

## Nurse Assistant Training Application Form

**PERSONAL INFORMATION:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Select one:  Male  Female  Other

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Alternate/Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Do you have a learning disability?  Yes  No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

Any Services/Accommodations Needed \_\_\_\_\_

Desired Class Dates \_\_\_\_\_ Desired Location \_\_\_\_\_

**EMERGENCY CONTACT:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Telephone: (\_\_\_\_\_) \_\_\_\_\_ Alternate Emergency Number: (\_\_\_\_\_) \_\_\_\_\_

**DEMOGRAPHIC INFORMATION:**

Race (Select One):  White  Black/African American  American Indian/Alaska Native  Asian  Native Hawaiian/Other Pacific Islander

Ethnicity (Select One):  Hispanic/Latino  Not Hispanic/Latino

Military Service (Select One):  Active  Dependent  Veteran  None

Marital Status (Select One):  Single  Married  Divorced  Widowed

Dependents: How many children do you have legal custody of? \_\_\_\_\_ Household Size (including self) \_\_\_\_\_

Income: Do you currently receive any of the following assistance? (Check all that apply)

Cash Assistance [Welfare, TANF, OWF, etc.]  Food Stamps  WIC  Child Care  Public Housing

Child Support  SSI/Disability  Alimony  Workers' Compensation  Medicaid/Medicare  Unemployment

What is your personal total annual [yearly] income? [Please count all sources of income including day care and food stamp benefits.]

Under \$12,000  \$12,000-\$20,780  \$20,781-\$25,000  Over \$25,000

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I hereby acknowledge that the information above is true and correct. I understand that false or inaccurate information will be basis for termination from the Red Cross program. I understand the Red Cross program attendance requirements and refund policy. If my background check indicates that I have been convicted of a disqualifying crime, I may be ineligible for employment as a caregiver in my state and not permitted to attend the Red Cross program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Enrollment Agreement

### American Red Cross Nurse Assistant Training Program

Richmond  
710 Perry Street  
Richmond, VA 23224

Hampton  
1919 Commerce Dr.,  
 Suite 100  
Hampton, VA 23666

Student Name: \_\_\_\_\_

Class Start Date: \_\_\_\_\_ Class End Date: \_\_\_\_\_

The American Red Cross Nurse Aide Training Program length is equivalent to 120 clock hours; 80 hours for classroom/lab and 40 hours for clinical where students work as Nurse Assistant Trainees under the direct supervision of an Instructor in a long-term care facility. In addition to the state clocked hours are 42.5 enhancement hours (i.e. Adult First Aid, CPR, AED certification, state test review, graduation ceremony, tutoring, Lifeskills, make up time, etc).

#### **Classes are held:**

Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

#### **Course Delivery:**

Classroom  Blended

**Classroom/Lab Times:** \_\_\_\_\_

**Clinical Times:** \_\_\_\_\_

The training and recruitment for the Nurse Assistant Training is done in English; students are required to read and write English at a minimum of 8<sup>th</sup> grade. All training information is presented prior to enrollment in the class. The information given may be shared with parties to gain understanding.

Total cost payable to American Red Cross for this training is \$1490.00 (includes \$250.00 non-refundable enrollment fee). Each student will be responsible for additional expenses, such as the purchase of red scrub pants and white scrub tops, white shoes or sneakers (closed toe/not clog type) and a watch with a second hand is recommended.

Tuition is to be paid by cashier check, money order, or credit card and made payable to "SMN Square, Inc.". Tuition must be paid in full before class start date.

If a loan was received to pay tuition, the student is responsible to repay the loan back and all fees associated with it to the lender. This program is not eligible for any federal or state loans.

Students requesting transfers up to 7 days prior to class starting can transfer to the next scheduled class that has room. Students will be allowed one free transfer prior to class start; additional transfer requests prior to class starting will require payment of a \$250 processing fee.

Sometimes students have significant life events that make them unable to attend or complete a NAT course. Students providing documentation of a personal health issue or death in the immediate family within two weeks may be eligible for a refund or transfer into another class. Students who have started the course and request a refund before 60 hours have elapsed will receive 50% of what they pay as a course fee (minus \$250.00 processing fee). After 60 hours of class, no refund will be given. Refunds are not given in the event that the student is dismissed from training for academic or behavior issues. Students wishing to withdraw must put the request in writing to the Program Manager.

The class hours meet the guidelines for state approved Nurse Assistant Training hours in this state. There is no guarantee of transferability to other states or institutions but copies of academic/attendance records will be provided upon written request.

If weather conditions are poor and the city schools are delayed or closed where the classroom is located; class will be delayed or cancelled and time made up as directed by the Program Manager. Upon completion of the program, the student will receive a certificate and be qualified to take the state certification exam.

The American Red Cross Nurse Assistant Training Program reserves the right to cancel any class for which there is insufficient enrollment. The school can also deny enrollment if the class is filled to capacity.

The Enrollment Agreement is made in accordance with the policies and procedures set forth in the catalog/handbook. Please carefully read both documents. By signing you agree to the terms stated therein. You will be responsible for the full payment of all tuition and fees. In signing this Enrollment Agreement, you state that your responses on the admission application are true and correct, and you meet the admission requirements published in the catalog/handbook, which you have been given.

#### Student Initials

I understand this contract will not be in force and effective until signed by both myself and a school representative.

I have received a copy of the student catalog.

I understand the refund policy as stated above.

I understand that coursework and/or credit from this school may not be transferable to other institutions of

Education and acceptance is at the discretion of the receiving institution.

“I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities and that the institution’s cancellation and refund policies have been clearly explained to me”

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

School Representative’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_