



**American
Red Cross**

Bay Area Chapter

**CERTIFIED NURSE ASSISTANT TRAINING
PROGRAM**

COURSE CATALOG
AND
APPLICATION

2010

DIRECTIONS to the San Rafael Training Site:

FROM 101 North – take the “Central San Rafael” exit which will drop you on to Irwin St. Turn Left at 5th Ave and go under the freeway. The Red Cross office is two and a half blocks on the right.

FROM 101 South – take the “Central San Rafael” exit which will drop you on to Hetherton St. paralleling the freeway. Turn right onto 5th Ave. The Red Cross office is one and a half blocks on the right.

**SCHOOL PERFORMANCE FACT SHEET
COURSE COMPLETION RATE**

175 of 185 students, or 95% of the students, completed the course of instruction in 2009.

EMPLOYMENT RATE

Approximately 95% of those who completed the course in 2009 secured employment in the field in which they were trained.

PASSAGE RATE

96% of the students who completed the course in 2009 passed the Competency Evaluation Program CEP test required by the state of California for certification as a CNA (Certified Nursing Assistant).

THE RED CROSS CHAPTER IS A
SMOKE FREE CAMPUS
PLEASE DO NOT SMOKE ON THE PROPERTY
(INCLUDING THE PARKING LOT)
THANK YOU

www.RedCrossBayArea.org

Table of Contents

Introduction, Course Descriptions, Fees and Charges	3
Course Schedule.....	4
Student Assessment, Grading & Academic Progress.....	4
Record Retention Policy.....	4
Attendance Policy	4
Drop Out/Refund Policy.....	5
Prior Convictions	5
Requirements of Enrollment	6
Code of Conduct/Grounds for Dismissal	7
Student Complaint Procedure	8
Student Tuition Recovery Fund	9
Order of Requirements.....	10
Notice of Cancellation	11
Training Fees	12
Student Uniform Dress Code Guidelines.....	14
Required Forms.....	15

Introduction, Course Descriptions, Fees and Charges

Thank you for your interest in the American Red Cross Bay Area Chapter Nurse Assistant and Home Health Aide Training Programs. The following pages contain very important information regarding the programs. Please review each page to be sure that you have read and understand it. If you have any questions regarding the programs, please call (415) 427-8096. Any questions or problems concerning the programs which have not been satisfactorily answered or resolved by the school (American Red Cross Bay Area Chapter) should be directed to the Department of Consumer Affairs, 1625 North Market Blvd., Sacramento, CA 95834.

Nurse Assistant Training Program: This 160 hour course will train you to provide quality care to residents in nursing homes. The course is taught in English. Students must read at the 5th grade level. (If students speak English as a second language, they must pass an English evaluation test and an interview before enrollment.) The course consists of 19 units focused on all aspects of resident care including residents' rights; safety procedures; the aging process; assisting residents with personal care; taking vital signs; admitting, transferring and discharging residents; death and dying; modifying care; restorative nursing and time management. Additional modules are available to meet specific state requirements. The course is led by Registered Nurses who have completed a training course and meet all Federal, State and American Red Cross Instructor requirements. Upon successful completion of the course, you will be qualified to take the examination to become a Certified Nurse Assistant (CNA). You must be 16 years old to become certified in California.

Course Fee: \$1300 (\$250 Non-refundable Registration Fee, \$1050 Training, includes \$2.50 Student Tuition Recovery Fee and CPR/AED for the Professional Rescuer training). See Page 12 for additional fees.

Text Books: Included in the tuition fee and non-refundable once they are issued to you. Every student must have his/her own text books. All other teaching materials are included.

Uniform Dress: It is the student's responsibility to acquire a solid Royal Blue shirt/blouse, solid Royal Blue pants and white/black shoes with appropriate hose or socks, to be worn beginning with the first day of clinical practice.

Course Schedule - 2010

CNA Full Day

Please note: the Bay Area Chapter only offers full-time CNA courses at this time

June/July 7:30-5:00 M-F 6/7/2010 – 7/7/2010

Mandatory Orientation 6/2/2010 at 5:00pm

Visit www.redcrossbayarea.org for a more exact daily calendar of this course.

