



**Carolinus College of Health Sciences**  
presents

## Nurse Aide I Program

### Where:

Carolinus College of Health Sciences, Rankin Education Center, CMC Campus (1200 Blythe Blvd., Charlotte 28203)

### What is Nurse Aide I?

The Nurse Aide I Program is a 130-hour non-credit course providing the resources and enhanced learning opportunities for students to develop appropriate, fundamental patient care skills in a supervised and controlled setting. The CCHS Nurse Aide I Program is approved by the North Carolina Division of Health Service Regulation (DHSR) and meets Federal Guidelines.

### Features of this program include:

- ❖ Taught by DHSR - approved Registered Nurse educators
- ❖ Prepares student for DHSR approved Nurse Aide I competency evaluation
- ❖ Provides classroom, laboratory and clinical experiences consistent with the standards of practice of the DHSR and provides the knowledge and skills required to practice
- ❖ CPR certification (American Heart Association)

### Mail complete application packet to:

**Continuing Education Department**  
**Carolinus College of Health Sciences**  
**PO Box 32861**  
**Charlotte, NC 28232**

### Two ways to apply:

1. Complete the application packet by submitting:

- A complete Nurse Aide I Program Application
- A copy of your Social Security Card
- An official, unopened high school or college transcript or GED certificate or pass an on-campus assessment test with a score of 14 or better. Graduation from high school is not required. Have your transcript mailed to your home and submit it with your complete application packet.
- A completed student information and release authorization form (this form authorizes a criminal background check)

**\* Only complete applications with the above information and tuition will be processed.**

2. **Pay Tuition** (tuition includes Basic Cardiac Life Support-CPR, ID Badge, study packet, criminal background check, immunizations & drug screen.) **\* There is no financial aid available for the Nurse Aide program.**

**Tuition Fee: \$ 495.00**

\* There may be an additional charge for the background check if the cost is excessive.

\* Your textbook may be purchased for an additional fee from our online bookstore.

\* Once class begins, refunds do not include the cost of study packet or background check.

\* Candidates seeking NA I certification in NC will need to schedule a competency exam with Pearson Vue after course completion. The fee for testing is \$101.00. Testing information can be found at [www.pearsonvue.com](http://www.pearsonvue.com)

### INTERNATIONAL APPLICANTS

- Due to limited resources in supporting international students and a focus on providing healthcare practitioners for the Charlotte metropolitan area, the College will not authorize requests for temporary or student visas. Proof of legal residency may be required.

If English is not the applicant's first language, a TOEFL score will need to be submitted or the applicant may schedule an academic assessment test at our college.

## REQUIRED UNIFORM

- Teal pants and white tops are needed prior to clinical work . Shoes can be white nursing shoes or white leather sneakers.
- A watch with a second hand is required.

## OTHER REQUIREMENTS:

Applicants will need to schedule a drug screen, tuberculin skin test and Hepatitis B immunization with Employee Health (free of charge). An applicant's background check cleared by Carolinas Healthcare System (CHS) for participation in clinical education. Applicants who are former employees of CHS must be eligible for rehire. Clinical experiences will be at Huntersville Oaks or Sardis Oaks. **Transportation is not provided.**

Carolinas College is a tobacco-free environment.

## 2012 CALENDAR

Classes will be filled on a first come, first served basis

### DAYTIME CLASS SCHEDULE

#### **(Monday – Thursday)**

January 3 - February 23

February 28 - April 26

June 5 - August 2

August 21 - October 11

October 16 - December 13

Class/Lab: 8:00 am – 4:30 pm

Clinical: 7:00 am – 3:45 pm

### WEDNESDAY ONLY SCHEDULE

#### **(Wednesdays)**

January 4 - April 25

May 2 - August 22

September 5 - December 19

Class/Lab: 8:30 am – 4:30 pm

Clinical: 7:00 am – 3:45 pm

### EVENING CLASS SCHEDULE

#### **(Tuesday and Thursdays)**

January 3 - April 26

May 1- August 23

September 4 - December 20

Class/Lab

4:45 pm – 9:00 pm

Clinical

4:45pm-9:45pm

Office Use Only: Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Cash \_\_\_\_ MO \_\_\_\_ Ck# \_\_\_\_\_  
Visa/ MC \_\_\_\_\_  
Exp \_\_\_\_/\_\_\_\_  
Test 1: \_\_\_\_\_ Test 2: \_\_\_\_\_

**Students may test twice per calendar year.**

## Carolinas College of Health Sciences Department of Continuing Education

### Nurse Aide I Program Application

*Please print*

Full Name: \_\_\_\_\_

Last First Middle Maiden (if applicable)

Social Security Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Alternate/Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

*(Email is mandatory for confirmation)*

Mailing Address: \_\_\_\_\_

(Street, Route, Box #)

City County State Zip

#### Section(s) Available:

- Jan 3-Feb 23  Jan 4-April 25  Jan 3-April 26  Feb 28-April 26  May 1-Aug 23  May 2-Aug 22  
 June 5-Aug 2  Aug 21-Oct 11  Sept 4-Dec 20  Sept 5-Dec 19  Oct 16-Dec 13

