

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

COLORADO NURSES AIDE SCHOOL / NURSE AIDE PROGRAM

STUDENT AGREEMENT

Student Name: _____

By being accepted in the Nurse Aide Program I hereby understand and agree to the following conditions:

1. My tests/quizzes and skills checklist will remain in my student's file at the Colorado Nurses Aide School.
2. I agree to allow the school to submit my Criminal Background Record check.
3. I understand that assigned clinical experience *is not considered employment* and I will not accept any salary/pay for the provided services.
4. I understand that the School assigns clinical practicum site and as a Colorado Nurses Aide School student *I will not act as an independent agent.*
5. I understand that prior to the beginning of the required clinical practicum I must complete all required academic and lab classes with passing grades no less than 85% for the theory and 100% for the lab skills.
6. I understand that during my clinical assignment I must *perform only services I have been trained for* and found proficient by the Instructor and I must act within the Nurse's Aide scope of practice and never perform skills or procedures in which I have not been trained for or outside of Nurse's Aide Scope of Practice.
7. I agree to immediately report, verbally and in writing, to the Colorado Nurse Aide School any accident /incident of which I have actual knowledge and which may involve legal liability. Such report shall be filed within two days after the occurrence.
8. I understand that the clinical affiliates retain the right to require the removal from or deny my access to the facility in the event of my professional ability or disreputable/disruptive conduct to the established practices of the clinical facility.
9. I further understand that it is my responsibility to provide my own transportation to and from the clinical site, and to provide a uniform required by the Colorado Nurses Aide School and clinical site.
 - a. *I shall at all times while on duty maintain personal hygiene and personal appearance as required by the school and clinical facility.*
10. If it becomes necessary at any time to interrupt my assignment, once I have entered, I will discuss this matter with my clinical instructor/program coordinator prior to leaving the clinical site. The interruption does not guarantee a place being held for me.
11. I understand that if I am removed from the clinical facility or asked to leave for any reason, I will immediately notify the Program Coordinator. Removal from the clinical site for any reason may result in termination from the program.
12. I consent to have Colorado Nurses Aide School release grade and performance information if I have applied for employment, education programs, scholarships, etc. to person/institution requesting the information.
13. ***I have read and understand the Colorado Nurses Aide School Attendance Policy, Confidentiality Statement, Clinical Site and Dress Code Policy, Drug Screen and Background Policies.***

Failure to comply with Colorado Nurses Aide School Guidelines for Clinical Performance, Attendance, Attitude and Attire may result in termination from the Program.

STATEMENT OF RECEIPT AND UNDERSTANDING OF POLICIES

I have received a copy of the Nursing Aide Program Student's Handbook and Policies and Procedures, Plan of Instructions and Courses Outlines.

I have read, ask for clarification if needed, understand, and agree to comply with all policies contained therein.

I understand that failure to comply with these policies results in the termination of my program.

Student Signature _____ Date _____

TUITION AGREEMENT

Approved and Regulated by the Colorado State Board of Nursing

General Information

Date _____

Student's Name _____

Program/Course: **C N A / Nurse Aide Program**

Start Date _____ **Date paid in full** _____ **Method of payment** _____.

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	Due now
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	Due :
3rd (last) payment is due the 8th day of class (weekends are included in the calculations)	\$375.00	Due:
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		

1. TUITION includes:

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

By signing below, the student agrees to pay *Colorado Nurses Aide School* the total stated tuition. The School agrees to provide the occupational training in accordance with the provisions of the school policy listed in the student handbook. Payment of all monies due shall be a condition of continuing enrollment.

Upon satisfactory completion of all academic and skill requirements and when all financial obligations to the School have been met the School will award the CERTIFICATE to the student.

The student and school understand that this Tuition Agreement, WHICH INCLUDES THE REFUND POLICY, may not be amended except in writing and signed by both parties.

Postponement of starting date, whether at the request of the school or the student, requires a written agreement signed by the student and the school. The agreement must set forth:

- a.) *Whether the postponement is for the convenience of the school or student; and,*

A deadline for the new start date, beyond which the start date will not be postponed.

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

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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%

1. The student may cancel this contract at any time prior to midnight of the third business day after signing this contract.
2. All refunds will be made within 30 days from the date of termination. The official date of termination or withdrawal of a student shall be determined in the following manner:
 - a. The date on which the school receives written notice of the student’s intention to discontinue the training program; or
 - b. The date on which the student violates published school policy, which provides for termination.
 - c. Should a student fail to return from an excused leave of absence, the effective date of termination for a student on an extended leave of absence or a leave of absence is the earlier of the date the school determines the student is not returning or the day following the expected return date.
3. The student will receive a full refund of tuition & fees paid if the school discontinues a course/ program within a period of time a student could have reasonably completed it, except that this provision shall not apply in the event the school ceases operation.
4. The policy for granting credit for previous training shall not impact the refund policy.

I CAN FIND A COPY OF THIS TUITION AGREEMENT AND A CURRENT STUDENT HANDBOOK.VIA THE WEBSITE WWW.MEDICALHEALTHTRAINING.COM

Student Signature

Carolyn Omiteru
School’s Official

Colorado Nurses Aide School

Colorado Nurses Aide School

Attendance Policy

This is a setting for adult learners. That being said, we expect you to conduct yourselves like adults during our time together at the Colorado Nurses Aide School / Nursing Aide Program.