August/Sept 7:30-5:00 M-F 8/23/2010 – 9/22/2010

Mandatory Orientation 8/18/2010 at 5:00pm

Visit www.redcrossbayarea.org for a more exact daily calendar of this course.

November/December 7:30-5:00 M-F 11/8/2010 – 12/14/2010

Mandatory Orientation 11/3/2010 at 5:00pm

Visit www.redcrossbayarea.org for a more exact daily calendar of this course.

Student Assessment, Grading & Academic Progress

Criteria for Grading Students: Students are assessed a grade based on their performance. Performance is measured and recorded by the instructors on the Clinical Practicum Guide Evaluation form and on the final written examination. Students are verbally quizzed by the instructors after each unit of instruction and are given a practice test at the first week and the halfway point of class.

Grades are assigned according to the following:

Pass (P): entered as the final grade for a student who has passed all the required skills competency check-offs and scored at least 80 percent on the final written examination.

Fail (F): entered as the final grade if the student has not passed all the required skill competency check-offs and scored less than 80 percent on the final written examination.

Incomplete (I): entered as the final grade if the student is unable to complete the course due to certain circumstances, such as illness or a death in the family. An Incomplete is given only when arrangements to complete the course have been made.

Academic Progress: A student's progress will be evaluated by a test after the first week of class. If a student is not passing, the instructor will counsel the student about his/her difficulty and a plan for improvement and will write a "Student at Risk Form," giving a date (completion of 50% or less of course) at which time the student can drop and be entitled to a refund (SEE REFUND POLICY).

State Certification: The certificate issued by the Red Cross upon successful completion of the course allows you to take the state competency examination. With proof of passing the state examination, the graduate may work as a Certified Nurse Assistant under the state and federal law guidelines for up to one year while awaiting receipt of state certificate, which could take up to four months.

Record Retention Policy

1. All records for this program will be maintained at the American Red Cross San Rafael Service Center, 712 5th Ave, San Rafael, CA 94901. All records will be maintained in a safe and secure location. Only the Director of Nursing and his/her designee shall have access to the records, which are retained for a period of four years.
2. Records will be available to the students during normal working hours as posted in the Chapter.
3. Records will be available to all duly authorized individuals, i.e., any person authorized by the Private Postsecondary and Vocational Reform Act of 1989.

Attendance Policy

1. Complete attendance is required every day of the course. MAKE UP TIME FOR A MISSED THEORY DAY IS AT THE INSTRUCTOR'S DISCRETION.
2. Instructors will provide supervised make-up time for excused absences on a CLINICAL DAY and ONLY at the Instructor's discretion.
3. In the event of an emergency which would prevent you from attending any portion of the course, you must call the American Red Cross office at (415) 427-8096 by 7:00 am and leave a message that you will be absent. If you are in clinic, call the number you have been given for your facility.
4. You are expected to be on time every day. Arriving more than 10 minutes late is considered tardy. 3 tardies = 4 hours of make up time. Chronic tardiness may lead to dismissal.

Drop Out/Refund Policy

1. All fees will be refunded if the school does not accept the applicant.
2. The student has a right to a full refund of all charges less the \$250 non-refundable registration fee if he/she cancels this agreement at least 5 business days prior to orientation. The amount retained for the registration fee may not exceed \$250.
3. The student may withdraw from a course after instruction has started and receive a pro rata refund minus the non-refundable registration fee, textbook cost and a 10% administration fee, if the student has completed 50% or less of the instruction (22 day class costs \$48/day). For example: if the student attended 10 days of a 22-day course and paid full tuition (\$1050) and the registration fee (\$250), the student would receive a refund of \$ 400 (see example below).

