

Med-Cert Training Center – Maple Heights
5416 Northfield Road
Maple Heights, OH 44137
Phone (440) 786-2378, Fax (440) 786-7327
Email:medcertraining@yahoo.com

Med-Cert Training Center – AKRON
771 North Main Street
Akron, OH 44310
1-877-514-2378
Email:medcertraining@yahoo.com

Application for Admission Nurse Aide Training Program

Interested in taking classes at this location: † Maple Heights † Akron

How did you hear about us? † Web † Friend † Radio † Other _____

I plan to enroll in the class scheduled for the month of _____

Check one of the following: † Day (Mon/Wed) † Day (2 Week) † Evening † Weekend

Full Name _____				
Last	First	Middle		
Mailing Address _____				
Street	City	State	Zip	
Home Telephone Number _____		Social Security # _____		
Cell Number _____		Email Address _____		
Date of Birth _____				
In Case of Emergency Notify _____		Phone Number _____		

Education History: List High School, College or other schools attended including other Nurse Aide Training Programs

School	Address	Years Attended (mm-yy) / (mm-yy)	Area of Study	Highest Level Completed	Did You Graduate?

Employment History: List your two most recent positions.

Date (month and year)	Employer	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				

*****IMPORTANT INFORMATION*****

Physical and 2-Step TB Test

Completed physical form **and** evidence of TB test **must** be submitted to Med-Cert by the second Monday of the 2 week class and by the beginning of the third week for all other classes.

Signature: _____

Criminal Background Check

Complete background check **must** be submitted to Med-Cert by the second Monday of the 2 week class and by the beginning of the third week for all other classes.

I swear and affirm that I have not committed or have been convicted of a violent crime, theft, or exploitation of the elderly. **I understand that Senate Bill 160 will not permit individuals with certain misdemeanors and felonies to work in Long-Term Care Facilities.**

Signature: _____

By signing below, I verify that the information I have supplied in this document is true and complete to the best of my knowledge, and that I have read Med-Cert Training Center's General Information and Policies.

Student Signature

Date

For Med-Cert Use Only:

Tuition Amount Paid \$ _____

T-Shirt Amount Paid \$ _____

Background Check Amount Paid \$ _____

TOTAL AMOUNT PAID \$ _____

Payment information: † Cash † Check or Money Order # _____ † Credit Card

Received by _____ Date: _____

† TB Test Attached † Physical form Attached † Background Check Attached

Med-Cert Training Center

Refund/Transfer Policy

Refund Policy:

No refunds will be made to students who withdraw from classes regardless of reason for withdrawal. All monies paid are non-refundable. **When you reserve space in a class, others may have been denied placement in the training program due to lack of space.** Enrollment is on a first come first serve voluntary basis. As a result, once you reserve a spot in a class the monies paid cannot be refunded. You will not be held responsible for any unpaid balance and will not be billed.

Transfer Policy:

If you need to transfer from a class, please let us know at least two full business days in advance so that we may fill your space. Please be sure to call during regular business hours (Monday through Friday, 09:00AM - 06:00 PM, excluding major holidays). A \$15.00 processing fee will be assessed for all transfer requests. A re-registration fee of \$100.00 will be assessed if you cancel within 2 business days of the start of the scheduled class.

If a student starts a class and decides that he/she wants to transfer after the class start date the student will be assessed a \$150.00 transfer fee. **All transfer requests after the start of class must be received in writing.**

<i>Transfer Request Received:</i>	<i>Transfer Fee:</i>
3 or more days before first day of class	\$15.00
1 to 2 days before the first day of class	\$100.00
First day of class or later	\$150.00

By signing below I agree to, understand and accept the above policy.

Signature

Date

Witness

Date

For Med-Cert use only:

Date of withdrawal _____

Withdrawn by _____

Revised May 10, 2011

Med-Cert Training Center
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STUDENT HEALTH FORM

Name	Class enrolling in: ↑ AKRON ↑ MAPLE HTS.
Address	Month _____ Day _____ Year _____
Phone Number	Circle one: Mon/Wed 2-Week Evening Weekend

Requirements for Clinical Participation
(Both the section for TB Test and Verification of health must be completed)

TB Test

1-Step TB testing is required to participate in clinical practice. A 2-Step TB Test can be obtained if desired for employment purposes. Please record the results below.

<i>Test #</i>	<i>Date Given</i>	<i>Forearm site</i>	<i>Given By</i>	<i>Date Read</i>	<i>Results</i>	<i>Read By</i>
<i>#1</i>		<i>R or L</i>			_____mm	
<i>#2</i>		<i>R or L</i>			_____mm	

If a positive skin test reaction is noted and a chest x-ray is required a copy of the x-ray results must accompany this form.

Comments:

Signature/Title/Agency (where TB Test was done)

Date

Address

City

State

Phone

Physical Exam

Each student participating in the nursing assistant/home health aide training program is required to successfully pass a complete physical examination and be certified as physically fit to participate.

After review of the above named individual's medical history I certify that he/she is able to fully participate in the nursing assistant/home health aide training program without restriction. Please comment below if restrictions are recommended.