#### Voluntary demographic data for reporting purposes only:

- Ethnicity:  Asian  Native Hawaiian or Pacific Islander  White  
 American Indian/Alaskan Native  Hispanic  Unknown  
 Black or African American  Two or more races  Other

Gender:  Male  Female Birth date: \_\_\_\_\_

#### Required Information:

I have attended or applied to Carolinas College of Health Sciences in the past.  Yes  No

#### Please Check One:

I have earned a high school diploma from \_\_\_\_\_ High School in (state) \_\_\_\_\_

I have earned a GED or high school adult high completion from \_\_\_\_\_ in (state) \_\_\_\_\_

I have scheduled to take an on-campus assessment test in place of the Diploma/GED

**Citizenship** *International students who do not have permanent resident status will not be considered for admission*

U. S. Citizen

Permanent Resident Alien \_\_\_\_\_ / \_\_\_\_\_ Citizenship Country \_\_\_\_\_  
Receipt # Date of Issue

English is my native (first) language.  Yes  No\*

\*You must submit a TOEFL score 153 (computerized version) or 477 (written version) or you may take an Academic Assessment at our College and score a 14 or higher (call 704-355-2663 for details).

**Payment Options: TO RESERVE A SPACE the application packet must be complete: application, tuition must be paid in full (see brochure), a copy of your social security card, signed student information and release form, and proof of high school completion (see below).**

Cash

Check enclosed (specify the exact amount of the check) \$ \_\_\_\_\_

Charge to following charge card: Master Card Visa American Express Discover

Credit Card# \_\_\_\_\_ expiration date: \_\_\_\_\_

Printed name of person authorizing credit card charge: \_\_\_\_\_

Telephone number, if not applicant \_\_\_\_\_

Signature Authorizing Credit Card Charge: \_\_\_\_\_

**Interdepartmental Charge: (Carolinas Healthcare Only)**

Manager's Name \_\_\_\_\_

Manager's Signature \_\_\_\_\_

Bus. Unit # \_\_\_\_\_ Dept # \_\_\_\_\_ Account # \_\_\_\_\_

Work Location/Department \_\_\_\_\_  
**(CHS only)**

**Essential Functions:** Read these statements; your signature below indicates you meet these requirements and understand the statements.

- I can make decisions based on instructions and with consideration of time, place, and person.
- I can organize responsibilities.
- I can interact with people, families, and groups from a variety of social, emotional, cultural and intellectual backgrounds.
- I can communicate with others in verbal and written form.
- I can move from room to room and maneuver in small spaces.
- I have adequate coordination and muscular control to provide safe and effective client care and I have full range of body motion to include handling and lifting.
- I have adequate sense of touch to perform physical assessment.
- I can endure long hours of standing and walking.
- I can hear adequately to monitor and assess client health needs.
- I can see adequately to observe clients.
- I can lift up to 50 pounds.

**ALCOHOL/DRUG-FREE/TOBACCO FREE WORKPLACE** We are committed to an alcohol/drug free/tobacco free workplace. Students found possessing or using alcohol on campus, or using, distributing, or possessing illegal drugs may be administratively dismissed. Students violating the tobacco free policy of the college and/or healthcare system may face disciplinary action including dismissal. Students must submit a negative drug screen prior to clinical assignment and are subject to random drug screens throughout enrollment.

**CRIMINAL RECORD** Applicants are required to submit a student information and release authorization form. This form authorizes a criminal background check which must be cleared by Carolinas HealthCare System for participation in clinical education.

**EQUAL OPPORTUNITY** All applicants are considered without regard to race, sex, national origin, age, religion, or disability.

**CLINICAL ACCESS** Applicants must be eligible for clinical access at a Carolinas HealthCare System facility.

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**Sign**

**BEFORE MAILING:**

- ✓ Complete and sign this application.
- ✓ Submit an official, sealed, unopened transcript showing that you graduated from high school or earned a GED (Contact your high school or the school district pupil accounting office or the state GED offices) or score a 14 on the locally-administered assessment test. If your transcripts are not from the United States, you must provide an evaluation of the transcript/s. Please choose one of the agencies listed below.

**SEE NEXT PAGE FOR ADDITIONAL ITEMS TO BE MAILED**

- ✓ If English is not your first language, you must score 14 on the assessment test.
- ✓ Send a photocopy of your social security card.
- ✓ Pay your tuition to reserve a space.
- ✓ Complete and sign the student information and release authorization form.

**Evaluation Agency**

International Education Evaluation, Inc.  
World Education Services

**Telephone**

704-455-6154  
212-966-6311

**Deadline to register is 72 hours prior to 1<sup>st</sup> day of class (depending on class space)**

**24 hour notice of cancellation is required for a refund**

**If you need special accommodations according to the American with Disabilities Act, please contact the Student Services Department at 704-355-5043.**

*Carolinas College of Health Sciences is accredited by the Commission on colleges of the Southern Association of Colleges and Schools (SACS) to award the Associate of Applied Science degree. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, GA 30033-4097 or call 404-679-4500 for questions about the accreditation of Carolinas College of Health Sciences.*