



**American Red Cross**  
Hawaii State Chapter

## **NURSE ASSISTANT TRAINING**

### **Program Description**

[www.redcross.org/hawaii](http://www.redcross.org/hawaii)

**Office Hours: Monday through Friday 8am to 4:30pm**

American Red Cross  
Nurse Assistant Training Office  
4155 Diamond Head Road  
Honolulu, HI 96816  
(808) 735-9690 Fax

[Georgette.demello@redcross.org](mailto:Georgette.demello@redcross.org)  
(808) 739-8122

[Lori.gonsalves@redcross.org](mailto:Lori.gonsalves@redcross.org)  
(808) 739-8142

### **Training Locations**

**\*Honolulu**  
4155 Diamond Head Road  
Honolulu, HI 96816  
(808) 739-8122

**\*Hilo**  
East Hawaii County  
55 Ululani St.  
Hilo, HI 96720  
*Contact: NAT OFFICE in Honolulu*

**\*Kona**  
West Hawaii County  
at Regency at Hualalai  
75-181 Hualalai Road  
Kailua Kona, HI 96740  
*Contact: NAT OFFICE in Honolulu*

## AMERICAN RED CROSS NURSE ASSISTANT TRAINING PROGRAM (NAT)

### INTRODUCTION

The American Red Cross is fully committed to adhering to the highest standards of instruction through our Nurse Assistant Training program. This course will provide the training and skills that enable students to provide care for residents in long-term care settings, or in hospitals. Successful completion of this State-Approved Nurse Aide Training program, approximately 130 hours, will prepare the student to take the state competency exam to become a Certified Nurse Assistant (CNA). Students benefit from small classes, with caring, well-trained RN instructors. They receive hands-on experience as they learn in realistic clinical settings.

### CLASS FEES     **\$1340**

Due to limited class space, FULL PAYMENT of the tuition must be paid upon registering to secure your spot in the course. First Aid, Adult CPR/AED training is included as part of this program and is scheduled at the time of registration.

### REGISTRATION INFORMATION

To reserve a place and begin class, you must call our office for seat availability in your preferred course. Courses are based on first come first served. Full payment must be received to secure your seat by calling the NAT office.

Acceptable forms of payment are credit/debit card, money order or cashier check made payable to American Red Cross.

Call the Nurse Assistant Training (NAT) office on Oahu at (808) 739-8122 or 8142 during office hours 8:00am – 4:30pm Monday through Friday. You can also email [georgette.demello@redcross.org](mailto:georgette.demello@redcross.org) if you have any questions.

We are looking forward to having you as a student in the American Red Cross Nurse Assistant Training Program.

Participants must be at least seventeen (17) years of age to train in the course, but must be 18 years of age to take the State Nurse Assistant Examination for certification. A high school diploma or GED is preferred but not required. Class space is limited so reserve your seat now!

### PREREQUISITIES

All students are required to provide documentation of passing a background check, a negative result of a 2-step TB skin test and a physical exam within the past twelve (12) months. (details below)

Expenses for the background check, 2-step TB skin test, physical exam, drug test if applicable or the state CNA exam are NOT included in the class fee.

### TB SKIN TEST

A 2-step TB test with a negative result within the past twelve (12) months is required. If there is a positive result from a skin test, an X-ray is highly recommended as a second step to verify clearance. The test may be obtained from your family physician or local Health Department. All students must submit a negative TB clearance prior to the start of class. If the student fails to comply a refund will **NOT** be given.

### BACKGROUND CHECK and DRUG TEST

A background check is required. Some clinical facilities will also require a drug test. When you call to register for class the NAT Administrator will inform you where to get your background check and drug test done. The cost of the background check and drug test is not included in the course fee. **Please note:** If a student's background check is returned with a conviction or the drug test result is positive, the student will not be able to attend the clinical practicum and complete the program and therefore a refund will not be given.

## **REQUIRED FORMS**

Application Form  
Enrollment Form  
Medical Form and 2-Step TB Form  
Background Clearance  
Drug Test Result (if applicable)

**MUST** be mailed or delivered to the NAT office on Oahu prior to the start of class

**American Red Cross (NAT)  
4155 Diamond Head Rd  
Honolulu, HI 96816**

Course acceptance will be decided by the NAT Manager in accordance with established Hawaii Regulatory Statutes and the policies and procedures of the skilled nursing facility being used for the clinical practicum.

## **REFUND & TRANSFER POLICY**

The refund policy may be view on our website at [www.redcross.org/hawaii](http://www.redcross.org/hawaii).

Students need to complete and submit the cancellation notice to the American Red Cross Training Site no longer than (5) days prior to the day class starts to be eligible for a refund of payments made. No refunds will be issued for a student that is dismissed for absenteeism, tardiness, or fails the program. Classes may be cancelled due to low enrollment. Refunds will be issued to students enrolled in a class that has been cancelled due to low enrollment.

