

APPLICATION
Nurse Aide Training Program

Last name First name Middle name

Social Security Number Date of birth (month, day, year)

Current Mailing Address:

Street address

City State Zip code

Permanent Mailing Address:

Street address

City State Zip code

Day phone Evening phone E-mail

Education:

High School _____
Name City County State Zip

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

Signature of parent or legal guardian if you are under 18 years of age Date

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	

Signature Date

Signature of parent or legal guardian if you are under 18 years of age Date

On this page please write several paragraphs about how your education, both formal and informal, and your work or life experiences relate to caregiving and or healthcare and explain why you want to become a Certified Nurse Aide.

Signature

Date

Signature of parent or legal guardian if you are under 18 years of age

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?

**Western Colorado Area Health Education Center
Nurse Aide Training Program
Course Requirements & Rules for Success**

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.
- Any student absence due to an emergency or illness will be evaluated on a case-by-case basis.
- The student must notify the Executive Director or Program Instructor **prior** to any missed class or clinical practice 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" 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 a 75% or better chapter quiz average.
- Students must actively participate in classroom, lab and clinical practice.
- Students must satisfactorily perform all skills by the completion of the course.

Discharge Criteria:

1. Inability to achieve a 75% or better chapter quiz average and/or 80% on the final exam.
2. Any form of cheating on exams or in clinical or classroom or lab settings.
3. Excessive tardiness.
4. Unexplained or habitual absenteeism.
5. Misconduct as described in the Student Conduct Policy.

Refunds:

The cost of the Nurse Aide course is based upon tuitions 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 student 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.

Signature

Date

Signature of parent or legal guardian if you are under 18 years of age

Date