Certified Nursing Assistant: A career that can change your life.

Imagine a job that rewards you for caring about others…that is exciting and challenging…a job where you make a difference. Whether you’re just starting your career or ready for a change, now is the time to consider becoming a Certified Nurse Assistant.

The American Red Cross is the premier provider of Nurse Assistant Training and has prepared individuals for work in the nursing field for over 100 years. Students learn in a hands-on environment under the eyes of caring and professional nurses, supported by a nationally developed Red Cross Curriculum that exceeds state standards.

Although scholarships are usually available, the Red Cross CNA training program fee is $800 which includes a total of 120 hours of fully supervised classroom, lab and clinical training, all participant materials, certification in Adult CPR/AED and Community First Aid certifications to provide you with a competitive advantage when searching for employment. We also include an additional day referred to as an “Exam Cram” day. Students are given the opportunity to come back into the classroom a day or two before their state exam to review and practice their skills. Students will receive Blood Pressure training at this time to help continue to grow their resumes. Students are provided with Life-Skills Training which includes assistance with writing a resume’ and cover letter along with interviewing tips and tidbits. In addition, we pre-arrange the State of WI CNA Evaluation Exam to guarantee our students a testing date within 2 - 3 weeks of course completion to ensure their ability to obtain gainful employment as soon as possible. This also provides our students with the opportunity to test in a classroom of which they are familiar and with their fellow classmates. This helps relieve a lot of the additional stress behind testing. Students are promptly given their testing results that same day so they can immediately start their healthcare career.

Enclosed are copies of the CNA Training course details, application form, health and TB forms to be completed by a physician, program information and policies, background check disclosure release, general course information and the 2014 training schedule.

We look forward to working with you and helping you build a successful career in nursing!

Tanya Christianson, CNA Training Coordinator
(715) 902-1035 (c) │ (800) 727-0477 (o) │ (715) 258-5979 (f)
Tanya.Christianson@redcross.org

About the American Red Cross:

The American Red Cross shelters, feeds and provides emotional support to victims of disasters; supplies nearly about 40% of the nation's blood; teaches lifesaving skills; provides international humanitarian aid; and supports military members and their families. The Red Cross is a not-for-profit charitable organization that depends on volunteers and the generosity of the American public to perform its mission. For more information, please visit www.redcross.org
Application Process and Procedures

Course Forms:

I understand that **IN ORDER TO REGISTER** for a class I need to return the following items with my completed application.

_____ The completed application. *(Pages 1-3 and Demographics Form – This is used only for the purposed of applying for future grants to help offset the cost of the training program to upcoming students)*

_____ Background Check Information: Applicant Background Info, Background Check Form and WI BID Form

_____ A copy of your driver’s license and a “SIGNED” copy of your social security card *(please put both on one page)*

_____ Payment in the form of a Credit Card, Money Order or Cashier’s Check *(NO PERSONAL CHECKS or CASH Accepted)*

**How to register:**
1) Mail above forms to: American Red Cross, 418 School St. Waupaca, WI 54981
2) Fax forms to: 1-715-258-5979
3) Scan and email completed forms to: Tanya.Christianson@redcross.org
4) Call Tanya at 715-920-1035 to attend a Registration Session at the local Red Cross office

I understand that **ONCE I AM ACCEPTED** into a class I need to return the following items on or before the first day of class.

_____ Physical Exam completed by your health care provider *(NOTE: Please see attached form)*

_____ 1-Step TB test, Chest X-ray or Quantiferon Gold Blood Test *(La Crosse students must complete a 2-Step TB test)*

_____ Copy of HS Diploma, Transcripts or GED *(If not included or available students are required to complete a reading and math TABE Test to ensure students are able to read, write and comprehend at an 8th grade level or above. TABE Testing will be done by appointment at no additional cost to the students if needed)*

Additional forms **THAT MAY BE NEEDED** include:

_____ If an outside source is covering all or a portion of the cost of the training *(UMOS, DWD, DVR, NEW CAP, W2-WIA, CAP Services, St Vincent De Paul, etc.)* a signed voucher must be included with the application.

_____ Completed Grant Application if funding is requested must be submitted along with proof of income and letter of recommendation from anyone except an immediate family member.

_____ Students with a “current” CPR & First Aid certificate do not need to attend the CPR & First Aid portion of the class if a copy of a “current” certification is provided.

**Course Uniforms:**

_____ I understand that I will need to wear a WHITE scrub top and RED scrub bottoms to ALL class activities including CPR/First Aid, classroom, lab and clinical, graduation day, exam cram day and for the State Exam. **PLEASE NOTE:** Red scrub pants are available for you to purchase from the Red Cross if needed.