\$1300 Tuition and Registration Fee paid
- \$ 250 Non-Refundable Deposit
- \$ 480 Ten days of completed instruction (@ \$48/day)
- \$ 40 Textbook retained by student
- \$ 130 Administration Fee
= \$ 400 REFUND

4. The termination date to determine the refund is the last date of actual attendance by the student. Refunds will be made within thirty (30) days of receipt of cancellation notice.
5. Cancellation after completing fifty percent (50%) or more of the course will result in no refund.
6. There is no refund for termination of class due to violations of the code of conduct or dress code.

Prior Convictions

If you have ever been convicted by any court of a crime other than a minor traffic violation, you must submit your fingerprints (via Live Scan) and an application to the Department of Health Services for Certified Nurse Assistant, prior to enrollment in this course. Once you have obtained a criminal background clearance from the Department of Health Services, you may enroll in the course. The state may require the following information, which must be sent to the Department of Health Services, Licensing and Certification Program AID and Technician Certification Section, P.O. Box 997416 Sacramento CA 95899-7416 (916) 327-2445 to obtain clearance:

- Statement of facts, i.e., date(s) and nature of incident(s)
- Disposition of the case (provide court papers)
- Current status
- Letters from your probation officer (if applicable), letters of recommendation (if applicable)

The American Red Cross has the right to deny a student enrollment based on the prior conviction penal section from the Department of Health Services, which constitutes automatic Denial/Revocation of certification (see "Conviction of Penal Code Section" on page #16). If you have been cleared by the Department of Health Services for any conviction, bring your stamped clearance to the Red Cross. Please contact the Nursing Training Programs Coordinator regarding your questions and concerns about prior convictions.

Requirements of Enrollment:

- * Must be at least 16 years old
- * Must be able to read English at the 5th grade level or higher
- * Must possess a valid California ID and Social Security Number
- * Must pass a physical exam within one year prior to class start date and a TB screening performed by your physician or Nurse Practitioner within six months prior to the orientation.
- * Must pass the fingerprinting and criminal background screening (performed at the Red Cross during class).
- * Must pass a drug screening if requested by clinical facility (not required at the time of enrollment).

Please submit Enrollment Form and \$250.00 non-refundable deposit payable to American Red Cross Bay Area to hold a place for you in the class.

See "Accepted forms of Payment" on page 14 for valid payment methods.

Due on Orientation Day (Mandatory)

1. Physical exam done within one year of start of the class.
2. TB test done within six months of start of the class.
3. At least ½ of tuition payable to the American Red Cross Bay Area

NOTE: Uniform dress beginning with the first day of clinical practice. You are required to wear a solid Royal Blue shirt/blouse, solid Royal Blue pants and white or black shoes.

All students are required to have Livescan fingerprinting and background check, which is done by the American Red Cross on the 1st day of class. No cost to students.

If requested by the Clinical facility, the students must pass a drug screening. This is not required at the time of enrollment, but as requested by clinical facility.

TUBERCULOSIS TESTS & PHYSICAL EXAMS

Marin County Health and Human Services
3260 Kerner Blvd
San Rafael, CA 94901
(415) 473-4400
[Marin County Website](http://www.marincounty.org)
TB test: \$20

Medical Center of Marin
101 Casa Buena Dr
Corte Madera, CA 94925
(415) 924-8167
<http://www.mcomarin.com/>
TB test: \$45
Physicals by appointment only, price varies

Ritter House
16 Ritter Street
San Rafael, CA 94901
(415) 457-8182
www.rittercenter.org
TB test: Free

SF Adult Immunization Clinic
101 Grove St
San Francisco, CA 94102
<http://sfcdcp.org/aitc.html>
TB test: \$37

