Dear Applicant:

Thank you for your interest in the Nursing Assistant Training program. We hope this packet outlines the course, expectations and many of the questions you may have about your next step into the nursing profession.

There is no greater calling than to provide care and compassion to those in need. This is exactly why the American Red Cross has chosen to expand our current Health and Safety programs to include the CNA training program. The American National Red Cross CNA training program is vastly becoming one of the most popular programs available to communities’ because the high quality of the course and its instructors.

I have enclosed copies of the course details, application form, self-assessment health form, a TB test form, program information and policies, background check disclosure release, and the general course information.

If you are considering a career in health care, this program is a great way to begin. For many, beginning as a CNA (Certified Nursing Assistant) is a steppingstone towards becoming a RN (Registered Nurse). The American Red Cross CNA training program fee is $800 (payment plan is available) which includes 88 hours of supervised classroom and lab, 32 hours of supervised clinicals, all participant manuals, caregiver background check, classes with no more than 8 - 12 students to ensure a more individualized training, Protecting Your Back certification taught by a local chiropractor, First Aid and Bloodborne Pathogens certification to help enhance your résumé for potential employers. In addition, the American Red Cross has prearranged your testing date to ensure your ability to take the state exam in a timely manor. This will ensure you will not have a long wait time between the dates of course completion and the date of your final state testing exam.

After reviewing the packet please feel free to contact me at 715-271-9914 with questions.

We look forward to training you!

Paulene Kipke
American Red Cross
Nursing Assistant Training Administrator
Cell: 715-271-9914
Email: Paulene@ecw-redcross.org

AMERICAN RED CROSS MISSION

The American Red Cross, a humanitarian organization led by volunteers and guided by its Congressional Charter and the Fundamental Principles of the International Red Cross Movement, will provide relief to victims of disasters and help people prevent, prepare for, and respond to emergencies.

A United Way Agency
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. Class are offered at the following American Red Cross office locations.

<table>
<thead>
<tr>
<th>Classroom &amp; Labs held at</th>
<th>Classroom &amp; Labs held at</th>
<th>Classroom &amp; Labs held at</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waupaca Office</td>
<td>Oshkosh Office</td>
<td>Green Bay Office</td>
</tr>
<tr>
<td>418 School Street</td>
<td>515 South Washburn Street</td>
<td>121 Bader Street</td>
</tr>
<tr>
<td>Waupaca, WI 54981</td>
<td>Oshkosh, WI 54904</td>
<td>Green Bay, WI 54308</td>
</tr>
</tbody>
</table>

Students are required to attend the minimum 120 hours as required by the state. Minimum class size is eight students. Enrollment is limited! Acceptance is based on first come, first served, with completion of a student application packet and the minimum course deposit of $250 to reserve your spot. The remaining balance is due on or before the first day of class. If an outside organization is sponsoring the student’s registration fee an Agency/Facility agreement must be on file upon registration. A student is not considered registered until the above mentioned paperwork has been received. Arrangements must be made to pick up the textbook prior to the start of class for prerequisite reading. Payments may be refunded, minus a $25 registration service charge and a $40 textbook charge, if the student or sponsoring facility cancels in 6 or more business days prior to the start of class. Students withdrawing from the training program in less than 6 business days will also be assessed an additional fee of $100.00 unless the position is able to be re-filled before the start of the class. Every attempt will be made to refill the spot. Facilities sponsoring a student that cancels will be invoiced the registration service charge and textbook charge. After class begins, refunds will be based on a prorated amount for the number of days registered, and less the textbook and registration service charge if cancellation by the student or facility, or dismissal by the instructor occurs within the first 40 class hours. If cancellation or dismissal occurs after the first 40 class hours, no refund will be given. In this case, the sponsoring facility will be invoiced the full course fee. The complete course fee would then be required for re-registration. Absentee students that need to utilize a make-up day will be required to pay an additional $25.00 per hour that needs to be made up.

The evaluation to include nurse aide applicants on the state registry is not part of the training program. All evaluations are conducted by a testing service. The evaluation (testing fee) is $115. The testing service will conduct the evaluation for those that successfully complete the training course at the American Red Cross office, an approved “in-facility” testing site, for the initial evaluation only. 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 to the American Red Cross Health and Safety Services office by the date indicated on the class schedule in order to be included with the group for “in-facility” testing at the American Red Cross. Those successfully completing the American Red Cross Nurse Assistant Training program that do not wish to participate in “in-facility” testing will be required to forward the necessary paperwork and payment on their own.

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 copies of the training program registration packet please contact Paulene Kipke, CNA Administrator at 715-271-9914 or email Paulene@ecw-redcross.org. You may also stop by your local office to pick-up a registration packet Monday-Friday, 8:00 am – 4:30 pm.

