have been accepted into the course, you must submit your payment within 5 business days of acceptance in order to attend the C.N.A. class. If you gain employment with St. John's immediately following the training and meet your 6 month probationary period in good standing with St. John's, \$100.00 of the initial \$195.00 fee for attending the course is refunded to you by St. John's Lutheran Ministries at the time of your 6 month evaluation.

Your participation in this program is strictly voluntary; therefore, you are not entitled to wages or benefits from the facility or St. John's Lutheran Home while you are going through this program. **Under no circumstances or conditions is this training program to be considered as an offer of or a guarantee of employment with St. John's Lutheran Home.**

Admission Policy

- 1) To participate in this program, you must be **at least 18 years of age**, and be able to speak, read, write and understand English well.
- 2) The class fee of \$195.00 along with the additional \$35.00 fee for textbooks and other educational materials necessary to complete this course will be due upon acceptance into the class. Once notified that you have been accepted into the course, you must submit your payment within 5 business days of acceptance in order to attend the C.N.A. Class. Class space is limited to 8 students per class.
- 3) Uniforms and comfortable shoes (no sandals) must be furnished by the students, and are required to be worn throughout the entire course.
- 4) **This program is 88 hours long.**
- 5) **All classroom and clinical days must be attended.**
- 6) **The classroom hours are 8:00 a.m. to 4:30 p.m. Classes will start promptly.**
- 7) **The clinical hours are 6:30 a.m. to 3:00 p.m. but may vary according to facility policy.**
- 8) **The classroom and clinical portions both must be successfully completed as determined by program requirements.**
- 9) The trainee agrees to return the gait belt to the instructor at the completion of the classroom portion of the course.
- 10) Trainee is aware of risks associated with performing nursing assistant duties in this training class. Trainee agrees to assume liability for injury to trainee and further agrees that the trainer is not held liable for any injury to trainee while attending training class.
- 11) Both parties acknowledge that in the event one party must secure and expend financial resources to enforce this agreement, the other party shall be responsible for all such costs.

Tuberculosis screening is required by the State of Montana. If you are accepted into this program, you will be asked to provide proof of this test being done, or the test will be provided within the first few days of training with the appropriate consent form signed by the student.

This training program allows the student to settle into class, and demonstrate that he/she has the skills and the attitude that is required to be a successful nursing assistant. Although the instructor is available to coach, counsel, and assist the new students during this time, it is essentially the student's responsibility to demonstrate that he/she is suitable for meeting the skill requirements of a nursing assistant. If in the opinion of the instructor, the student is not suitable for the nursing assistant role, the student may be expelled from this training program without warning.

Termination Policy

If a student commits an offense which is defined as gross misconduct, the student will be expelled from this program without prior warning. The offenses that fall into this category are:

- a) Possession of, or being under the influence of alcohol and/or illegal substances in or around the property of this facility.
- b) Physical, verbal, or emotional/psychological abuse of a resident, employee, visitor, or fellow student.
- c) Theft, attempted theft, and/or unauthorized possession of the property of a resident, visitor, employee, fellow student, or the facility.
- d) Fighting, hitting, shoving, pushing, or forcibly grabbing another student, resident, employee, or visitor or similar physical act while on the property of this facility.
- e) Sexual harassment of any employee of the facility or fellow student.
- f) Willful behavior that results in the damage, destruction, or loss of property of the facility, residents, employees, fellow students or visitors.
- g) Conviction of a felony while enrolled in the training program. An indictment for an alleged felony may also serve as a basis for being expelled in cases where the sensitive nature of a student's duties justifies such action.
- h) Unauthorized disclosure of confidential or privileged information concerning the residents, employees, other students, or the facility.
- i) Accepting bribes, kickbacks, or other gratuities from residents or visitors.
- j) Refusal or failure to carry out a reasonable assignment, after being warned that failure to do so may result in being expelled from this program.
- k) Inability to pass classroom written/oral examinations with a minimum grade of 75%.
- l) Refusal or failure to carry out any part of the aforementioned agreement.
- m) Insufficient funds submitted by the student to attend the class.

I hereby acknowledge, by my signature below, that I have read, understand, and agree to abide by the above conditions for which I am applying in the Nursing Assistant Training Program.