Code of Conduct/Grounds for Dismissal

1. More than one unexcused absence may be grounds for dismissal.
2. Failure to provide physical exam or TB test results. Failure to complete Livescan Fingerprints in class.
3. Failure to pay tuition when due.
4. Arriving more than 10 minutes late per session is considered tardy. 3 tardies = 4 hours of make up time. Chronic tardiness may lead to dismissal.
5. Failure to make-up excused absence.
6. Speaking a foreign language in the presence of residents who do not speak the same language or in non-designated areas.
7. Failure to pass a drug screening if requested by the clinical facility.
8. The following disruptive behaviors are prohibited:
 - Speaking in a loud tone of voice (shouting) to others in classroom, lab or at clinical setting, thus interrupting class time.
 - Use of foul language.
 - The Chapter is a smoke free campus. No smoking on the property.
 - At any clinical facility – Smoke only in designated areas for smoking.
 - Use of alcohol or drugs. Please report to your instructor any medications you are currently taking that might impair your physical or mental capabilities.
 - Any comments, gestures, or body language that are viewed by fellow classmates, instructors, or staff as inappropriate.
 - Leaving classroom frequently without an appropriate reason before break time or lunch.
 - Sleeping in classroom, clinic or lab during instruction time.
 - Receiving or making phone calls on cell phones during class time unless it is an emergency. Cell phones must be turned off in the clinic.
 - Using American Red Cross or clinical facility telephones without permission. Phone use is for emergency calls only.
 - Use of residents' personal property for your own needs or entertainment, such as television or radio.
 - Cheating on exam.
 - Theft of property from school, clinic site, students, patients or staff members.
 - Inappropriate uniform; one warning will be given for violation of dress code.
 - Harassment of Red Cross staff, instructors, fellow students, patients, or hospital staff, whether verbal, physical, written, visual, sexual, cultural, racial, religious, or based upon a person's physical abilities (or lack of).

Counseling will be done by the instructor and is to include a Student At Risk memorandum to be given to the student as soon as a problem is noted.

There will be NO REFUNDS of tuition for students dismissed due to a violation of the Code of Conduct or Dress Code.

Student Complaint Procedure

The Nursing Training Programs Coordinator is designated to receive and resolve student complaints.

She/he will be regularly accessible before and after class at the San Rafael office of the American Red Cross.

A. The Program Director has the responsibility and the authority to do the following:

1. Investigate complaints thoroughly, including interviewing all people and reviewing all documents that relate or may potentially relate to the complaints.
2. Reject the complaint if, after investigation, it is determined to be unfounded or to compromise or resolve the complaint in any reasonable manner.
3. Record a summary of the complaint, its disposition, and reasons for that disposition, and place a copy of the summary, along with any other related documents, in the student's file. Make an appropriate entry in the log of student complaints as required by Section 73870.
4. If the complaint is valid, involves a violation of law, and is not resolved within 30 days after it was first made by the student, notify the Department of Consumer Affairs, the accrediting association, and law enforcement authorities of the complaint, investigation and resolution or lack of resolution. A person who has a duty to provide notice under this paragraph is not required to disclose any matter to the extent of that person's privilege under Section 940 of the Evidence Code. If the authorized person does not provide all of the information required by this paragraph because of a claim of privilege under Section 940 of the Evidence Code, the institution shall appoint another person, who may not lawfully claim that privilege, to provide the omitted information.
5. If the complaint is valid, determine what other students, if any, may have been affected by the same or similar circumstances and provide an appropriate remedy for those students.
6. The school will implement reasonable policies or procedures to avoid similar complaints in the future.
7. Communicate directly to any person in control regarding complaints, their investigation, and resolution or lack of resolution.

B. Student's Action:

1. A student may lodge a complaint by communicating orally or in writing to any teacher, administrator, admissions personnel, or counselor. The recipient of the complaint shall transmit it as soon as possible to the person authorized to resolve complaints and shall attempt to resolve complaints related to that person's duties.
2. If a student orally delivers the complaint and the complaint is not resolved within either reasonable period or before the student again complains about the same matter, the institution shall advise the student that a complaint must be submitted in writing and shall provide the student with a written summary of the institution's complaint procedure.
3. If a student complains in writing, the institution shall, within 10 days of receiving the complaint, provide the student with a written response, including a summary of the institution's investigation and disposition of it. If the complaint or relief requested by the student is rejected, the reasons for the rejection must be logged.
4. American Red Cross Bay Area is in agreement with the Department of Consumer Affairs to comply with all state statutes, rules and regulations pertaining to a private postsecondary institution as defined in Section 94740.5 of the Education Code, as it existed on June 30, 2007, in effect as of the close of business on June 30, 2007.
5. If you have any complaints, questions or problems that you cannot work out with the school, write or telephone: Department of Consumer Affairs, 1625 North Market Boulevard, Suite S-308, Sacramento, CA 95834, (916) 574-8200, www.dca.ca.gov.