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

SIGNATURE: ___________________________ DATE: ________________

PRINT NAME: ____________________________________________________________________________
Last Name:___________________________________Legal First:____________________Middle Name:__________________

Home Address:_____________________________________________City:______________________Zip:________________________

Home Phone: (        )____________________Cell Phone: (        )__________________Birthday:________________________

Email:____________________________________________________Race:_____________________

Highest Grade Completed:___________________________Month and Year:________________________

In Case of an Emergency Notify:  Name_________________________________Day Phone:_____________________

Current Employer if Applicable:_______________________________________How Long?:______________________

Background or Experience Related to This Field:_____________________________________________________

How Did You Learn About This Course?:_______________________________________________________________

Why Are You Interested In This Course?:_______________________________________________________________

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

Date of Application:______________Course Starting Date:________________Course Ending Date:______________

BACKGROUND INFORMATION DISCLOSURE RELEASE

I give to the American Red Cross, 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 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 Assigned Clinical Site 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

Signature
<table>
<thead>
<tr>
<th>Read &amp; Initial</th>
<th><strong>Nurses Assistant Training Program Information and Policies</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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 sheet from your registration packet for the full policy.</td>
</tr>
<tr>
<td></td>
<td>Casual dress is acceptable for classroom. However, no shorts, halter tops, tank tops, pajamas, or sleepwear will be permitted to be worn to class. Scrubs are required to be worn to all clinical sessions. Footwear must be low heeled, non skid soled shoes with closed toes and heels, <strong>tennis shoes of any color are acceptable.</strong> Socks must also be worn. Students will need a watch with a second hand.</td>
</tr>
<tr>
<td></td>
<td>Personal hygiene is important. Daily bathing and use of deodorant is required. Aftershave, cologne or perfume use is not appropriate for classrooms and clinical. With the exception 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. Hair should be clean and neat and should be tied back and away from the face. Smoking is prohibited on Red Cross grounds. Please park on the street and smoke only inside your vehicle.</td>
</tr>
<tr>
<td></td>
<td><strong>Cell phones and pagers must be turned off during classroom time and are not allowed during clinical.</strong> Students found text messaging during classroom and or clinical time will be asked to leave. Students are allowed to use their cell phones on break but not within the classroom or the clinical setting.</td>
</tr>
<tr>
<td></td>
<td>Students are responsible for participating in a scheduled make-up day for any classroom time missed within the maximum 8 hours or as indicated in the course schedule. <strong>Absentee students that need to utilize a make-up day will be required to pay an additional $25.00 per hour that needs to be made up.</strong> <strong>Zero hours may be missed from the clinical time.</strong></td>
</tr>
<tr>
<td></td>
<td>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 and other appropriate actions.</td>
</tr>
<tr>
<td></td>
<td>Students receiving two memorandums from the instructor with regards to action or lack of action within the training program may be dismissed from the program. Students may be dismissed at any time for inappropriate behavior. No refunds will be given.</td>
</tr>
<tr>
<td></td>
<td>Program questions, concerns and complaints should be directed to the CNA Administrator, Paulene Kipke at <a href="mailto:Paulene@ecw-redcross.org">Paulene@ecw-redcross.org</a> or 715-271-9914 between 8 am- 4:30 pm, Monday-Friday at any time within the course. The CNA Administrator will conduct a follow-up within the next business day to address any situation.</td>
</tr>
<tr>
<td></td>
<td>A negative TB test (within 1 year of clinical) or chest x-ray (within 1 year of clinical) signed by a physician/clinic is required and must be on file with the Red Cross Health and Safety Services office before your first day of Clinicals. If you need to obtain a chest x-ray please schedule the test immediately. Students without TB test clearance may not attend clinical and will fail the course.</td>
</tr>
<tr>
<td></td>
<td>Refunds will be based on a prorated amount minus textbook ($40 plus tax) plus the registration service charge ($25) if cancellation by the student or dismissal by the instructor occurs within the first 40 hours of the course. A student must call the CNA Coordinator at 715-271-9914 to officially cancel from the course. &quot;No Shows&quot; are not considered officially cancelled. If cancellation or dismissal occurs after the start of the 41st hours of class, no refund will be given or the sponsoring agency will be invoiced for the full course fee.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>Common sense: Please ask for assistance or clarification as needed, respectfully and promptly.</td>
</tr>
<tr>
<td></td>
<td><strong>I have read the N.A.T. Training Program Information and Policies outline and agree to comply with the guidelines.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Student Signature</strong></td>
</tr>
</tbody>
</table>
PLEASE READ AND SIGN THIS STATEMENT

I understand:

1. I am responsible for the information contained in the course and student information papers. I have received these papers and have read them thoroughly.

2. Any payments that must be made and any paperwork that must be submitted will be presented to a representative in the Health and Safety Services Department or to your Instructor.

3. A payment plan is available however the entire course fee of $800.00 must be paid/invoiced before the start of the class. The testing fee of $115 must be paid to the Red Cross by the date indicated on the class schedule or will be invoiced to the sponsoring agency along with any applicable course fees that the agency is sponsoring.

4. I am responsible for participating in the scheduled make-up day for any PRE-EXCUSED classroom time missed within the maximum 8 hours or as indicated in the course schedule. Students will be charged an additional $25.00 per hour needed.