Small, Medium, Large, XL: $15.00 each 2XL: $17.00

For any questions or concerns please contact Tanya Christianson via email at Tanya.Christianson@redcross.org or 715-902-1035.
**AMERICAN RED CROSS NURSE ASSISTANT TRAINING APPLICATION**

The purpose of the American Red Cross Nurse Assistant Training course is to provide the information and skills that will enable nurse assistants to provide quality care for residents in nursing homes, as well as supplemental information and skills that will enable them to provide quality health care for clients at home and patients in hospitals. The program is designed with input from educators, caregivers, and long-term industry representatives from across the United States. The American Red Cross Nurse Assistant Training course is approved by the State of Wisconsin Department of Health Services and provides students with job skills needed to become a qualified CNA.

The American Red Cross is accepting applications for upcoming Nurse Assistant Training classes. Classes are offered at the following American Red Cross office locations:

- **Altoona** - 3728 Spooner Ave. Altoona WI 54720
- **Green Bay** - 121 Bader St. Green Bay WI 54308
- **Oshkosh** - 515 S. Washburn St. Oshkosh WI 54904
- **Waupaca** - 418 School St. Waupaca, WI 54981
- **La Crosse** - 2927 Losey Blvd. La Crosse WI 54601
- **Woodville** – 220 Lockwood St. Woodville, WI 54028

**Registration Guidelines:** Students are **required to attend the minimum 120 hours** as required by the state. Minimum class size is 8 students / maximum of 16 students. Enrollment is limited! Acceptance is based on first come, first served, with completion of a student application packet, copies of DL & SS Card and the course payment of $800. If applying for a scholarship, the completed application must be submitted with all of the required documentation in order to be considered. A **student is not considered registered until the required paperwork has been received.** Textbook and materials will be provided at the mandatory Registration Day.

**Refunds:** If a student decides not to take a class after payment has been received, student will receive a refund of what has been paid less the $250.00 enrollment fee. Occasionally there are significant life events – health issue, family emergency, etc., that make them unable to attend or complete a course. Students must provide documentation of a personal health issue within 2 weeks of course start day to be eligible for a waiver of the fees. Students who have started the course, but have requested a refund before 60 hours of training have elapsed, will receive a refund of 50% of course fees paid. Students dropping from the course after the first 60 hours will not receive a refund. Students do not receive a refund if they are dismissed from the course for cause, regardless of the elapsed time. Students will not receive a refund if they fail the course.

**Absentee Hours:** Students who miss classroom hours need to utilize the pre-scheduled make-up day and will be required to pay an additional $25.00 per hour that needs to be made-up. Students who are late or miss clinical time will be dropped from the program without refund.

**State Exam:** The evaluation fee to include nurse aide applicants on the state registry is not part of the training program. The evaluation (testing fee) is $115. NO PERSONAL CHECKS or CASH is accepted. The State of WI contracts with the American Red Cross to provide the testing service to conduct the evaluation for those that successfully complete the training course. The American Red Cross training center is an approved “in-facility” testing site. If either the written or skills portion of the initial evaluation is failed, subsequent evaluation(s) must be scheduled at a regional testing site. Completed testing applications, documentation, and the testing fee of $115 must be processed or submitted by the final classroom date listed on the class schedule in order to be included with the group for “in-facility” testing at the American Red Cross office. Those successfully completing the American Red Cross Nurse Assistant Training program that DO NOT wish to participate in “in-facility” testing will be responsible for submitting the necessary paperwork and payment individually.

Acceptance into this course does not guarantee receiving a certificate of completion, nor does it guarantee passing the state test for licensure if the course certification is received. For questions regarding the CNA program contact Tanya Christianson, Training Coordinator at (715) 902-1035 or by email at Tanya.Christianson@redcross.org. All registration packets can be sent via email to Tanya.Christianson@redcross.org, faxed to 715-258-5979 or mailed to the Red Cross at 418 School St. Waupaca WI 54981.

**(Signature below indicates that I have read and understand the American Red Cross payment information listed above.)**

SIGNATURE: __________________________________________ DATE: __________________________

PRINT NAME: __________________________________________

Consent of parent or legal guardian if above individual is a minor.

I consent and agree, individually and as a parent or legal guardian of the minor named above, to the foregoing terms and provisions.