This means that we expect you to arrive to class on time. If you are going to be late, please text or call your instructor (phone numbers will be provided).

If you are going to be absent please call or text your instructor. **It is your responsibility to make up missed assignments and tests.**

If you miss one (1) class, you will be asked to retake the course at the next time the course will be offered.

If you are going to be late for lab, please text or call your instructor.

Missing lab is not an option. This is where all of your hands-on experience happens. If you miss a lab, you will need to make it up at another time when lab is offered.

Drugs and Alcohol Policy

If you come to school or clinical smelling like alcohol, marijuana or are suspected to be under the influence of any behavior-altering substance, you will be asked to leave. The school setting is a professional area and you should conduct yourself accordingly.

The above information has been explained to me. I understand my responsibility as a student at the Colorado Nurses Aide School and the consequences should I not fulfill my responsibility.

CONFIDENTIALITY STATEMENT

As a student of Colorado Nurses Aide School / Nurse Aide Program, I realize that while working in any health care facility during the program as part of my assigned clinical experience, I am dealing with confidential information and communications.

I understand, that information about clients/residents, their families, diagnosis and treatment, financial situation, as well as employees of the facility, staff, and faculty during the course of study is to be discussed only in accordance with my professional responsibilities.

I shall not discuss any information in the provision of care in any other manner.

I understand and assume my responsibility to protect the rights of patients, their families, all employees of the facility, staff and faculty by maintaining confidentiality of communication.

I am aware that violation of the above agreement will be grounds for probation or dismissal as determined by program instructor, program coordinator and school administration.

Signature

Date

COLORADO NURSES AIDE SCHOOL

STATEMENTS REGARDING HEALTH AND SAFETY

Student Name: _____

1. I agree to submit to alcohol/drug testing at my expense if requested by my clinical instructor for suspicion of being under the influence of alcohol or drugs in the clinical setting. I understand that failure to do so will result in disciplinary action.
2. I have been given information regarding hepatitis B and Hepatitis B vaccine. I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B (HBV) infection. I have the right to waive this testing for personal reason.
3. I have personal health insurance coverage with the following company:
_____, or

I do not have personal health insurance coverage at this time, and understand that I am liable for costs of any treatments given as a result of any accident/injury at the Colorado Nurses Aide School or clinical facility.

4. My health history shall be in the custody of the Colorado Nurses Aide School:
 - a) *I shall submit the Lab tests (TB, Hepatitis) if required by the clinical affiliate;*
 - b) *I shall submit x-ray report if my TB test was positive;*
 - c) *My health history and results of required tests may be released to any clinical affiliate to which may be assigned.*
5. I understand the clinical portion of the program is a vital component of the program. If I have been denied access to the clinical area related to a criminal record or have positive drug screen, I understand I will be unable to complete the Program.

Skills & Practical Experience Subject Release Form

I, _____ (student name) give my permission to be the lab skills and practical experience subject for the Colorado Nurses Aide School Program. I understand that if, while being an actor/practice object, questionable appearances (such as abnormal Vital Signs, weight, pain, discomfort, etc) are noted by the instructors, I will seek my own medical attention and advice as suggested by the Nurse Aide instructor. I further release Colorado Nurses Aide School of any responsibilities for any and all physical or mental conditions, which may be believed to have resulted from any practical sessions, where I was utilized as an exam subject.

I further agree to monitor the time I was examined and to complete accurate time reporting sheets as directed by the CNA instructor(s) if applicable.

I verify that I have read and understand the items above.

Signature: _____ Date: _____

COLORADO NURSES AIDE SCHOOL / NURSE AIDE PROGRAM

Nurse Aide Program Entrance Test

Applicant's Name: _____ Date _____

These questions have been developed to evaluate your basic understanding of math, reading and comprehending English.

Total missed _____ / 22 Score _____ %

PART I.

Multiple choices. Put an "X" in the space next to the correct answer.

1. This meat is beautifully _____ - what recipe did you use?

- tender
- mild
- soft
- gentle

2. I think that the problem Henry has raised is a major _____ for our society today.

- subject
- theme
- issue
- point

3. I am sure I would have regretted it if I _____ to take the job.

- would have agreed
- would agree
- did agree
- had agreed

4. We _____ a lovely three weeks in the south of Spain last year.

- took
- did
- passed
- spent

5. The teacher asked if _____ to bring our textbooks to class.

- had we all remembered
- all we had remembered
- we had all remembered
- had all we remembered

6. I was getting angrier and _____ as the hours passed by.

- angrier
- more angry
- angrily
- the angriest

7. Only when I bend over _____ the pain get worse.

- must
- should
- does
- make

8. Please tell me when to stop _____.

- downpour
- pouring
- to have poured
- pour

9. There _____ someone at home I can hear voices in the living room.

- must be
- was
- has been
- ought to have been

10. Let's try to get home quickly before the rain really _____ .

- sets on
- sets in
- sets off
- sets down

PART II

Fill in the correct answers in the blanks provided.

1. Add: $55+18 =$ $74 + 19 =$ $62 + 38 =$
2. Subtract $480 - 70 =$ $49 - 31 =$ $107 - 50 =$
3. Multiply: $25 \times 4 =$ $15 \times 4 =$ $33 \times 4 =$
4. Divide: $100 / 2 =$ $200 / 4 =$ $160 / 3 =$