5. If you were to receive a positive result on your TB test, it is your responsibility to contact your physician to obtain a chest x-ray at your expense. Your physician/clinic must sign the Red Cross TB Test Form for you to continue with the training. A negative TB test must be on file with the Red Cross Health and Safety Services office by the date indicated on the class schedule.

6. Classes are subject to cancellation if a minimum number of students are not enrolled in the course. A full refund minus the textbook ($40 plus tax if written in) will be made for a course cancelled by the American Red Cross.

7. Refunds will be based on a prorated amount minus the textbook ($40 plus tax) plus the registration service charge ($25.00) if cancellation by the student or dismissal by the instructor occurs within the first forty (40) hours of the course or before the course begins. A student must call the CNA Administrator at 715-271-9914 to officially cancel from the course. “No shows” are not considered officially cancelled. If cancellation or dismissal occurs after the start of the 41st hours of the class, no refund will be given or the sponsoring agency will be invoiced for the full course fee. Absentee students that need to utilize a make-up day will be required to pay an additional $25.00 per hour that needs to be made up.

8. Any refund due will be processed and mailed within thirty (30) days of cancellation or dismissal.

9. I acknowledge that if I have any health condition, including pregnancy, which prohibits me from performing an essential skill, I cannot successfully complete the course nor will I receive a refund because of my health condition. If I can perform a required skill at the 100% accuracy level with a reasonable accommodation, I will be permitted to perform the skill with the reasonable accommodation provided. I have disclosed my need for such accommodation and the reasonable accommodation does not place an undue hardship on the conduct of the course.

10. Payment of the course fee and attendance does not entitle the student to course certificates. Course completion certificates must be earned by attending and participating, and demonstrating the knowledge, attitudes, and skills which meet the course exit requirements.

11. This is a physically and mentally challenging course. I will be required to touch other human beings, to handle training manikins, and to practice hand washing and other hygiene measures throughout the course. I will be required to safely lift and transfer residents. I will respect my instructors and fellow students.

12. I will be expected to complete homework/practice assignments to be successful in this course.

13. The course will begin and end at the scheduled time. I am expected to arrive for each course session on time, stay until dismissed, and attend all sessions.

14. If I receive two student memorandums from the instructor with regards to my actions or lack of actions within the training program, I may be dismissed with no refund.

15. Completion of this training does not guarantee licensure nor employment.

(Signature below indicates that I have read and understand the statements listed above.)

SIGNATURE: __________________________ DATE: __________________________

PRINT NAME: __________________________
AMERICAN RED CROSS
NURSE ASSISTANT TRAINING PROGRAM
FOUNDATIONS FOR CAREGIVING

SELF-ASSESSMENT HEALTH FORM
(To be filled out by applicant upon registration)

NAME: ___________________________ DATE OF BIRTH: ___________________________

ADDRESS: ___________________________ PHONE: ___________________________

PERSONAL PHYSICIAN: ___________________________

NAME & PHONE # OF WHO TO CALL IN CASE OF AN EMERGENCY ___________________________

HISTORY OF/DISEASE OF: (Put a check mark next to those you had or do have)

- [ ] BONE
- [ ] JOINTS
- [ ] BACK (SPINE)
- [ ] SKIN
- [ ] SEIZURES
- [ ] ARTHRITIS
- [ ] DIABETES
- [ ] TUBERCULOSIS
- [ ] HEPATITIS
- [ ] HYPERTENSION
- [ ] HERNIA
- [ ] INJURIES
- [ ] OTHER SERIOUS ILLNESSES

PLEASE EXPLAIN ALL ITEMS CHECKED ABOVE ____________________________________________

1. DO YOU HEAR WELL? ___________________________ DO YOU SEE WELL? ___________________________

2. DO YOU HAVE ANY ALLERGIES? ___________________________
   IF YES, PLEASE EXPLAIN ___________________________________________

3. ARE YOU CURRENTLY TAKING ANY MEDICATION? ___________________________________________
   WHAT AND FOR WHAT REASON? ___________________________________________

4. DO YOU HAVE A LIFTING RESTRICTION? (A DOCTOR’S RELEASE NEEDED IF YES) ___________________________

5. PREGNANT? (A DOCTOR’S RELEASE NEEDED IF YES) ___________________________

6. DO YOU HAVE ANY DEFECT, DEFORMITY, PROBLEM, OR DISEASE WHICH MAY INTERFERE WITH YOUR PARTICIPATION IN THE NURSE ASSISTANT TRAINING PROGRAM? ___________________________________________
   IF YES, PLEASE EXPLAIN ___________________________________________

   STATE DETAILS OF ILLNESSES, INJURIES, OPERATIONS OR DEFECTS: ___________________________________________
   ___________________________________________
   ___________________________________________
   ___________________________________________

I, the undersigned, certify the above answers and statements are true. I am in good health with no communicable disease, and physically able to perform the duties of a nurse assistant. I do hereby release this information to the American Red Cross Nurse Assistant Training Program administration and its instructors.

