



Carolinan College of Health Sciences
presents

Nurse Aide I Program

Where:

Carolinan 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.

Mail complete application packet to:
Continuing Education Department
Carolinan College of Health Sciences
PO Box 32861
Charlotte, NC 28232

Two ways to apply:

1. Complete the application packet by submitting:

- A complete application for admission
- A copy of your Social Security Card
- An official, unopened high school transcript or GED certificate or pass an on-campus assessment test. Graduation from high school is not required. Have your transcript mailed to your home and submit it with your complete application packet.
- A completed criminal background release form

*** 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: \$466.00

- * 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 the National Nurse Aide Assessment Program. The fee for testing is \$101.00.

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 (free of charge). Applicants must submit a criminal background release form upon acceptance and must be cleared by Carolinas Healthcare System (CHS) for participation in clinical education. Applications who are former employees of CHS must be eligible for rehire. Clinical experiences will be at Huntersville Oaks, Sardis Oaks and Charlotte Institute of Rehabilitation. **Transportation is not provided.**

Carolinas College is a tobacco-free environment.

2011 CALENDAR

Classes will be filled on a first come, first serve basis.

DAYTIME CLASS SCHEDULE

(Monday – Thursday)

March 1 – April 21

May 3 – June 24

August 23 – October 14

October 18- December 16

Class/Lab: 8:00 am – 4:30 pm

Clinical: 7:00 am – 3:45 pm

WEDNESDAY ONLY SCHEDULE

(Wednesdays)

May 4 – August 14

August 24- December 14

Class/Lab: 8:30 am – 4:30 pm

Clinical: 7:00 am – 3:45 pm

EVENING CLASS SCHEDULE

(Tuesday and Thursdays)

May 10 – August 25

August Date –TBA

Class/Lab/Clinical

4:45 pm – 9:00 pm

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 _____
Address _____
City/State _____ Zip Code _____
Social Security Number: _____ Home Phone: _____ Alternate/Cell Phone _____
Email Address _____
(Email is mandatory for confirmation)

Section(s) Available:

- May 3 - June 23, 2011 May 4 – July 17, 2011 May 10 – August 25, 2011 August 23 – October 14, 2011
 August 24 – December 14, 2011 August evening – TBD October 18 – December 16, 2011

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

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) _____

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, background check form, and proof of high school completion (see below).

Check enclosed (specific 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: _____

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 coordination and muscular control adequate to provide safe and effective client care and I have full range of body motion to include handling and lifting.
- My sense of touch is adequate 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 and assess clients.

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 criminal background release form upon acceptance and 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.

Sign _____ **Date** _____

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 pass a locally-administered assessment. 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.
- ✓ If English is not your first language, you must score 14 on the assessment test.
- ✓ Send a photocopy of your social security care.
- ✓ Pay your tuition to reserve a space.

Evaluation Agency
International Education Evaluation, Inc.
World Education Services

Telephone
704-455-6154
212-966-6311