To: Applicant
From: Alice M. Davis, Ph.D.
                      Executive Director
                       School Counselor Director
Re: Nurse Aide Training Program

Thank you for your interest in our program.   Listed below is information that will be helpful to you. If you have any questions or need assistance in completing the following application, please feel free to call 278-9229, ext. 6670.

Course Length: 106 clock hours (lunch time is not included in the course hours). The course hours include theory, laboratory and clinical hours.

Tuition: $425.00   Tuition cost **does not** include the cost of the required two-step mantoux, physical examination, background check, or the state registry exam. Please make a $425.00 check or money order payable to "SCCTC" by the deadline listed on the class schedule and return with all necessary completed paperwork (no exceptions as per state regulations). Ten registrations are needed to roster the class. No one will be allowed to begin the program until all paperwork has been completed, submitted, reviewed, and accepted **prior** to the submission deadline. The paperwork process could take at least 21 days, so don't delay. **Class size is limited to the first twenty students enrolled.**

Physical Examination: *A physical examination must be completed.* Please have your physician complete the enclosed physical forms. A two-step mantoux tuberculin test must be completed as a part of the physical exam. Please see attached sheet with instructions and form for the two-step Mantoux test.

Please pay close attention to the time requirements on the administration of the two Mantoux shots, or you will have to have them done again before you can be accepted into the program. If you have questions on this, please call the SCCTC office at the number listed above.

Criminal History Background Check: *A criminal history background check must be completed by the school through the State Police prior to starting the program.* Please complete the form and return it to SCCTC to allow processing time before the program starts. A check for $10.00 payable to the "Elk Lake School District" must accompany this form. Cash is acceptable, but we do not recommend sending cash through the mail. **Please Note**: If you have resided in Pennsylvania for less than two years, please contact our office immediately for different instructions.

State Registry Examination: Upon successful completion of the course, the trainee is eligible to sit for the PA Registry Exam. The cost of the exam is $103.

Tuition Reimbursement: If the trainee is employed by an "Extended Care Facility" within six months of completing the course, he/she may be eligible for tuition reimbursement. Reimbursement also covers the cost of the state registry exam. If reimbursement is available, it is through the employing agency.

Please Note: The SCCTC is required to provide any clinical facility that we may attend, a copy of your physical examination form and criminal history background check. This information is required for their files. Enclosed in this packet is a "Release of Information" form requiring your signature.

SUSQUEHANNA COUNTY CAREER
AND TECHNOLOGY CENTER
PO BOX 100, SCHOOL HOUSE ROAD
DIMOCK, PA 18816-0100
PHONE: (570)278-9229   FAX: (570)278-3913

NURSE AIDE TRAINING APPLICATION

Chosen Class Schedule to Attend _____

NAME_____ SS#_____
          (Last)   (First)

ADDRESS_____

TELEPHONE_____ DATE OF BIRTH_____

E-Mail Address _____

Education: List high schools, colleges or other post-secondary training.

School_____ Grade/Years Completed_____

Address_____

School_____ Grade/Years Completed_____

Address_____

Are you currently employed: Yes:_____No: _____

If yes please complete:

Employer_____

Address_____

        Do you have reliable transportation? Yes_____   No_____

        Are you a veteran?   Yes_____   No_____

Do you have any physical limitations that will prevent you from participating in this program?

_____

Please list a person for emergency contact purposes.   Name: _____

Relationship: _____   Telephone Number: _____

Home Address: _____

I certify that the above answers are true and complete to the best of my knowledge.

_____   _____
        Signature   Date

THIS SECTION IS TO BE USED BY SCCTC PERSONNEL ONLY:	
_____Application	_____Turned in Act 48 Clearance ($10.00)
_____Release Form	_____Clearance Accepted
_____Physical Exam	_____Tuition ($425.00)
_____(1) One-Step TB Test	_____N.A.T. Policies Signature Page
_____(2) Two- Step TB Test	_____Student Accepted & Contacted_____ _____

Nurse Aide Training Program

Release of Information

I,_____, understand that the Susquehanna County Career and Technology Center is required to provide any clinical facility that we may attend, a copy of my physical examination form and my criminal history background check. I understand that the training facility is required to have this information on file.

_____   _____

Signature   Date

SUSQUEHANNA COUNTY CAREER
AND TECHNOLOGY CENTER
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PHYSICAL EXAMINATION

PATIENT INFORMATION

_____

LAST NAME   FIRST   MI   SEX   DOB

_____

SOCIAL SECURITY #   HOME PHONE   WORK PHONE

_____

MAILING ADDRESS   STREET   CITY   ZIP

_____

USUAL SOURCE OF MEDICAL CARE   PHYSICIAN'S NAME ADDRESS   PHONE

_____

EMERGENCY CONTACT   RELATIONSHIP   ADDRESS   PHONE

REQUIRED (TWO-STEP) TUBERCULOSIS TEST RESULTS (AS PER DEPT. OF HEALTH REGULATIONS) please see attached form for the two-step mantoux test.