SIGNATURE ___________________________ DATE: ___________________________
**AMERICAN RED CROSS**  
*CERTIFIED NURSING ASSISTANT TRAINING PROGRAM*  
*MANTOUX TUBERCULIN SKIN TEST REQUIREMENTS*  

**Name:** ________________________________  
**Birth Date** __/__/____  
**Age** ______

**Sex**  
M  
F  

**Race** __________________________  

**Address** _____________________________________  
**City** ____________________  
**State** ________  
**Zip** ____________

**YES**  
**NO**

**1.** Have you had a previous TB skin test?  
If yes, specify results:  
Negative ________  
Positive ________

**2.** Have you been treated for TB?  
If yes – when, where and by whom?  
__________________________________________________

**3.** Have you recently been exposed to someone with TB?  
If yes – by whom and when?  
__________________________________________________

**4.** Have you been vaccinated with MMR (Measles, Mumps, Rubella) in the last 6 weeks?  

**5.** Are you currently (or recently stopped) taking any prednisone or other immunosuppressive agents?  

**6.** Do you have a disease or condition which has damaged your immune system?  

**7.** Have you had BCG (an antituberculosis vaccine not often used in the USA) vaccine?  
If yes – how often and at what ages?  

**8.** Can you return during the designated test reading time?  

**9.** Reason for testing?  
*American Red Cross CNA Training Program requirement*

*I request that I be given a TB Skin test.*

**Signature** ________________________________  
**Date** ___/___/____

---

**Step 1**  
**Step 2**

| Date Vial Opened: ___/___/____ | 5TU Tubersol Lot # _____ |
| Date Given: _____/___/____ | Arm L or R |
| Time Given: _____:____ am pm | |
| Given By: ________________________ RN | | Given By: ________________________ RN |

| Date Read: _____/___/____ | Time Read: _____:____ am pm |
| Risk Group: (circle one) 5 10 15 |
| If Mantoux Positive: Chest x-ray required |
| Date of x-ray: _____/___/____ |
| Results: (circle one) Negative Positive ____mm of duration |
| Read By: ________________________ RN | | Read By: ________________________ RN |
BACKGROUND INFORMATION DISCLOSURE (BID)

Completion of this form is required under the provisions of Chapters 48.685 and 50.065, Wis. Stats. Failure to comply may result in a denial or revocation of your license, certification, or registration; or denial or termination of your employment or contract. Refer to the instructions (F-82064A) on page 1 for additional information. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.

PLEASE PRINT YOUR ANSWERS.

Check the box that applies to you.

☐ Employee / Contractor (including new applicant)  ☐ Household member / lives on premises - but not a client
☐ Applicant for a license or certification or registration (including continuation or renewal)  ☐ Other – Specify:

NOTE: If you are an owner, operator, board member, or non client resident of a Division of Quality Assurance (DQA) regulated facility, complete the BID, F-82064, and the Appendix, F-82069, and submit both forms to the address noted in the Appendix Instructions.

Name – (First and Middle)  Name – (Last)  Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.)

Any Other Names By Which You Have Been Known (Including Maiden Name)  Birth Date  Gender (M / F)  Race

Address Street, City, State, ZIP Code  Social Security Number(s)

Business Name and Address - Employer or Care Provider (Entity)

SECTION A - ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION

1. Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military and tribal courts?
   ✔ If Yes, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgement of conviction, a copy of the criminal complaint, or any other relevant court or police documents.

2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10th birthday for a crime or offense? (NOTE: A response to this question is only required for group and family day care centers for children and day camps for children.)
   ✔ If Yes, list each crime, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.

3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked:
   ☐ (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.)
   ✔ If Yes, explain, including when and where it happened.

4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?
   ✔ If Yes, explain, including when and where it happened.

(continued on next page)
**SECTION A (continued)**

<table>
<thead>
<tr>
<th>Q.</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client?  &lt;br&gt;   ➢ If <strong>Yes</strong>, explain, including when and where it happened.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Has any government or regulatory agency (other than the police) ever found that you <strong>abused an elderly person</strong>?  &lt;br&gt;   ➢ If <strong>Yes</strong>, explain, including when and where it happened.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients?  &lt;br&gt;   ➢ If <strong>Yes</strong>, explain, including credential name, limitations or restrictions, and time period.</td>
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**SECTION B – OTHER REQUIRED INFORMATION**

<table>
<thead>
<tr>
<th>Q.</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services?  &lt;br&gt;   ➢ If <strong>Yes</strong>, explain, including when and where it happened.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility?  &lt;br&gt;   ➢ If <strong>Yes</strong>, explain, including when and where it happened and the reason.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Have you been discharged from a branch of the US Armed Forces, including any reserve component?  &lt;br&gt;   ➢ If yes, indicate the year of discharge: __________ __________  &lt;br&gt;   ➢ Attach a copy of your DD214 if you were discharged within the last 3 years.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Have you resided outside of Wisconsin in the last 3 years?  &lt;br&gt;   ➢ If <strong>Yes</strong>, list each state and the dates you lived there.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Have you had a caregiver background check done within the last 4 years?  &lt;br&gt;   ➢ If <strong>Yes</strong>, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS designated tribe?  &lt;br&gt;   ➢ If <strong>Yes</strong>, list the review date and the review result. You may be asked to provide a copy of the review decision.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A “**NO**” answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.