C. Student's waiver of rights is void:

The student's participation in the complaint procedure and the disposition of a student's complaint shall not limit or waive any of the student's rights or remedies. Any document signed by the

student that purports to limit or waive the student's rights and remedies is void. The Nursing Program Coordinator shall maintain a log for student complaints.

Student Tuition Recovery Fund

California Education Code 94316.10(a) and CCR, Title 5, Section 74750, require the catalog to include a description of the student's rights under the Student Tuition Recovery Fund (STRF) established pursuant to 94342 of the Education Code.

The Student Tuition Recovery Fund (STRF) was established by the Legislature to protect any California resident who attends a private postsecondary institution from losing money if he or she prepaid tuition and suffered a financial loss as result of the school closing, failing to live up to its enrollment agreement, or refusing to pay a court judgment.

To be eligible, you must be a California resident and reside in California at the time the Enrollment Agreement is signed, or when you receive lessons at a California mailing address from an approved institution offering correspondence instruction. Students who are temporarily residing in California for the sole purpose of pursuing an education, specifically those who hold student visas, are not considered California residents.

To qualify for STRF reimbursement, you must file a STRF application within one year of receiving notice from the council that the school is closed. If you do not receive notice from the council, you have four years from the date of closure to file a STRF application. If a judgment is obtained, you must file a STRF application within two years of the final judgment.

It is important that you keep copies of the enrollment agreement, financial aid papers, receipts or any other information that documents the monies paid to the school. Questions regarding STRF may be directed to the Department of Consumer Affairs, 1625 North Market Blvd., Suite S-308, Sacramento, CA95834, (916) 574-8200.

You may be eligible for STRF if you are a California resident, prepaid tuition, paid the STRF fee, and suffered an economic loss as a result of any of the following:

1. The school closed before the course of instruction was completed.
2. The school's failure to pay refunds or charges on behalf of a student to a third party for license fees or any other purposes, or to provide equipment or materials for which a charge was collected within 180 days before the closure of the school.
3. The school's failure to pay or reimburse loan proceeds under a federally guaranteed student loan program as required by law, or to pay or reimburse proceeds received by the school prior to closure in excess of tuition and other costs.
4. The school's breach or anticipatory breach of the agreement for the course of instruction.
5. There was a decline in the quality of the course of instruction within 30 days before the school closed, or if the decline began earlier than 30 days prior to closure, a time period of decline determined by the Bureau.
6. The school committed fraud during the recruitment or enrollment or program participation of the student.

You may also be eligible for STRF if you were a student who was unable to collect a court judgment rendered against the school for violation of the Private Postsecondary and Vocational Education Reform Act of 1989.

You must pay the state-imposed fee for the Student Tuition Recovery Fund (STRF) if all of the following applies to you:

1. You are a student who is a California resident, and who prepays all or part of your tuition either by cash, guaranteed student loans, or personal loans, and

2. Your total charges are not paid by any third-party payer such as an employer, government program or other payer, unless you have a separate agreement to repay the third party.

You are not eligible for protection from the STRF, and you are not required to pay the STRF fee if either of the following applies:

1. You are not a California resident.
2. Your total charges are paid by a third party, such as an employer, government program or other payer, and you have no separate agreement to repay the third party.