SIGNATURE: __________________________________________ DATE: __________________________

PRINT NAME: __________________________________________
AMERICAN RED CROSS NURSE ASSISTANT TRAINING APPLICATION

Class Location: (Circle 1): Altoona Green Bay La Crosse Oshkosh Waupaca Woodville

Start Date: ______________________________ Class ID # ______________________________

PLEASE PRINT LEGIBLY

Last Name: ______________________________________ Legal First: ______________________ Middle Name: ______________________

Home Address: __________________________________________ City: ______________________ Zip: __________

County: __________________________ Primary Phone: __________________ Alternate Phone: __________________

Email: __________________________________________

Highest Grade Completed: __________________________ Month and Year: ______________________________

In Case of an Emergency Notify: Name________________________ Day Phone: __________________

Current Employer if Applicable: __________________________ How Long?: __________________

How Did You Learn About This Course?: __________________________

Please Note Any Special Considerations That Might Affect Your Ability To Participate In this Program: ______________________________

________________________________________________________________________

Have you worked as a Nurse Assistant/Home Health Aid before? YES NO Were you previously certified? YES NO

BACKGROUND INFORMATION DISCLOSURE RELEASE

I give to the American Red Cross of East Central WI, its representatives and assigns, permission to receive, read, copy, and duplicate, any criminal justice summary data sheets forwarded from the state of Wisconsin Department of Justice (DOJ) as a result of submission of Wisconsin Criminal History Request Form (DJ-LE-250A), and any responses received from the Department of Regulation and Licensing (DRL) and the Department of Health and Family Services (DHFS) for purposes of fulfilling provisions of sections 48.685 and 50.065 of the Wisconsin Statutes.

I understand that copies of the information listed above and received by American Red Cross of East Central WI will be presented/delivered to the Clinical Training Facility prior to entry into the clinical portion of the American Red Cross Nurse Assistant Training program.

I understand that based on the results of this information received by American Red Cross and presented/delivered to the local clinical sites prior to the clinical portion of the American Red Cross Nurse Assistant Training course, I may be denied entry into the clinical portion of the American Red Cross Nurse Assistant Training program.

I understand that denial of entry into the clinical portion of the American Red Cross Nurse Assistant Training course does not entitle me to reimbursement of any of the course fee paid or invoiced to date.

(Please print legibly)

________________________________________________________________________

Full Name –First Middle Last Social Security Number

__________________________________________________ ________________ ______________________

Address, City, State, and Zip Code

________________________________________________________________________

Telephone Number Date of Birth
**Nurses Assistant Training Program Information and Policies**

<table>
<thead>
<tr>
<th>Read &amp; Initial</th>
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<tbody>
<tr>
<td><strong>Attendance and punctuality are required for all class and clinical sessions. Refunds will not be given for missing class or clinical time. See course and student information from registration packet for the full policy.</strong></td>
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<tr>
<td>**RED Scrub Bottoms and a WHITE Scrub Top are required to be worn to each course session/activity. Footwear must be low heeled, non-skid shoes with closed toes and heels. ** <strong>Tennis shoes are acceptable.</strong> Socks must also be worn. Watch with second hand is optional. Students NOT wearing proper attire will be asked to go home and change. Missed time will fall under the attendance policy listed below.</td>
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<tr>
<td><strong>ATTENDANCE:</strong> Students are responsible for participating in a scheduled make-up day for any missed classroom time as indicated in the course schedule. <strong>Absentee students utilizing the make-up day will be required to pay an additional $25.00 per hour. No PERSONAL checks accepted &amp; all payments must be made in advance. Zero hours may be missed from the clinical time. You WILL automatically fail if clinical time is missed.</strong></td>
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</tr>
<tr>
<td><strong>Personal hygiene is important. Daily bathing and use of deodorant is required. Aftershave, cologne or perfume use is not appropriate for classrooms and clinical. Outside of wedding, engagement bands and small post earrings in earlobes, jewelry is not permitted. Facial piercing must be removed or covered. Fingernails should be short and clean. Absolutely NO fake or acrylic nails will be permitted. Hair should be clean and neat and should be tied back and away from the face.</strong></td>
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</tr>
<tr>
<td><strong>Cell phones and pagers must be turned-off during classroom time and are not allowed during clinical. Students found text messaging during classroom and/or clinical time will be dismissed from the class without refund. Students are allowed to use cell phones on break but not within the classroom or the clinical setting.</strong></td>
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<tr>
<td><strong>Professional, respectful, and safe behaviors are expected at all times, both in the classroom and clinical. Verbal or physical abuse of students, residents, instructors, Red Cross or clinical staff will lead to immediate dismissal from class. Class disruptions, theft or damage to property will not be tolerated and will lead to dismissal from the class without refund and other appropriate actions will be taken when necessary.</strong></td>
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<tr>
<td><strong>Students receiving two memorandums from the instructor with regards to action or lack of action within the training program WILL be dismissed from the program. Students may be dismissed at any time for inappropriate behavior. No refunds will be provided.</strong></td>
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<tr>
<td><strong>If requested, a partial refund MAY be provided if the student drops or is dismissed by the instructor within the first 60 hours of the course. A student must email the CNA Coordinator at <a href="mailto:Tanya.Christianson@redcross.org">Tanya.Christianson@redcross.org</a> to officially cancel from the course. &quot;No Shows&quot; are not considered officially cancelled. If cancellation or dismissal occurs after 60 hours of class, no refund will be given and the sponsoring agency will be invoiced for the full course fee.</strong></td>
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</tr>
<tr>
<td><strong>Equipment and supplies are the property of the American Red Cross and/or the clinical site and should not be damaged or altered or a student may be required to pay for the cost of the item(s). All supplies and equipment should not leave the classroom or clinical site.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Payment of the course fee and attendance does not entitle the student to course certificate, licensure or employment. Completion certificates must be earned by attending and participating, demonstrating the knowledge, attitudes and skills which meet the course exit requirements. Students are expected to complete their homework, skills and assignments, and have a test score of at least 80% to be successful in the course.</strong></td>
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<tr>
<td><strong>Smoking is prohibited on Red Cross grounds. Please park in designated areas and smoke only inside your vehicle.</strong></td>
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<tr>
<td><strong>You are expected to arrive for each course session at least 5 minutes prior to the start of class so that you are IN your seat promptly on class start time. You must stay until dismissed and attend all sessions.</strong></td>
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<tr>
<td>Program questions, concerns and complaints should be emailed to Paulene Kipke, CNA Training Manager at <a href="mailto:Paulene.Kipke@redcross.org">Paulene.Kipke@redcross.org</a> or 715-271-9914 between 8 am - 4:30 pm, Monday-Friday. The CNA Training Manager will conduct a follow-up within two business days to address any situation.</td>
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I have read the N.A.T. Training Program Information and Policies outline and agree to comply with the guidelines.