I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to $1,000.00 and other sanctions as provided in DHS 12.05 (4), Wis. Adm. Code.

**SIGNATURE**  <br>  **Date Signed**
Program Philosophy: Consistent with the mission of the American Red Cross to improve the quality of human life, the Nurse Assistant Training Program is built on the belief that the quality of life and care of residents in long-term care facilities and in the home can improve through the education and training of nurse assistants. While the level of nursing skills is the main determinant of the quality of care, the effectiveness of this skill is enhanced when it is applied by nurse assistants who are able to empathize with residents' needs and who have a holistic understanding of the long-term care environment and their place within it. The Nurse Assistant Training course has a unique philosophy, which incorporates six principles of care throughout the manuals and course: infection control measures; safety; open communication; privacy; dignity; and encouraged independence. To successfully complete the course, students must implement all six principles of care.

Purpose of the Course: 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 care industry representatives from across the United States. Participants will gain the skills needed to prepare and apply for a job as a nurse assistant. The curriculum accommodates diverse educational backgrounds and the preferred learning styles of students.

Program Objectives: The program helps nurse assistants to:
• Form a relationship, communicate and interact competently on a one-to-one basis with the resident.
• Demonstrate sensitivity to each resident’s emotional, social and mental health needs through skillful, directed interactions.
• Assist residents in attaining and maintaining functional independence.
• Exhibit behavior in support and promotion of each resident’s rights.
• Demonstrate observation and documentation skills needed in the assessment of residents’ health, physical condition, and well being.

Behavioral Objectives: After completing the American Red Cross Nurse Assistant Training course, students will have the information they need to:
• Recognize the importance of the nurse assistant’s role in improving the quality of life for people in the health care system.
• Encourage people to be as independent as possible.
• Support and maintain the rights of residents, clients, and patients.
• Be sensitive to the physical and psychosocial needs of people in the health care system.
• Communicate effectively with staff, residents/clients/patients, and their families and friends.

Course Design: The Nurse Assistant Training course consists of 120 hours of instruction, 88 hours of classroom instruction and 32 hours of clinical. Upon successful completion of the course, participants will be eligible to take the state competency evaluation for certification to be included on the state registry.

Instruction: The Nurse Assistant Training course is taught by instructors who are authorized by the American Red Cross. These instructors include registered nurses and sections of the training program may also be instructed by workplace program instructors and doctors of chiropractic. The instructional program meets state and federal standards for nurse aides and home health aides and is approved by the State of Wisconsin Department of Health and Social Services. The maximum student/teacher ratio for classroom instruction is sixteen to one (16/1); clinical is eight to one (8/1).

Using experiential learning, students will be active participants in the learning process. Students are also given many opportunities to share their feelings about their role as nurse assistants, take part in various learning activities, practice skills, and ask questions.

The skill portion of the program consists of three components:
• Preparation: includes all of the activities necessary for planning care.
• Procedure: includes performing the skill with 100% accuracy.
• Closure: includes completing the plan of care.

This design of care enables the nurse assistant and resident to feel good about themselves and the quality of care.
**Course Components:** The Nurse Assistant Training course employs five basic educational techniques:

- **Activities:** The structured learning experiences used in this course are intended to stimulate and actively involve students in the learning process.
- **Video:** Videos are used to provide model demonstrations of the skills and help ensure standardization of quality wherever the course is taught.
- **Demonstrations:** Where videos are not employed, instructors will conduct a model demonstration for the class. This demonstration incorporates the six principles of care and provides detailed information about how the skill must be performed.
- **Student Practice Sessions:** Practice sessions are part of the classroom component. These sessions allow students to practice each skill prior to entering into the clinical experience.
- **Clinical Experience:** 32 hours will be a supervised clinical practicum.

**Course Content:** The Nurse Assistant Training course includes the following topics:

- Orientation
- The Art of Caregiving
- Working In Health Care
- Protecting People's Rights
- Understanding People
- Communicating With People
- The Language of Caregiving
- Controlling the Spread of Germs
- Keeping People Safe
- Measuring Life Signs
- Positioning and Transferring People
- Providing Care For the Person's Surroundings
- Assisting People With Personal Care
- Admitting, Transferring, and Dischaging
- Healthy Eating
- Elimination
- Providing Restorative Care
- Providing Care For People With Specific Illnesses
- Providing Care For People Who Have AIDS, Hepatitis, and Tuberculosis
- Providing Care For People Who Have Alzheimer's Disease and Related Dementia’s
- Providing End-Of-Life Care
- Life Skills Training
- Managing Your Time
- Clinical Practicum (Must attend ALL of the clinical sessions and hours to which you are assigned!)
- Closure