Order of Requirements

1. Submit \$250 Non-refundable Deposit payable to American Red Cross Bay Area and Enrollment Agreement prior to Orientation date
2. Physical exam (within 1 year of class start date)
3. TB Test (within 6 months of class start date)
4. Turn in at Mandatory Orientation Day – **REQUIRED TO BEGIN CLASS**
 - At least ½ of tuition payable to The American Red Cross (see page 15)
 - Physical exam
 - TB test results
5. Fingerprints done by Live Scan on 1st day of class. No cost to student.
6. Acquire uniform to be worn at clinical training (see uniform requirements)
7. Half way through the class:
 - Balance of tuition
 - \$90 CEP testing fee
8. Pass the course and attend graduation ceremony
9. CEP Test - you should reserve **entire day** for testing
 - Present proper documents to take test:
 - Original Social Security Card
 - Acceptable photo ID
 - **NAMES MUST APPEAR THE SAME ON BOTH DOCUMENTS**
 - DHS form 283 with instructor's signature

Notice of Cancellation

Date of Orientation/Registration: ____/____/____

You may cancel this contract for school without any penalty 5 days prior to Orientation/Registration day with the exception of the non-refundable registration fee.

To cancel the contract for school, mail or deliver a signed and dated copy of this notice, or any other written notice, or send a telegram to the following address:

American Red Cross, Bay Area
85 Second Street, 8th Floor
San Francisco, CA 94105

Not later than: ____/____/____

(Enter date that is five (5) days prior to Orientation/Registration Day.)

I cancel the contract for school.

Signature: _____ Date: ____/____/____

You do not have the right to cancel by just telephoning the school or by not coming to class.

Refund policy may also be found in Enrollment Agreement.

REMEMBER: YOU MUST CANCEL IN WRITING.

Training Fees

Nurse Assistant Training

Non-refundable registration fee	\$ 250.00
160 hours of Class *	\$1050.00
	\$1,300.00

***(Textbooks and Adult CPR/AED training are included in the Tuition Fee.)**

State Examination (skills and written test) OR	\$ 90.00
(skills and oral Test)	\$ 105.00
If student fails, skills retest (additional fee)	\$ 50.00
and/or written retest (additional fee)	\$ 35.00

*Suggested Equipment (Optional)

Gait Belt	<i>approx \$ 24.00</i>
Blood Pressure Kit (stethoscope and cuff)	<i>approx \$ 39.00</i>
Fanny Pack	<i>approx \$ 14.00</i>

*These items can be purchased by the students at a retailer of their choice.

Accepted Forms of Payment

We accept payment in the form of cash, money order, or credit card.

SORRY, NO PERSONAL CHECKS.

Accepted credit cards: Visa, Mastercard, and American Express. We do not accept Discover at this time.

