NURSE ASSISTANT TRAINING
Program Description
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
(808) 739-8122

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 the 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 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 by 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 back 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 Statues 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.
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.
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.

(Check the box that applies)  YES NO

- In the past 20 years, have you been convicted of a crime for which the conviction has not been annulled or expunged?
- Has your nurse aide certification ever been revoked, suspended, or otherwise subject to disciplinary action by another state registry?
- Are you presently being investigated or is any disciplinary action pending against you?

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 ____________

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 **MANDATORY** 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.

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**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.

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**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.
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: _______________

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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\textsuperscript{st} step (within 1 yr): Date ____________________ Result: ________________

2\textsuperscript{nd} 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: ______________________

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