**Admission Requirements:** Admission to the Nurse Assistant Training course is open to anyone 16 years of age and older who has the ability to benefit from this program. In addition, all applicants must:

- Be able to read and write English (minimum of 8th grade level).
- Complete and submit for registration the Student Application Form.
- Complete and submit for registration the Self-Assessment Health Form.
- Submit for CNA Application with the course deposit, payment in full or be sponsored by an agency/facility with an Agency/Facility Agreement completed.
- Complete and submit for registration the State of Wisconsin Department of Health and Family Services Background Information Disclosure form HFS-64. A Caregiver Criminal History Background Check will be conducted. Copies of the results will be shared with the clinical site you are assigned as scheduled. These forms must be on file in their location in order for students to perform course duties for the clinical portion of the training.
- Complete and submit for registration the Background Information Release form.
- Complete and submit the 2-step TB Test Form. If a TB test was recently completed, it must be current within one (1) year of the start of clinical. This form must be submitted to the Health and Safety Services office by the date indicated on the class schedule. Students will not be permitted to attend the clinical without the negative TB test on file with the Health and Safety Services office. Failure to complete the clinical portion of the program in which assigned does not guarantee that the student can attend another clinical, and therefore the student would fail the course.
• Bring in driver's license (or another form of legal identification with photo for date of birth), and Social Security card signed by the student applying (or another legal form of identification of social security number) when registering for verification. Copies of these documents are required by the testing service and will be forwarded to the testing service prior to your final state exam. Completed final exam application with your payment must be on file with the training site on or before your last training session.

Students are considered registered and accepted when a completed Student Application form, Self assessment Health form, Background Information Disclosure form, Background Information Release form, verification of date of birth, verification of social security number, and deposit or signed facility agreement are on file with the Red Cross Health and Safety Services office. The American Red Cross does not discriminate on the basis of race, color, national origin, handicap, or age regarding admission to, access of or treatment during this program or activities.

Fee: The course fee is $800.00. The testing fee is $115. (See the Competency Evaluation section under the Student Information handout) The course fee includes the outlined Nurse Assistant Training course, Bloodborne Pathogens, a Back Injury Prevention course and all necessary textbooks and worksheets. The course deposit ($250.00) must be paid upon registration and the remaining balance of $550.00 must be paid on or before the first day of class. (See course schedule). Students that are sponsored by an agency/facility must have the agency/facility sign an Agency/Facility Agreement. The signed agreement confirms registration for the course as long as the minimum deposit of $250.00 is indicated by the sponsorship. Some agencies require that the student makes an initial down payment of the course before their sponsorship of a portion of the course fee and/or testing fee applies. The agency or facility will be invoiced by the American Red Cross for the fees indicated on the agreement.

Class Location: Classroom and Labs are held at the American Red Cross offices in Green Bay, Oshkosh and Waupaca. The clinical portion of the program will be held at a facility close to the training site unless otherwise notified. Incoming and outgoing calls during training hours are limited to EMERGENCIES ONLY. Do not call the clinical site for questions regarding this program. Please call the Paulene Kipke, CNA Administrator at 715-271-9914 for inquiries and/or concerns.

Cancellation of Classes: Courses will not be held for fewer than six (6) students. Classes are filled on a first-come, first-served basis. A full refund of course fees will be made to the student for a course canceled by the American Red Cross, if it is not feasible to reschedule a student in a subsequent class. Students may contact the CNA Administrator at 715-271-9914 to check if a class date will be canceled due to weather-related incidents. The receptionist or the answering service will know if the class or clinical is canceled. Do not call the facility to check for a canceled clinical. "Bad weather" days are not built into the schedules. Class will be rescheduled according to the availability of the classroom, clinical facility, and instructors. Students are expected to attend ALL classroom sessions and the clinical sessions to which they are assigned.

Refunds: Registration cancellations received 6 or more business days prior to the start of class may be refunded, minus a $25.00 registration service charge and a charge for the textbook if it is damaged or used and cannot be returned ($40 + tax). If cancellation occurs in 5 or less business days from the start of the class an additional $100.00 will be assessed unless the spot can be filled. Every attempt will be made to refill the spot. Facilities sponsoring a student will be invoiced the registration service charge if cancellation is received by the student or facility. Refunds will be based on a prorated amount minus textbooks and registration service charge if cancellation by student or dismissal by instructor occurs within the first 40 class hours. If cancellation or dismissal occurs after the first 40 class hours, no refund will be given. In this case, facilities sponsoring a student will be invoiced the full course fee. Any refund due will be processed within thirty (30) days of cancellation or dismissal. Absentee students that need to utilize a make-up day will be required to pay an additional $25.00 per hour that needs to be made up.
The American Red Cross Nursing Assistant Training Program follows the Fundamental Principles outlined in the mission of the American National Red Cross which include: Humanity, Impartiality, Neutrality, Independence, Voluntary Service, Unity, and Universality.