CONVICTION OF PENAL CODE SECTION WHICH CONSTITUTE AUTOMATIC DENIAL/REVOCAION

187	Murder
192 (a)	Manslaughter, Voluntary
203	Mayhem
205	Aggravated mayhem
206	Torture
207	Kidnapping
209	Kidnapping for ransom, reward, or extortion or robbery
210	Extortion by posing as kidnaper
210.5	False imprisonment
211	Robbery (includes degrees in 212.5 (a) and (b))
220	Assault with intent to commit mayhem, rape, sodomy, oral copulation
222	Administering stupefying drugs to assist in commission of a felony
243.4	Sexual battery (includes degrees (a) – (d))
245	Assault with deadly weapon, all inclusive
261	Rape (includes degrees (a) – (c))
262	Rape of spouse (includes (a) – (e))
264.1	Rape or penetration of genital or anal openings by foreign object
265	Abduction for marriage or defilement
266	Inveiglement or enticement of female under 18
266 (a)	Taking a person without will or by misrepresentation for prostitution
266 (b)	Taking a person by force
266 (c)	Sexual act by fear
266 (d)	Receiving money to place a person in cohabitation
266 (e)	Placing a person for prostitution against will
266 (f)	Selling a person
266 (g)	Prostitution of wife by force
266 (h)	Pimping
266 (i)	Pandering
266 (j)	Placing child under 16 for lewd act
266 (k)	Felony enhancement for pimping/pandering
267	Abduction of person under 18 for purposes of prostitution
273a	Willful harm or injury to a child (includes degrees (a)- (c))
273 (d)	Corporal punishment/injury to a child (includes degrees (a) – (c))
273.5	Willful infliction of corporal injury (includes degrees (a) – (h))
285	Incest
286 (c)	Sodomy with person under 14 years against will
286 (d)	Voluntarily acting in concert with or aiding and abetting in act of sodomy against will
286 (f)	Sodomy with unconscious victim
286 (g)	Sodomy with victim with mental disorder or developmental or physical disability
288	Lewd or lascivious acts with child under age 14
288a(c)	Oral copulation with person under 14 years against will
288a (d)	Voluntary acting in concert with or aiding and abetting
288a (f)	Oral copulation with unconscious victim
288a (g)	Oral copulation with victim with mental disorder or developmental or physical disability
288.5	Continuous sexual abuse of a child (includes degree (a))
289	Penetration of genital or anal opening by foreign object (includes degrees (a) – (j))
289.5	Rape or sodomy (includes degrees (a) and (b))
368	Elder or dependent adults abuse, theft or embezzlement of property (includes degrees (b) – (f))
451	Arson (includes degrees (a) – (e))
459	Burglary (includes degrees in 460 (a) and (b))
470	Forgery (includes degrees (a) – (e))
475	Possession or receipt of forged bills, notes, trading stamps, lottery tickets or shares (includes degrees (a) – (c))
484	Theft
484 (b)	Intent to commit theft by fraud
484 (d-j)	Theft of access card, forgery of access card, unlawful use of access card
487	Grand theft (includes degrees (a) – (d))
488	Petty theft
496	Receiving stolen property (includes degrees (a) – (c))
503	Embezzlement
518	Extortion
666	Repeat convictions for petty theft, grand theft, burglary, carjacking, robbery and receipt of stolen property

Student Uniform Dress Code Guidelines

Each student has the primary responsibility for maintaining exceptional standards of grooming, dress and hygiene that comply with health and safety regulations. By maintaining these standards you will reinforce your desire to deliver the highest quality care and demonstrate professional values.

LOOK PROFESSIONAL!

BE PROFESSIONAL!

You will need to have the following items by Day #5 of the "Full Day" Class:

- UNIFORM: **Royal Blue** medical scrubs (large pockets preferred)
- SHOES: White or black shoes or other white or black closed-toe, closed-heel (no slingback) shoes with non-skid soles.
- WATCH: Watch with a second sweep hand. Elasticized watchband which can be moved up on the arm during hand washing is preferred.
- PAPER: Small pad of paper.
- PEN: Ballpoint pen – blue or black ink.
- JEWELRY: Keep it simple. Avoid large and dangling earrings or chains. For cleanliness, all rings and bracelets will have to be removed when you are washing your hands at the clinical site. Facility policies regarding piercings, must be followed.
- HAIR: Keep hair clean and neatly trimmed. If you have long hair, please plan to put it up for clinical practice in a ponytail, bun, twist or braids.
- FINGERNAILS: Keep trimmed with length of nails in accordance with patient safety needs. Use clear or light colored nail polish. No nail jewelry.
- HYGIENE: Maintain good personal hygiene habits. Makeup in moderation. NO perfumes or colognes in consideration of and sensitivity to the residents.
- NAME BADGE: Wear Red Cross student name badge at all times in the clinical facility.

DO NOT BRING PERSONAL ITEMS THAT YOU CANNOT AFFORD TO LOSE TO THE CLINICAL SITE.

You must be able to carry everything that you need in your pockets. Optional – small waist pack (fanny pack) for your personal items.

IF YOU DO NOT HAVE THE UNIFORM REQUIRED, YOU WILL NOT BE ALLOWED TO COME TO CLINICAL PRACTICE.

