



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

### **Fall 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 October 10, 2017 through December 14, 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 Fall 2017 session will be **\$595 if paid in full**. *Tuition may be paid in 3 installments for a fee of \$50. \$295 (due Oct. 6, 2017), \$175 (due Nov. 3, 2017), and \$175 (due Dec. 8, 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 \$13 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, October 3<sup>rd</sup>, 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).**

➤ **Oct. 3 – Oct. 6, 2017**– Review of applications, possible interviews, and students are notified of acceptance.

➤ **Friday, Oct. 6, 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 Fall 2017 program must be received by October 3, 2017.

### GENERAL INFORMATION

Last	First	Middle	Maiden/Former Name
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Current Address	City	State	Zip
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Home Phone	Cell Phone	Social Security Number
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Email address
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Sex	Date of Birth	Emergency Contact	Phone Number
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### WORK EXPERIENCE

Employer Name & Address	Dates of Employment
Basic Duties	

Employer Name & Address	Dates of Employment
Basic Duties	

### PROFESSIONAL REFERENCES – please list 3

Name, Company/School, & Phone #	Relationship
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Name, Company/School, & Phone #	Relationship
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Name, Company/School, & Phone #	Relationship
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List any current certificates, licenses, or other credentials:

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List any previous employment, training, workshops, seminars, or other educational opportunities you have experienced related to the healthcare 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.**

\_\_\_\_\_  
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**

**If you have any problem registering with the Family Care Safety Registry, do not hesitate to call Gabe at 573-392-8060 ext. 1504.**



## **Adult & Community Education**

### **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.

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Name of Student

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Signature

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Date



## Adult & Community Education Certified Nurse Assistant

### Letter of Recommendation Form

Application to the Certified Nurse Assistant program requires a letter of recommendation. Feel free to utilize this form to submit your recommendation. Letters on company letterhead are also welcome.

Applicant's Name \_\_\_\_\_

*Please provide information below that led to your recommendation of this applicant.*

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail address \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date