As part of the impartiality principle, and public service mission of the Red Cross, public course offerings do not discriminate based on: gender, religion, politics, age, sexual orientation, race, or nationality. As of January 26, 1992, the Americans With Disabilities Act bars discrimination against people with disabilities in places of public accommodation. Title III of the law bars private entities (including service organizations), from discriminating against individuals with disabilities in the provision of their goods and services. Because the American Red Cross Health and Safety Services provide courses and training to the public, it in turn provides services to a population of diverse needs.

NAT course participants must be able to demonstrate understanding of the principles of care and have the ability to perform the caregiving skills outlined on the skills checklist. Caregiving skills require that participants have:

- The ability to work from a standing, sitting, kneeling and stooping position. Participants must have the use of both arms and be ambulatory without aids and be able to lift 55 pounds and to push, pull and carry items such as wheelchairs, carts, trays, and laundry carts.
- The ability to read at a minimum 8th grade reading level and must be able to follow directives in English.
- The ability to communicate in written and verbal English.
- Sufficient vision, hearing and problem solving abilities to respond to the needs of the resident during daily activities, aggressive acts, seizures, respiratory distress, or emergencies.

In addition,

- Participants who require eyeglasses or hearing aids are responsible for providing their own devices during the NAT course.
- Participants who become injured or disabled during the NAT program, and are unable to complete the program, become a hazard to the environment or undermine the ability of the participant to perform caregiving skills, will not be eligible to continue in the program as accommodations will not be made. These individuals will be withdrawn and will need to start another course or may continue another course at the point in which they were injured, with a release from their physician and with written permission from the WI Office of Caregiver Quality. Participants with minor, temporary conditions may be accommodated, while in the classroom or skill lab, with clearance from their physician, if the condition does not jeopardize the safety of the student, client, instructor or other students.
- Participants must be able to pass the knowledge assessment tests (with or without accommodations) with 80% or better as passing score for the final exam and demonstrate the skills listed on the required skills check off sheet in order to successfully complete the course and receive certification.
- Participants must be able to attend 120 hours of mandatory classroom hours including 32 hours of clinical.

Upon verification of a handicapping condition the following reasonable accommodations will be offered while enrolled in the NAT course:

- Provide a recorded oral examination for students with reading challenges. The student will listen to the pre-recorded questions and the student will record his/her answer on the answer sheet provided.
- A refrigerator is available for participants to store medications during classroom time.
- Instructional program incorporating a variety of learning styles to support visual, auditory and hands on learning
- Instructor availability before and after class hours (must be pre-arranged).
- 1:1 and/or small group learning in skills lab and clinical.
- Larger font type can be made available for any handout and/or test material upon request.
- Training videos and DVDs will be made available to course participants to review on site, with approval from the instructor and Health and Safety Services office representative during classroom site business hours.
- Frequent stretch breaks as needed.
- Overhead projector with large viewing area.
- Ability to arrange for participant seating to promote adequate sight and hearing during lectures.

Accommodations will not alter the requirements or nature of the NAT program nor will inflict an undue burden on the NAT program or the clinical site.
AMERICAN RED CROSS NURSE ASSISTANT TRAINING PROGRAM

STUDENT INFORMATION

Attendance: **UNEXCUSED ABSENTEEISM IS NOT ALLOWED.** Attendance is required at all sessions. It is the responsibility of the student to be physically present at all classes. Students will be responsible for contacting the CNA Administrator (Paulene Kipke) at 715-271-9914 prior to the start of a class if an emergency arises. Students must complete all classroom work. **An 8 hr. make-up session will be scheduled at the end of the course for students with excused absences or tardies within the 8 hr maximum. Students with an excess of the maximum 8 hrs of absences or tardies will be automatically dismissed from the class without a refund. Students will be charged an additional $25.00 per hour utilized during the make-up day. Attendance for all 32 hrs of the scheduled clinical is required. No Exceptions! If you miss you fail.**

- Arrivals: Class will begin promptly at the time designated on the class schedule. The student is responsible for all missed work. The instructor will make no allowances in the workload.
- Departures: Class will end at the official dismissal of the instructor.
- Breaks: Are given as assessed by the instructor. Students are expected to stay within the set time frames.

Dress Code: All students are required to wear a name tag supplied by the Red Cross while in the classroom and clinical setting.

- Classroom and skills lab: Casual dress is acceptable, preferably slacks or long jeans. **No short shorts, halter tops or tank tops will be permitted to be worn to class. In addition, under no circumstances will pajamas or sleepwear be permitted as attire during classroom and clinical sessions.** If the student wears inappropriate attire to class, he or she will be asked to leave and return in acceptable dress. Missed hours will be the responsibility of the student. Each student must present a neat and clean appearance. Students are expected to adhere to the highest standards of grooming and hygiene.

- Clinical: You must be appropriately dressed in your clinical attire. This includes proper scrub top and scrub slacks/skirts, shoes must be closed toed and closed heeled with non skid soles, socks, hair pulled back, and no dangly jewelry. Jewelry must be limited to wedding or engagement bands only. Tattoos should be covered at all times and facial piercing must be removed or covered with a Band-Aid.