## **TEXTBOOK**

The 2013 edition of The American Red Cross Nurse Assistant Training textbook will on the first day of class.

## **TESTING**

The successful completion of the hundred thirty (130) hour course qualifies the student for an ARC completion card. The completion card will make the student eligible to take the state Nurse Assistant Competency Exam. Testing fees are not included in the training tuition. More information on the state exam contact Prometric at 808-261-8182 or email: [hicna@prometric.com](mailto:hicna@prometric.com).





**American Red Cross**  
Hawaii State Chapter

**AMERICAN RED CROSS**  
**Nurse Assistant Training**  
**Application Form**

Name \_\_\_\_\_ Gender: Male  Female   
Last First Middle

Address \_\_\_\_\_  
Number & Street Apt #

\_\_\_\_\_ Cell Phone \_\_\_\_\_  
City Zip Code

Evening Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

1. SS # (Last Four only) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Mo/day/year

2. How did you hear about this course?  
 \_\_\_\_\_

3. Have you had experience in care giving/assisting with others' physical and/or psychosocial needs, i.e. elderly, children, and disabled people with illnesses?  Yes  No If yes, please describe level and length of care provided. Include experiences as volunteer, family, employment.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Have you taken any science/health care related courses in school or had prior training in the medical field? List courses:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Why do you wish to take the nursing assistant course?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. What is your long-term goal?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. What do you feel you have to offer to the health care profession?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Application Form, continued**

8. The following questions will be asked on the State of Hawaii Nurse Aide Testing Application. Please be aware that **answering “yes” to any of these questions will need further explanation of the violation to the State’s Licensing Division; Department of Commerce and Consumer Affair (DCCA), will be reviewing your application and documentation before you can take the State exam.** DCCA will not consider any criminal background check completed by you personally or by the Long-Term Care Facility where you completed your clinical hours at. Although you may pass the background check through the LTC facility, be advised that your criminal background check through DCCA may not clear and allow you to take the state exam.

- | <i>(Check the box that applies)</i>  | <b>YES</b>               | <b>NO</b>                |
|--|--------------------------|--------------------------|
| • In the past 20 years, have you been convicted of a crime for which the conviction has not been annulled or expunged?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has your nurse aide certification ever been revoked, suspended, or otherwise subject to disciplinary action by another state registry? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are you presently being investigated or is any disciplinary action pending against you?  | <input type="checkbox"/> | <input type="checkbox"/> |

9. In case of emergency, whom may we contact? \_\_\_\_\_

Daytime or Night phone # \_\_\_\_\_ Relationship \_\_\_\_\_

10. Employment / Education History: start with current or most recent employer / school:

Employer \_\_\_\_\_ From: \_\_\_\_\_

Address \_\_\_\_\_ To: \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Position \_\_\_\_\_

Employer \_\_\_\_\_ From: \_\_\_\_\_

Address \_\_\_\_\_ To: \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Position \_\_\_\_\_

Education: \_\_\_\_\_ Highest grade level completed \_\_\_\_\_

**Indicate which training site you wish to attend and fill in the dates of the class you are applying for:**

**OFFERING #** \_\_\_\_\_ **SITE:** \_\_\_\_\_

**DATE OF CLASS:** \_\_\_\_\_

## Enrollment Agreement

Applicant: \_\_\_\_\_  
Print name

### Requirements for Successful Course Completion

For students to successfully complete the Nurse Aide Training Program and receive a certificate the student must:

- 1) Attend and actively participate in **ALL** classes and lab practices.
- 2) Complete all skill competency checks during skill practice sessions.
- 3) Complete skill competency checks during clinical practicum.
- 4) Successfully pass (**80% or better**) the written (oral) Student Competency Evaluation.

**Please note:** Prior to interview, at the discretion of Nurse Aide Training staff, a candidate may reschedule one time. Request to reschedule must be at least 14 days prior to class start date. After the interview process and acceptance into the Nurse Aide Training class, **no refunds will be issued.** Read and initial: \_\_\_\_\_

*Please read this agreement before you sign it. After you sign it and the AMERICAN RED CROSS accepts your enrollment into the program you will be bound by the terms of this agreement.*

I AGREE to release and hold harmless the health care facility which provides my clinical experience, its employees and clients, and the AMERICAN RED CROSS, from any misconduct or accidents that occur as a result of my participation in the AMERICAN RED CROSS Nurse Assistant Training Course.

I understand the course policies as outlined in this packet and certify that all statements I have made on this application are true and complete.

### Photo Release:

I give to the American Red Cross, its designees, agents, and assigns, unlimited permission to use, publish, and republish in any form or media, information about me and reproductions of my likeness (photographic or otherwise) and my voice, with or without identification by me by name.

