

NURSE AIDE PROGRAM

COLORADO NURSES AIDE SCHOOL, Inc. DBA Colorado Medical Health Training (CMHT)



ENROLLMENT INFORMATION

Congratulations on your decision to become a Nurse Aide. You will be joining the exciting, challenging, and rewarding field of health care. You have made a wise choice to learn important skills in the rapidly growing area of long-term care, patient care skills.

Nurse Aides are the “heart” of long-term care, devoted to improving the quality of life residents. Your skills, along with a caring attitude, will be rewarded with the friendship and trust of the residents, the respect of your employer and co-workers, and personal satisfaction.

**6460 EAST YALE AVE, UNIT E 40
DENVER, COLORADO 80222**

303-757-5858

www.medicalhealthtraining.com

Owner/instructor-carolyn@medicalhealthtraining.com

**Our program is only 2-3 weeks.
Classes start the 1st and 15th of
every month.**

What is a Nurse Aide?

A Nurse Aide or Nursing Assistant is a very caring person who sees the purpose in his/her life as giving care and assistance to patients/residents so they may be comfortable, safe, and in the best state of wellness they can be. These Aides always work under the supervision of a licensed nurse. The focus of the program is on long term care facilities although Nurse Aides can be employed in hospital, home health care or other healthcare settings. Some of the basic tasks they perform are:

- **taking and recording vital signs**
- **bathing the patient; exercising with the patient/resident**
- **changing the patient's bed linens**
- **helping with teeth brushing, nail care, hair care**
- **help with feeding when necessary**
- **keeping the patient/resident's room safe and tidy**

Aside from these tasks, the one fulfilling opportunity an Aide will always have is talking to and listening to the patient/resident. These people are often sick, scared, in pain, confused, sad, lonely, and experiencing very stressful situations. Pills and doctors do not always cure all ills. A listening ear and a hand to hold can often make a world of difference in someone's day and life!

How Do I Get Enrolled or Registered?

1. Call Colorado Nurses Aide School to ensure that space is available 303-757-5858
2. Register for your class by calling us to make an appointment or visit the school website to fill out an application www.medicalhealthtraining.com

Tuition is \$ 895.00 due at the time of registration if paid in full

Or

A payment plan is available if needed at \$ 1000.00 and will follow the below schedule

**We accept cashier check, money order and credit card (small fee applied).
PLEASE NO PERSONAL CHECKS OR CASH ACCEPTED.**

Deposit due at registration	\$250.00
2nd payment due 1st day of class (That will be the 1st or 16th of the month depending on what class you are joining)	\$375.00
3rd (last) payment is due the 8th day of class (weekends are included in the calculations)	\$375.00
To remain in the program your payment must be paid timely and a \$20 late fee will be applied for each day that it is late	

3. TUITION includes:

- Textbook
- Colorado Background Check
- Online theory and hands-on labs at the facility.
- Professional Liability Insurance

Refund Policy-***The refund is based on if the tuition has been paid in full.**

Students not accepted into the school are entitled to all moneys paid. Students who cancel this contract by notifying us in writing within three (3) business days before the first day of class are entitled to a refund minus a \$250.00 deposit. In the case of students withdrawing after commencement of classes, the refund table below will apply. The refund is based on if the tuition has been paid in full.

Refund Table

Student is entitled to upon withdrawal/termination*	<i>Refund</i>
Refund on the 1 st day of the start of the class	50%
On the 2 nd day of class there is NO REFUND	0%

MANDATORY ATTENDANCE: Students must complete a total of 75 hours of theory, laboratory practice and 16 hours of clinical internship to receive a certificate.

EXPERIENCE IN HEALTHCARE FIELDS

Dates	Any Healthcare Experience	Duties

Are you able to perform the essential job functions required for this profession? _____

Are you a Citizen, or Legally Authorized to work in the U.S.? You're Status: _____

Have you ever been convicted of a Misdemeanor or Felony? **Yes No**

If yes, please provide dates, and explanation in details of any convictions including

City/State: _____

Nurse Aide Program

BACKGROUND RESEARCH RELEASE

Please read this section carefully and acknowledge your understanding and acceptance by **signing below.**

I certify that all the following statements are true, correct, and complete to the best of my knowledge.

Consent to conduct Background Investigation

As a condition of, and in consideration for, admission to the Nurse Aide Program at Colorado Nurses Aide School, I give my permission to investigate my personal and employment histories and criminal background. I understand that this background investigation will include, but not limited to, verification of all provided information, criminal and driving record, interviews past employers and listed references

Cooperation with Investigation

I agree to cooperate with all background investigations deemed necessary or required and to sign any waiver or releases that may be necessary to obtain access to my personal information.

Falsification Statement

I understand that any falsification and/or omission of fact made by me in this application or in connection with any background investigation may be sufficient grounds for rejection of this application for admission, or if discovered after admission, for immediate dismissal from the Program.

Applicant Signature: _____ Date: _____

HEALTH INFORMATION FORM

NAME _____

IN CASE OF EMERGENCY NOTIFY: Name/relationship

PHONE _____

PERSONAL HISTORY (to be completed by student)

ALLERGIES (please specify)

YES NO

HEALTH PROBLEMS

YES NO

Drugs _____

Food _____

Other _____

COMMUNICABLE DISEASES

Scarlet Fever

Chicken Pox

Malaria

Mononucleosis

Other _____

SURGERIES:

ACCIDENTS (Please List):

Date _____ Signature: _____

Do you have any lifting restrictions or physical limitations? Yes or No

If YES please provide details _____

Program Coordinator Signature _____

Eye Problems

Ear, Nose, Throat

Insomnia

Head Injuries

Headaches

Tuberculosis

Chest Pain/Pressure

Chronic Cough

High Blood Pressure

Diabetes

Rheumatic Fever

Heart Murmur

Muscular Problems

Skeletal / Joints Problems

Back problems/Injury

Seizures

Stomach/Intestinal Problems

Gallbladder Problems

Hernia

Weakness, Paralysis

Psychiatric Problems

Hepatitis A, B, C

Other