Check One: ☐ *Full Participation*

☐ *Cannot Participate*

Comments:

Signature/Title/Agency

Date

Address

City

State

Phone

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State Tested Nurse Aide (STNA) Training Program Overview & General Information

Course Description

A 76-hour State approved course covering Basic Nursing Skills, Personal Care Skills, Mental Health, and Social Service Needs. Basic Restorative Services, Residents' Rights, Communication and Interpersonal Skills, Infection Prevention and Control, Safety and Emergency Procedures, Promoting Residents Independence and Respecting Resident's Rights. To receive a Certificate of Successful Completion student must pass written exams with an over all score of 80% or greater and demonstrate proficiency in all skills learned. Student must also complete 16 hours of mandatory hands-on clinical.

Admission Guidelines

Diploma or GED is not required, but candidate must be able to read and perform basic math skills. Student must be at least 16 years old to begin training. Good physical health exam, TB tests and background check **must** be submitted to Med-Cert by the second Monday of the 2 week class and by the beginning of the third week for all other classes.

The Role of the Nurse Aide

The Nurse Aide is an important member of the nursing team. This individual is instrumental in providing residents with basic nursing and personal care, as well as providing emotional and physical support

Employers

There is a high demand for State tested Nurse Assistants in Nursing Homes, Hospitals, Home Health Care, Hospice and Assisted Living Facilities.

NOTE

We train students with the information that is required to take the Ohio Department of Health's Nurse Aide competency test, a multiple choice written/oral test and skills test to become a State-Tested Nurse Aide (STNA). The State Exam is scheduled after the completion of classes & Clinicals.

The training received at Med-Cert will fully prepare students to take the state exam. We encourage all of the students to take the exam as soon as possible after completing the training curriculum.

STATE REQUIREMENTS

- Course length is 60 hours of classroom training plus 16 hours of clinical training.
- See attached calendars for class times and dates.
- Clinicals — The State of Ohio mandates at least 16 hours of clinical training. Failure to attend all 16 hours (due to absence or tardiness) will result in an incomplete. Training must be completed within 60 days of the last day of your program. Make-up training will be completed based on space and availability in the next scheduled class.

UNIFORM REQUIREMENT

- *S.T.N.A. Class* – Any classroom **appropriate** clothing can be worn.
- *CLINICAL* – Green Med-Cert Trainee T-shirt (purchased through Med-Cert for \$11.00 (\$15.00 sizes 2XL and 3XL), WHITE Scrub Pants and SHOES (No exceptions)
- *NAME BADGE* – provided by Med-Cert

ATTENDENCE - NO EXCEPTIONS

- **DUE TO THE LENGTH OF THE PROGRAM ABSENCE FROM CLASS IS STRONGLY DISCOURAGED.**
- THERE IS ONLY ONE (1) MAKE-UP DAY!
- CLINICALS CANNOT BE MADE-UP!
- S.T.N.A. TRAINEE'S ARE ALSO GRADED FOR PUNCTUALITY!
- IF LATE FOR CLINICAL STUDENT IS NOT ALLOWED OR ADMITTED ON FACILITY FLOOR!

CELL PHONES PROHIBITED

- CELL PHONES ARE TO BE TURNED OFF PRIOR TO CLASS & CLINICALS! (NO RINGING - NO VIBRATING - NO BEEPING - NO TEXTING)!
- Telephones may ONLY be used during your 15-minute break or scheduled lunch time!

STATE REQUIREMENTS

- Course length for the Weekend Class is 5 weekends (9:00am - 5:30pm, Saturday, and Sunday) for a total of 60 hours of classroom training plus 16 hours of clinical training.
- Course length for the Day Class is 6 weeks (Monday and Wednesday from 8am-2:30pm) for a total of 60 hours of classroom training plus 16 hours of clinical training.
- Course length for the Evening Class is 5 weeks (Monday – Thursday from 5:30pm-9:45pm) for a total of 60 hours of classroom training plus 16 hours of clinical training.
- Course length for the 2 Week Day Class is 2 weeks (Monday-Friday from 8:00am-4:30pm) for a total of 60 hours of classroom training plus 16 hours of clinical training.
- Our next scheduled Weekend class starts _____.
- Our next scheduled Evening class starts _____.
- Our next scheduled Day class (Mon/Wed) starts _____.
- Our next scheduled 2 Week Day class (Mon-Fri) starts _____.
- Clinicals — The State of Ohio mandates at least 16 hours of clinical training. Failure to attend all 16 hours (due to absence or tardiness) will result in an incomplete.
- Training must be completed within 60 days of the earliest of any missed time or the last day of your program. Make-up training will be completed based on space and availability in the next scheduled class.

What do I receive once I complete the course?

You will receive your certificate of completion for nurse assistant training and you will be eligible to register for the Ohio State Test.

Are the class times flexible?

No, you must be on time for each and every class.

What happens if I miss a day?

We have incorporated ONE makeup day for students that miss time, however, if you miss more than one day you will be dropped from the course, regardless of the reason for missing more than one day.

What else do I need for the class?