False statements are subject to action pursuant to dismissal from this training program.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Accepted by: \_\_\_\_\_  
Primary Instructor

\_\_\_\_\_  
Date

\*\*\*\*\*

Office Use:

Tuition Payment \$ \_\_\_\_\_ Type of Payment \_\_\_\_\_ Order # \_\_\_\_\_

Training Site \_\_\_\_\_

Class Date \_\_\_\_\_ to \_\_\_\_\_ Offering ID \_\_\_\_\_ CPR Offering ID \_\_\_\_\_

## ***ATTENDANCE POLICY***

The Hawaii Nurse Aide Training guidelines mandate a minimum of one hundred (100) training hours.

The expectation of excellence is high in this fast paced and focused program. Therefore, all classroom and lab/clinical attendance are **MANADATORY** in order for you to graduate. In case of an emergency or illness which results in time being missed you are to contact your nurse instructor immediately and then contact the program manager within 24 hours to discuss the situation. Any clinical time missed will result in a delay of receiving your certificate of completion.

**My initials here** \_\_\_\_\_ certifies that I have read and understand the Attendance Policy.

## ***DRESS CODE***

For your health and safety and of those around you, adhering to the dress code is expected at all times.

- Scrub Uniforms (white top and red bottoms)
- White tennis shoes with non-skid soles. Crocs are not acceptable.
- Limit jewelry to plain band and simple post earrings. No facial jewelry
- Nails trimmed not extending beyond tips of fingers. No colors or designs
- Hair must be pulled back and off your shoulders
- Watch with a second hand
- No perfume or cologne
- Name Tag will be provided and must be worn during your entire training program

**My initials here** \_\_\_\_\_ certifies that I have read and understand the Dress Code.

## ***COURSE COMPETENCY / EXIT REQUIREMENTS***

American Red Cross Nurse Instructors provide lecture, demonstrate skills in the classroom, and provide each student with supervised hands-on practice using American Red Cross guidelines.

You are expected to come prepared to class with all homework assignments completed. The passing standard is 80% or above on all quizzes and final exam. All skills must be performed with accuracy and approved by instructor, this is mandatory before attending clinical setting. In the clinical setting you are expected to demonstrate respect, truthfulness, reliability, timeliness and good judgment in providing safe care to residents.

Students who fail to demonstrate accuracy on all clinical skills and 80% on written exams will:

1. Receive an "Unsatisfactory" on their Skills Check off list and will not be able to attend the clinical portion of the training.
2. Be provided written notification "At Risk Memo" that will be part of their student record. More than two written notifications may result in dismissal from the course and forfeiture of tuition fees.

**My initials here** \_\_\_\_\_ certifies that I have read and understand the Course Competency Requirements.



**PHYSICAL EXAMINATION FORM  
AMERICAN RED CROSS, HAWAII CHAPTER  
STUDENT HEALTH EVALUATION FORM**

**Applicant information (type or print clearly):**

Name: \_\_\_\_\_ Sex: M  F  Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Have you had a serious illness, injury, or surgery recently? Are you currently being treated for any illness or injury?  No  Yes If yes, explain and provide appropriate supporting documentation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I, the undersigned, give permission to release a copy of this form to the participating training and clinical facility.***

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**TO BE COMPLETED BY THE EXAMINING PROFESSIONAL: MEDICAL DOCTOR/DOCTOR of OSTEOPATHY, PHYSICIAN ASSISTANT, or NURSE PRACTITIONER:**

1. The applicant is capable of lifting up to 50 pounds and staying on the feet and moving around to perform routine tasks of a Nurse Aide during a normal 8 hour shift:  No  Yes. Comments:

\_\_\_\_\_  
\_\_\_\_\_

2. Medications used (include over-the-counter and prescription

Name of Medication	Reason:	Frequency:
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Significant medical history (Provide professional documentation with specifics that appropriate treatment and/or counseling has taken place and problem adequately accommodated if the individual had a previous physical, emotional or behavioral problem which conflict with the safety essential to the practice of nursing)

\_\_\_\_\_  
\_\_\_\_\_

4. Examination comments and findings: (If the individual is pregnant, a note certifying that the individual can perform course related functions on an unlimited, non-restrictive basis is required):

\_\_\_\_\_

**REQUIRED TUBERCULOSIS SCREENING**

**PPD:**

1<sup>st</sup> step (within 1 yr): Date \_\_\_\_\_ Result: \_\_\_\_\_

2<sup>nd</sup> step: Date \_\_\_\_\_ Result: \_\_\_\_\_

Chest x-ray (if PPD positive) Date: \_\_\_\_\_ Result: \_\_\_\_\_

**ATTACH PPD or CHEST XRAY RESULT FORM**

The above named applicant does not have any communicable disease or any health or disabling condition that would create a hazard to him or herself, fellow classmates, visitors or patients at this time. He/she is able to perform the physical and mental activities required for the nurse assistant training program for which the individual is applying.

Professional Examiner: \_\_\_\_\_  
Print Name

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, Hawaii Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_