| Student Signature |  |
Medical Education Student Demographics Form

Please complete with a pen and print. Submission of this form is optional but is very useful to us when applying for grants and additional funding to help offset the cost of the training to our students.

First Name___________________________________ Last Name ________________________________________

GENERAL INFORMATION:
Gender (Circle one): Male or Female
Age (Circle One): 16-17 18-24 25-39 40-54 55+
Address __________________________________ City________________________________ State _________ Zip _________
County __________________________ Email Address____________________________________________________________
Home Phone: (_____)________________________ Alternate/Cell Phone: (_____)________________________
How did you hear about our program? Friend/Relative Red Cross Graduate Online Ad/Newspaper Community Agency
Please list name/organization/source where you learned about the program: ______________________________________

EMERGENCY CONTACT: Name __________________________ Relationship __________________________
Emergency Telephone: (_____)________________ Alternate Emergency Number: (_____)________________

DEMOGRAPHIC INFORMATION:
Race (Circle): Caucasian African American Asian Hispanic Native American Other __________
Marital Status (Circle One): Single Married Divorced Widowed
Dependents: How many children do you have legal custody of? _______ Household Size (including self)________

Income: Do you currently receive any of the following assistance? (Circle all that apply)
Cash Assistance [Welfare, TANF, OWF, etc.] Food Stamps WIC Child Care Public Housing
Child Support SSI/Disability Alimony Worker’s Compensation Medicaid/Medicare Unemployment

What is your personal total annual [yearly] income? Count all sources including day care & food stamp benefits.

$0-$9,999 $10,000-$14,999 $15,000-$19,999 $20,000-$29,999 $30,000 and above

EDUCATION: (Circle all that apply)
GED High School Diploma Vocational Training Associate Degree Bachelor Degree
If you do NOT have a GED/High School diploma list: Last grade completed ___________ High School attended ______________
Other Certification Programs/Post-HS programs _______________ [year certificate was received] _____________

WORK HISTORY:
Military Service (Circle One): Active Duty Reserves National Guard Veterans

Employment: Are you currently employed? (Circle one) Yes No If yes, where? ________________________________
City where employed: __________________________ Start Date __________________________ Full-time Part-time PRN/On Call/Varies/Seasonal

I hereby acknowledge that my statements above are true and correct. I understand that false or inaccurate information will be basis for termination from the Red Cross program. I authorize the American Red Cross to release this information form to my potential employers and other organizations that may offer scholarships. My complete Red Cross program file, including: graduation, state testing, employment and above demographic data may be released to my funding source third party provider, caseworker or potential employer, if requested.

Student Signature __________________________________________ Date __________________