

Nurse Aide Training

Updated March 8th, 2019
Western CO Area Health Education Center
2938 North Avenue Unit B
Grand Junction, CO 81504
970-434-5474

Class Schedule 2019:

EVENING Classes: Mondays through Thursdays from 5:00 pm to 9:00 pm (some Friday's may be required)
Mar. 25 – May 2, 2019; May 13 – June 20, 2019; July 1 – Aug. 8, 2019; Aug. 19 – Sept. 26, 2019

DAY Classes: Tuesdays through Fridays from 9:00 am to 3:00 pm (with a “working” lunch)
To be Determined (availability based on need)

Instructors: Nancy Murphy; Kathy Goe; Amy Guion

Location: 2938 North Avenue Unit B, Grand Junction, CO 81504

Miscellaneous:

- Clinical times** are scheduled during the **last 3 days of class from 6:00 am to 2:00 pm (and occasionally from 2:00 pm to 10:00 pm)**. Clinical times are scheduled for the best possible clinical experience that can be provided to a student.
- Prepares students to take the CO Certified Nurse Aide Exam.
- Classes are 104 hours.
- After successful completion of the course, students take a written exam and a skills evaluation for obtaining a state certification; test fees are included in the tuition fee of **\$1,130.00**.
- Tuition fee of **\$1,130** includes nonrefundable \$50 application fee, nonrefundable \$50 background screening required by the Colorado Board of Nursing, \$135 certification exam fee, malpractice insurance, books and a set of scrubs for clinicals.
- **If the background screening runs over the \$50.00, the tuition is increased by the difference between the background screening cost and \$50.00.**
- Scholarships may be available, based on eligibility criteria, through the Workforce Center, located at 512 29 ½ Rd. First step is to stop at the Workforce Center or make an appointment with a counselor (970-248-0871).
- To register, a candidate must submit a filled-in application with a **deposit of \$300.00** and pay the \$50.00 background check fee.

Health Requirements:

- Proof of a flu shot for classes with Clinical times scheduled for October through March. **Due by start of class.**
- Proof of a negative skin test for tuberculosis (TST/PPD skin test) **within the last year. Due by start of class.**
Cost is \$15 at the Community Hospital Occupational Health - 2004 N.12th Street. Phone: (970) 256-6490
Test placement: Mondays, Tuesdays, Fridays 7 am to 5 pm. Readings are 72 hours later.
If placed on Monday, test will be read on Thursday. If placed on Tuesday, test will be read on Friday.
If placed on Friday, test will be read on Monday.

Thank you for your interest! For an Application or if you have questions, please call: **970-434-5474 ext. 2**

Western Colorado Area Health Education Center
Nurse Aide Training Program
Course Requirements

Western Colorado Area Health Education Center's (WCAHEC) Nurse Aide Training Program is 104 hours.

Attendance:

- WCAHEC and the State Board of Nursing require students attend all classes and clinical practice to fulfill their requirements.
- An absence due to an emergency or illness will be evaluated on a case-by-case basis.
- The student must notify the Executive Director or the instructor **prior** to the missed class/clinical to be excused.
- If a student is absent due to an emergency or illness, the course work missed will be made up on the student's own time. If additional instructor time is required to assist the student with the make-up work or clinical practice, the student will reimburse WCAHEC for the instructor's fee (at a minimum of \$35.00 per hour). Make-up of a clinical practice is permitted at the discretion of the Executive Director/Program Instructor.
- Any request for variation of these procedures will be considered only in unusual circumstances and only with the permission of the Executive Director.
- Absences or tardiness in excess of a "collective" of 8 hours may be considered grounds for dismissal or reassignment to a future class.
- Future class attendance is approved on a space available basis only. Space available status is only granted for 90 days.

Grading:

- Students must achieve 80% or better on each quiz.
- Students must actively participate in the classroom, lab and clinical setting.
- Students must satisfactorily perform all skills by the completion of the course.

Discharge Criteria:

1. Inability to achieve 80% or better on chapter quizzes and/or final exam.
2. Any form of cheating on exams or in clinical or classroom settings.
3. Excessive tardiness.
4. Unexplained or habitual absenteeism.
5. Misconduct as described in the Student Conduct Policy.

Refunds:

The Nurse Aide course is based upon the tuition of 10 paying students. Last minute cancellations, dropouts or no-show students impact the class.

1. The following fees are **non-refundable**:
 - a. The Deposit fee of \$300 if a candidate did not attend the class with notification within 7 calendar days of a class start date or without notification.
 - b. The Tuition fee of \$1,130 for a student, who dropped out, failed or was dismissed from the class.

Certification Exam fee of \$135 is refundable.

2. If a student did not attend a class with notification within 7 days of a class start date or without notification, dropped out, failed or was dismissed from the class, the student is responsible for the tuition fee of \$1,130.

I am physically and mentally able to meet the demands of a Nurse Aide Class, including lab and clinicals, and have no functional limitations to lift or move a minimum of 50 pounds.

Student Signature

Date

Western Colorado Area Health Education Center
2938 North Ave., Unit B
Grand Junction, CO 81504

Fax: 970-434-9212
Phone: 970-434-5474

APPLICATION
Nurse Aide Training Program

Last name	First name	Middle name
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Social Security Number	Date of birth (month, day, year)
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Current Mailing Address:

Street address

City	State	Zip code
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Permanent Mailing Address:

Street address

City	State	Zip code
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Day phone	Evening phone	E-mail
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Education:

High School _____	City	County	State	Zip
Name				

Highest grade completed (1-12) _____ Date of H.S. graduation _____

Check if you earned a GED certificate _____ Date _____ State/agency _____

How did you hear about our program? _____

Signature	Date
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If you are under the age of 18, you must have a parent or legal guardian's signature.

Other Education and/or Training:

Course title	Institution	Date completed	Credit or hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Work Experience:

Position	Employer	City/State	From/to dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

References:

1. _____
Name Relationship

Address Phone

2. _____
Name Relationship

Address Phone

3. _____
Name Relationship

Address Phone

**** On the back of this or on a separate piece of paper, please write about the following:**

Tell how your education, formal and informal, and your experience relate to the Nurse Aide training program and tell us why you want to be a Certified Nurse Aide. **

Signature Date

**AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND
INFORMATION**

I, _____
LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

Understand that in conjunction with my application for Nurse Aide Class , Western Colorado Area Health Education Center will obtain my Confidential Background Screening Report through Sterling Infosystems Inc. in accordance with the Colorado Board of Nursing (www.dora.state.co.us) requirements.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.

Signed _____ Today's Date _____

Name as it appears on your driver's license _____ Position Applied For _____

_____-_____-_____/_____/_____
Social Security Number Date of Birth Driver's License Number State

Other names you have used, or are also known as, including maiden name, name changes and any aliases:

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS
Mo. Yr./Mo. Yr.

Current Address: _____
: City State Zip Code From / To?

Former Address _____
: City State Zip Code From / To?

Former Address: _____
: City State Zip Code From / To?

Former Address: _____
: City State Zip Code From / To?

Former Address: _____
: City State Zip Code From / To?