

Adult & Community Education 112 S. Pine Street Eldon MO 65026 573-392-8060 ext. 1504

Spring Session 2017 Application Packet Certified Nurse Assistant (CNA) – Tuesday - Thursday Program

Thank you for your interest in the Certified Nursing Assistant Program sponsored by Eldon Career Center. This classroom-based, instructor-led program will help you develop the background knowledge and skills you need in preparation for the examination to become a certified nurse assistant. This letter explains the important considerations of the application as well as information on our program.

CNAs work closely with patients and are responsible for basic care services such as bathing, grooming and feeding patients, assisting nurses with medical equipment, and checking patient vital signs. CNAs give patients important social and emotional support and also provide vital information on patient conditions to nurses. This program includes classroom instruction and clinical experience in area skilled care facilities. Classroom instruction in a certified nursing assistant program includes basic nursing skills, anatomy, physiology, nutrition, and infection control. Students also gain hands-on experience during clinical activities

CNAs work in nursing homes, hospitals, mental health facilities, assisted living facilities and private homes. Job prospects for CNAs are expected to be excellent due to the increasing long-term care needs of an aging population. CNA is an excellent entry into the nursing profession. It is said that the best RN's started as CNAs.

GENERAL PROGRAM INFORMATION

Classes will meet Tuesdays and Thursdays from 4:00-8:00 pm, beginning February 7, 2017 through April 13, 2017. Additionally, there will be 100 hours of clinical experience which will be completed during separate hours over the course of the program.

The Missouri Department of Health and Senior Services requires that any candidate sitting for the CNA Exam must have completed 75 classroom hours and 100 hours of clinical experience. Therefore, you must attend **ALL** classes and complete **ALL** clinical hours to successfully complete this course to be eligible for the CNA exam.

The tuition and textbook for the Spring 2017 session will be **\$595 if paid in full**. Tuition may be paid in 3 installments for a fee of \$50. **\$295** (due Feb. 7, 2017), **\$175** (due March 7, 2017), and **\$175** (due April 7, 2017). Additional costs will be incurred by the student for proper attire to be worn during clinical hours.

ADMISSION CRITERIA

- Accurate completion of the application (form enclosed)
- > Registration with the Family Care Safety Registry (instruction included in packet). Registration fee is \$11 and must be paid with a credit/debit card.
- Letter of Intent (form enclosed)
- > A Letter of Professional Recommendation from an employer or instructor in support of your application (form enclosed)
- Possible Interview (to be held after application deadline)
- > TB Testing prior to clinical experience

ADMISSION TIMELINES

- APPLICATION DEADLINE Tuesday, January 31st, at 3:00pm
 - Items to include in admissions packet are:
 - 1. Application
 - 2. Letter of intent
 - 3. Professional Letter of recommendation
 - 4. Copy of Driver's License & Social Security Card
 - 5. Proof of registry with FCSR
 - 6. Proof of negative TB Test
 - ** Application is incomplete until we receive proof of registration with FCSR (Family Care Safety Registry).
- > January 31 Feb. 7, 2017 Review of applications, possible interviews, and students are notified of acceptance.
- Tuesday, Feb. 7, 2017 Tuition due; Students using the payment plan must pay the first installment of \$295 to hold their spot in the CNA program. Classes begin (orientation will be held during the first class session)

Send application packets to:

Admissions Committee/CNA Program
Eldon Career Center
Adult & Community Education
112 S. Pine
Eldon, MO 65026

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ELDON CAREER CENTER - PROFESSIONAL & COMMUNITY EDUCATION

Certified Nurse's Assistant - Tuesday - Thursday Program

Please complete this application as accurately as possible in typed form or print legibly in ink. Application for Spring 2017 program must be received by January 30, 2017.

GENERAL INF	ORMATION						
Last	First	Middle	Maiden/Fo	rmer Name			
Current Address		City	State	Zip			
		Cy		—· P			
Home Phone	Cell P	none So	ocial Security Nu	mber			
Email address							
Email address							
Sex I	Date of Birth	Emergency Contac	ct Phone Nu	mber			
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WORK EXPER				atas of Employment			
Employer Name &	Address		L	ates of Employment			
Basic Duties							
Employer Name &	Address		D	ates of Employment			
Basic Duties							
PROFESSION.	AL REFERENCES	S _ nlease list 3					
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Name, Company/S	School, & Phone #		R	elationship			
Name, Company/S	School, & Phone #		R	elationship			
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List any current	t certificates, licen	ses, or other credentials:					
			or other educ	cational opportunities you have			
experienced re	lated to the health	care field.					
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I certify that the above information is correct and complete. I understand that I am responsible for							
notifying the Program coordinator of any changes of address or phone number. I also understand that I am responsible for my own transportation to and from clinical sites and may be required to obtain a							
physical examination prior to beginning clinical experiences.							
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	Signature			Date			

Instructions for Registering with the Family Care Safety Registry (FCSR)

You *must* register with the Family Care Safety Registry before being accepted into our CNA program. If you need access to a computer, please contact our office at 573-392-8060.

The fee for registering online is \$13 (\$11 registration fee and \$2 processing fee) and must be paid by credit or debit card. Once you have registered please submit proof of registration with application packet. If you have previously registered with the FCSR you *do not* need to re-register.

- Go to the following link: http://www.health.mo.gov/safety/fcsr/index.php This is the Family Care Safety Registry official site
- Select the "Register" tab and then click "Register Online"
- Select the Register tab
- Follow the steps to register.
- Check the "Elder Care Worker" button and then enter your name, date of birth, and gender. If you've used any other names (maiden name, nickname, previous married names, etc.) click "yes" and enter other names used, if not click "no"
- Enter your mailing address and click "Submit"
- Read the information regarding use of the FCSR site and click "Agree" (if you agree)
- Enter your credit card information and click "Continue"
- Print two copies of the receipt, one copy for your records and one for submission with the application packet



Certified Nurse's Assistant

Letter of Intent

Please discuss your interest in the CNA Program in the space provided below. Include in your discussion how these interests have developed, why you wish to become a CNA, and what you plan to do upon completion of this program. Please include in your response why specifically you want to work with elderly people. Also give examples of experience you have had before helping people.

Name of Student	_		
Signature		Date	



Adult & Community Education Certified Nurse's Assistant

Letter of Recommendation Form

Application to the Certified Nurses Assistant recommendation.	nt requires a letter of recommendation. Please utilize this form to submit your
Applicant's Name	
Please provide information below the	hat led to your recommendation of this applicant.
Name Phone Number	Relationship to applicant E-mail address

Date

Signature