SIGNIFICANT MEDICAL CONDITIONS

	YES	NO	IF "YES" EXPLAIN
Allergies			
Asthma			
Cardiac			
Chemical Dependency			
Drugs			
Alcohol			
Diabetes Mellitus			
Gastrointestinal Disorder			
Hearing Disorder			
Hypertension			
Neuromuscular Disorder			
Orthopedic Condition			
Respiratory Illness			
Seizure Disorder			
Skin Disorder			
Vision Disorder			
Other (Please Specify)			

PHYSICAL EXAMINATION

Patient Name: _____

REPORT OF PHYSICAL EXAMINATION   DATE OF EXAM: _____

	NORMAL	ABNORMAL	IF "ABNORMAL", PLEASE EXPLAIN
Height (inches)			
Weight (pounds)			
Pulse ( )			
Blood Pressure /			
Hair/Scalp			
Skin _____ _____			
Eyes – Visual Acuity R / L /			
Eyes – Color Vision			
Ears – Hearing dB R L			
Nose and Throat			
Teeth and Gingiva			
Lymph Glands			
Heart – Murmur, etc.			
Lung – Adventious Findings			
Abdomen			
Neuromuscular System			
Extremities			

Is there any mental, emotional or physical condition(s) for which the individual should remain under your medical care?

↑No   ↑ Yes   Comments: _____

_____   _____
         Signature of Examiner   Physician Name (Print)

_____
                                        Physician Address

The statements and answers as recorded above are full, complete and true to the best of my knowledge and belief. I understand that any false or misleading statements may cause termination of my program.

I authorize the physician(s) or other person(s) to disclose any knowledge or information pertaining to my health to the school authority for which this examination is performed.

_____   _____
         Signature of Patient   Date

PHYSICAL EXAMINATION
MANTOUX TEST/RESULTS

Due to PA Department of Health (Section 201.22) and Department of Education (Section 483.154) regulations, it is *mandatory* that all applicants in the Nurse Aide Training course complete a 'two-step mantoux' process **prior to the beginning of the Nurse Aide Training class**. These regulations must be followed by all facilities that offer the Nurse Aide Training course and the clinical facilities associated with these classes.

TWO-STEP MANTOUX INSTRUCTIONS- If you or the medical facility that you attend have any questions; please call us at 570-278-9229 ext. 6670

Two-step mantoux~A mantoux test must be administered by a licensed health care professional, recorded, and read within 48-72 hours after the administration. **A second mantoux must be administered within 7 to 21 days after the reading of the first mantoux,** recorded and read within 48-72 hours. **The results of the mantoux must be recorded in mm's, NOT written as negative.**

- -

Name: _____   **Date:** _____

Signature: _____

One-Step Mantoux:

*Date/Time Administered: _____

Site: _____

Administered By (Signature): _____

Facility Name/Address: _____

_____

*Results (Induration):_____mm   Date/Time: _____

Read By (Signature): _____

Facility Name/Address: _____

_____

Two-Step Mantoux:

*Date/Time Administered: _____

Site: _____

Administered By (Signature): _____

Facility Name/Address: _____

_____

*Results (Induration):_____mm   Date/Time: _____

Read By (Signature): _____

Facility Name/Address: _____

_____

Adult Nurse Aide Training Student Badge Policy

As an Adult Nurse Aide Training student, you have been issued a student identification badge. This badge is to be **worn at all times** while in school and clinical settings.   The badge is to be worn on a lanyard while on school property. I understand that I am to follow badge policies at the various clinical settings. I understand that it is my responsibility to follow this policy. If your badge is lost or destroyed a new badge will be issued.

_____   _____
Signature   Date

*** Adult Nurse Aide Training Program Policies ***

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I. ADMISSION
II. ATTENDANCE
III. LEVEL OF ACHIEVEMENT
IV. NON DISCRIMINATION
V. STANDARDS OF CONDUCT
VI. GRIEVANCE
VII. UTILIZATION OF TRAINEES
VIII. RECORD KEEPING
IX. TUITION REIMBURSEMENT
X. STUDENT BADGE POLICY

I have read the program policies that are necessary requirements for successful completion of the Nurse Aide Training Program.

_____   _____

Parent signature (if student is in high school)   **Date**

_____   _____

Student Signature   **Date**