Applicant - PRINT NAME

Applicant - SIGNATURE

DATE

Program Representative - Signature/Title

DATE

APPLICATION FOR NURSING ASSISTANT COURSE

Name _____ Date _____
LAST FIRST MIDDLE

Address _____
City, State Zip Code

Phone Number _____ Social Security # _____

Are you 18 years or older? YES/ NO High School Graduate: YES / NO

Last Grade Completed? 7 8 9 10 11 12

Have you ever been convicted of a Felony or Misdemeanor? YES/ NO Please describe below _____

Have you ever worked for St. John's or Mission Ridge before? YES/ NO When? _____

Work and/or Volunteer Experience and references (most recent first):

1. _____
Employer/Volunteer/Reference address: street city state zip code
_____ From _____ To _____
phone number dates employed job title supervisor's name/title
_____ final salary reason for leaving

2. _____
Employer/Volunteer/Reference address: street city state zip code
_____ From _____ To _____
phone number dates employed job title supervisor's name/title
_____ final salary reason for leaving

3. _____
Employer/Volunteer/Reference address: street city state zip code
_____ From _____ To _____
phone number dates employed job title supervisor's name/title
_____ final salary reason for leaving

* Please use additional paper if necessary for reference/employment information.

May we check your references? ____YES ____NO (CHECK)

If NO please explain:

THIS COURSE REQUIRES 100% ATTENDANCE. Do you have any obligations that would prevent you from meeting this requirement? ____YES ____NO (CHECK) If YES please explain:

Why do you want to be a Certified Nursing Assistant?

Where do you see yourself in the next 1-2 years?

What would you like to gain from this course?

Why are you a good candidate to take this C.N.A. course?

What opportunities will you seek as a C.N.A. once you have taken this course?

APPLICANT'S SIGNATURE

DATE



Disclosure to Employment Applicant
Regarding Procurement of
A Consumer Report

Please note the two authorizations that follow:

By your signatures you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment.

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from this **CRIMINAL HISTORY REPORT** is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will make available to you a copy of the consumer report and a description in writing of your rights under the Federal Fair Credit Reporting Act.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

Applicant's Name (Please Print) _____

Applicant's Address _____

City/State/Zip _____

Signature _____ Social Security Number _____

In connection with your application for employment, please be advised that we may conduct a reference check. This **REFERENCE CHECK**, also known as an investigative consumer report, may include information as to your character, general reputation, personal characteristics and mode of living. This information may be obtained by contacting your previous employers and/or reference supplied by you or others.

Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested, which ever is later.

Applicant's Name (Please Print) _____

Applicant's Address _____

City/State/Zip _____

Signature _____ Social Security Number _____

A summary of your rights under the Fair Credit Reporting Act is printed on the back of this release. If you would like to retain a copy of the release and the summary, please request it when you turn in the application and it will be provided.

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051



**St. John's Lutheran Ministries
Class Expectations & Requirements
For Nursing Assistant Students**

1. All students will be tested for tuberculosis, by the two-step method if a record of TB testing in the last 3 months cannot be provided.
2. All students **must adhere** to dress code as follows:
 - Nursing-type attire (any color) is required whether in the classroom or in clinical.
 - Jeans, shorts, Capri pants, sweatshirts or shirts with inappropriate advertising or language is **NOT** appropriate attire.
 - A watch with a second-hand function is required by the second day of class and is considered part of the uniform.
 - Wear comfortable shoes, **NO SANDALS**.
 - During clinical time, long hair is to be pulled back away from the face & ears.
 - Hoop or dangling earrings are not to be worn during clinical days. Any body piercings (other than the ears) is to be removed whether in class time or clinical time.
 - Tattoos are to be covered at all times.
 - Fingernails are to be trimmed short. Acrylic nails are not allowed.
3. All students will wear nametags whether in the classroom or out on the floor.
4. No gum chewing at any time during lecture or clinical.
5. Students must perform at least a 75% average on all tests and quizzes in order to pass the class. Clinical scores must be of passing merit in order to pass the class.
6. Pagers and cell phones are not to be on one's person at any time. Also, please be sure that these devices are turned off when stored. Cell phone usage is allowed at break time but **NOT** in resident care areas or during classroom time.
7. Clinical time on the floor cannot be made up. Attendance at clinical time is expected to be 100%. Lecture time cannot be made up either. Class attendance is expected to be 100%. If this is not possible (for any reason) you will be removed from the class. You may reapply for a future class and if accepted, will restart at the beginning.
8. All students are to report to class promptly at 0800 unless otherwise specified by the instructor. Clinical days will begin at 0630. Classes are held Monday – Friday.
9. Breaks and lunch periods are not to be abused; report back to class promptly.
10. The work requires lifting, bending, walking and standing for prolonged periods of time. Students must be able to lift 25 pounds on a regular basis and up to 50 pounds occasionally.
11. A \$195.00 fee for the class with an additional \$35.00, fee for textbooks and other educational materials necessary to complete this course will be charged. This fee is due within 5 business days of being accepted into the course.
12. A Gait belt will be provided and must be returned at the end of class. Homework assignments will be given. Bring a binder, notepad and pens.

PLEASE KEEP FOR YOUR REFERENCE