General Information:

- Arrangements should be made to pick up the main textbook prior to the start of class and students are asked to read the first three chapters of the textbook prior to the start of class. Students should bring a notebook, pencil and textbook to each class.
- Children are not allowed to attend classes with parents.
- Students should clean up work area throughout the duration of the course.
- The American Red Cross is a Smoke-Free Environment; we are promoting a better health environment for all. Thank you for your cooperation.
- Food is not allowed in the classroom. Beverages need to be in closed containers in the classroom. During clinicals food and beverages will be allowed only during breaks.

Confidentiality: Confidentiality pertaining to all patient matters shall be strictly enforced. Under NO circumstances may a student divulge any information concerning a patient’s medical, social or financial condition, type of care, diagnosis, prognosis or other matters to the public.

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Accidents: Any accident, incident, or injury to a patient or student must be reported to the Instructor immediately. Appropriate action will be taken upon receiving a report.

Grounds for Dismissal: The dismissal of a student is an individual matter and the reasons may be complicated and complex. In making a determination to remove a student, the student’s knowledge, skills, and attitude will be considered. Following are examples of valid reasons for discharge and by no means constitute an all-inclusive list. Certain issues may be reported to authorities if warranted. Refunds won’t be given to students who are dismissed.

- Inability to care for residents in a safe and effective manner
- Inability to meet course objectives
- Repeated tardiness
- Missing more than 8 hours of classroom training
- Missing any of the scheduled clinical hours
- Disruptive, indecent or immoral conduct or behavior
- Possession or use of un-prescribed drugs or alcohol
- Theft of property of the Red Cross, clinical facility, staff, students, or patients
- Cheating
- Neglect of duty
- Patient abuse
- Indiscretion concerning facility or patient affairs
- Discourteous treatment or incompatibility with patients, public, instructor, staff, or other students
- Obtaining or conveying confidential information
- Falsifying information on records
- Receipt of two student memorandums from the instructor

Completion Requirements: To successfully complete this program the student must:
- Attend and participate fully and safely in all scheduled course and clinical sessions.
- Score at least 80% on each written quiz and the final test given in the course.
- Perform all core skills correctly in the skill lab portion of the course.
- Demonstrate mastery of skills and knowledge by providing quality care to residents during clinical assignments. Mastery shall be demonstrated by performing skills at the 100% level, using judgment which indicates an understanding of the course content and a dedication to the safety and dignity of the resident, and attending and behaving appropriately in the clinical setting.

Certification: Upon successful completion of course requirements, the student receives certificates for following:
* American Red Cross – Nursing Assistant Training (wallet certificate and an 8 ½ X 11” certificate for framing)
* American Red Cross – Protect Your Back Training (wallet certificate)
* American Red Cross – Bloodborne Pathogens Training (wallet certificate)
* American Red Cross – Community First Aid Training (wallet certificate)

Placement: At the end of the course, instructor will complete an evaluation form for each student and will have an individual conference with the student to discuss the evaluation. American Red Cross will provide a copy of the classroom and clinical evaluation to each student upon request. Copies of the evaluation, TB test form and receipts may be obtained from the C.N.A. Coordinator only for and to the student after completion of the training program. A listing of local employers wanting to interview graduates of the course is posted in the classroom and is updated as provided. Do not give your instructors name as a reference. Provide your evaluations to potential employers as a reference of your performance within the program. Completion of the course does not guarantee successful completion of the competency exam nor does it guarantee employment.

Competency Evaluation: The state competency evaluation to include participants on the state registry, and the fee associated with the testing, is not part of the nurse assistant training course. The competency evaluation is conducted by a testing agency. The American Red Cross is accepted by the testing agency as an “in-facility testing site” which means that the testing service will come to the Red Cross and conduct a group testing for those that have successfully completed the American Red Cross Nurse Assistant Training program. We ask that the students pay us the $115.00 testing fee so that we can make one payment to the testing service for the in-facility group testing at the American Red Cross. Once submitted or invoiced, there are no refunds for the testing fee. Each student is responsible for having their testing fee of $115 (or the signed facility agreement indicating that the testing fee is being paid for by the agency), submitted to the Health & Safety Services Department by the date indicated on the class schedule in order to be scheduled as part of the group for in-facility testing. If the individual does not have the $115 testing fee in as scheduled, that individuals must submit the necessary paperwork and fee on their own and the new nurse aide applicant will be scheduled to take the examination at a regional testing site. Each nurse aide applicant will receive a Wisconsin Nurse Aide Candidate Handbook that describes the process of applying for and taking the National Nurse Aide Assessment Program Examination. Each nurse aide applicant is responsible for reading the handbook. Applicants must successfully pass both the written or oral examination and the skills evaluation within 1 year of the nurse aide training program completion in order to be eligible for placement on the Wisconsin Nurse Aide Registry. If the nurse aide applicant does not pass the written or oral examination or the other must be scheduled individually by the applicant with the facility listed in the handbook. Additional fees, listed in the Wisconsin Nurse Aide Candidate Handbook will apply.