You will need a physical, 1- step Mantoux (TB Test) or negative chest x-ray, City and County criminal record check. **YOU WILL NEED TO HAVE ALL REQUIRED DOCUMENTATION BEFORE THE FIRST DAY OF CLASS.**

How old can the physical & TB Test (or chest x-ray) be?

Your Physical cannot be more than 6 months old from the start of class, your TB Test cannot be more than one year old and chest x-ray cannot be more than 2 years old.

Where can I get a physical or TB Test be done?

You can get a physical & TB test from your own healthcare provider or the free clinic. Metro Health Tuberculosis Clinic does TB testing to Cuyahoga County residents. You can also obtain a physical/TB test from Neon Health, CVS Minute Clinic or Walgreen Take Care Clinics.

Where can I obtain a criminal record check?

A **county wide background check** may be obtained from the Justice Center downtown for a total of \$6.00.

Cuyahoga County Sheriff's Office
1215 West 3rd Street
Cleveland, OH 44113

If you live outside of Cuyahoga County you may contact your local sheriff's department.

Class Locations

Mon/Wed Class: 5416 Northfield Road, Maple Hts., 44137

2-Week, Weekend, Evening Class: 20980 Southgate Park Blvd, Maple Hts. 44137

TB Test

Your TB (Mantoux) Test or the results of a chest x-ray cannot be more than one year old. (Note: Although Med-Cert only requires a one step TB Test for admission to our STNA program some employers may require a 2-Step TB Test for employment.)

<u>Step 1 of TB Test</u>	Your 1st shot is given in one of your arms.	After 48-72 hours you go back and have the area read.
<u>Step 2 of TB Test</u>	Between 7 to 21 day after the first shot is given, a second shot will be administered in the other arm.	After 48-72 hours go back and have the second area results read.

Physical

Your physical cannot be more than 6 months old.

Background Check

We require a County background (criminal) check. It cannot be more than 6 months old.

A BCI or FBI criminal check cannot be more than a year old.

Tuition and Fees

Tuition : \$475 (covers tuition + books)

T-Shirt for clinical: \$ 11

State Test

State Test: \$100 (you have up to 2 years from completion of class to pay, schedule and complete the state test)

**MED-CERT TRAINING CENTER
AUTHORIZATION TO RELEASE INFORMATION FORM**

Note: Submitting an incomplete or illegible form may delay the background check results.

I hereby AUTHORIZE and request any law enforcement agency to furnish bearer with criminal history and identity check information in their possession regarding me in connection with my employment in a critical position. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I understand this AUTHORIZATION is to be part of the written employment application which I sign. I understand that Bradco Environmental positions that are designated critical require background checks for the purpose of evaluating me for employment, promotion, reassignment, reclassification, transfer, or retention as an employee. I also understand that any misrepresentation, falsification or omission of facts herein may be grounds for disqualification, release or dismissal.

Class enrolling in (if applicable): month _____ ↑ ***Mon/Wed*** ↑ ***2-Week*** ↑ ***Weekend*** ↑ ***Evening*** ↑ ***Other***

PRINT NAME: _____
Last First Middle

Current Address:

Street Number & Name City State Zip How Long?

DATE OF BIRTH: _____ **SOCIAL SECURITY #:** _____

HOME PHONE #: _____ **CELL PHONE #:** _____

OTHER NAMES YOU HAVE USED: _____

Have you been background checked at Med-Cert Training Center previously? ☐ YES ☐ NO

***If yes, please note date
(approximate):*** _____

SINCE YOUR 18TH BIRTHDAY, HAVE YOU BEEN CONVICTED OF A FELONY OR FELONY-REDUCED-TO MISDEMEANOR CONVICTION BY ANY COURT? YOU MAY OMIT CONVICTION OF A MISDEMEANOR WHILE UNDER AGE 18 IF THE RECORD WAS SEALED UNDER PENAL CODE 1203.45, MINOR TRAFFIC VIOLATIONS FOR WHICH THE FINE IMPOSED WAS \$400.00 OR LESS, ANY OFFENSE THAT WAS FINALLY SETTLED IN JUVENILE COURT OR REFERRED TO THE YOUTH AUTHORITY, OR ANY CONVICTION SPECIFIED IN HEALTH AND SAFETY CODE SECTION 11361.5 WHICH PERTAINS TO CERTAIN MARIJUANA OFFENSES. ☐ YES ☐ NO

If yes, please indicate date, location and explanation:

**DRIVER'S LICENSE
INFORMATION:**

License number Expiration Date State of Issue

I hereby certify that all statements on this application are true and correct to the best of my knowledge and belief. I understand that Med-Cert solicits this information so as to be informed of my previous record and character. I understand that my enrollment with Med-Cert depends upon successful completion of a criminal background investigation. I understand that any falsification, misrepresentation or omission of facts of this record may be considered cause for release or dismissal.

APPLICANT SIGNATURE: _____ **DATE:** _____

Med-Cert now offers a background check service. For \$15.00 Med-Cert can get a background check for you to save you a little time. All you have to do is fill out the attached form and enclose payment of **\$15.00.**

All background check requests must be received at least 1 week prior to clinical.