**AMERICAN RED CROSS BAY AREA
NURSE ASSISTANT TRAINING
ENROLLMENT AGREEMENT**

A. School Name and Address: American Red Cross – Bay Area Chapter
85 Second Street, 8th Floor
San Francisco, CA 94105

Instruction Site: American Red Cross – Bay Area Chapter
712 5th Ave
San Rafael, CA 94901

Student Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

B. Any questions or problems concerning this school which have not been satisfactorily answered or resolved by the school should be directed to the Department of Consumer Affairs 1625 North Market Blvd., Suite S-308, Sacramento, CA 95834, (916) 574-8200.

C. This agreement is a legally binding instrument when signed by the student and accepted by the school. Your signature on this agreement acknowledges that you have been given reasonable time to read and understand it and that you have been given: (a) a written statement of the refund policy including examples of how it applies and (b) a catalog including a description of the course with all material facts concerning the school and course of instruction which are likely to affect your decision to enroll. Immediately upon signing this agreement, you will be given a copy of it to retain.

D. This agreement is for the course NURSE ASSISTANT TRAINING. A total of 160 hours is required to complete the course.

Start Date: _____ Scheduled Completion Date: _____ Scheduled Time: _____

E. **BUYER'S RIGHT TO CANCEL.** You may cancel this enrollment agreement and receive a refund (see refund policy) by providing a written notice to: American Red Cross Bay Area Chapter, Nurse Assistant Training Administrator, 85 Second Street, 8th Floor, San Francisco, CA 94105.

F. **REFUND INFORMATION:** The student has a right to a full refund of all charges less the amount of \$250 for the registration fee if he/she cancels this agreement at least 5 days prior to orientation. The amount retained for the registration fee may not exceed two hundred fifty (\$250) dollars. In addition, the student may withdraw from a course after instruction has started and receive a pro rata refund minus the non-refundable registration fee, textbook cost and a 10% administration fee, if the student has completed 50% or less of the instruction (22 day class costs \$48/day). For example: if the student attended 10 days of a 22-day course and paid full tuition (\$1050) and the registration fee (\$250), the student would receive a refund of \$ 400 (see example below).

\$1300 Tuition and Registration Fee paid
- \$ 250 Non-Refundable Deposit
- \$ 480 Ten days of completed instruction (@ \$48/day)
- \$ 40 Textbook retained by student
- \$ 130 Administration Fee
= \$ 400 REFUND

If the school cancels or discontinues a course, the school will make a full refund of all charges. Refunds will be paid within 30 days of cancellation or withdrawal.

**AMERICAN RED CROSS BAY AREA
NURSE ASSISTANT TRAINING
ENROLLMENT AGREEMENT**

NOTICE

ANY HOLDER OF THIS CONSUMER CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSE WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF. RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

G. FEES AND CHARGES. The student is responsible for the following fees and charges:

Registration (non-refundable)	\$ 250.00
Tuition	\$ 1047.50
Student Recovery Fund Fee (required by CA law)	<u>\$ 2.50</u>
TOTAL CHARGES	\$ 1300.00

See Training Fees on page 12 of Student Packet for additional charges.

H. 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.

Signature of Student Date

I accept this agreement and certify that AMERICAN RED CROSS BAY AREA CHAPTER has met the disclosure requirements of Education Code 94312 of the Private Postsecondary and Vocation Reform Act of 1989.

Signature, Title of School Official Date



**AMERICAN RED CROSS BAY AREA CHAPTER
Nurse Assistant Training
PHYSICAL AND TUBERCULOSIS EXAMINATION FORM**

Name _____ Sex M _____ F _____ Birthdate _____

Address _____ City _____ State _____ Zip _____ Phone _____

Have you had a serious illness, injury or surgery? If so, describe:

TO BE COMPLETED BY EXAMINING PHYSICIAN/NURSE PRACTITIONER

1. Current complaints/disabilities pertinent to the student's education in Nurse Assistant:

2. Medications used: Prescription and over-the-counter (use back if necessary)

NAME	INDICATION	FREQUENCY
_____	_____	_____
_____	_____	_____

3. Significant medical history, accidents, deformities, surgeries, back problems, communicable diseases, etc.

4. Examination comments and findings:

REQUIRED TUBERCULOSIS SCREENING

P.P.D. (Within 6 months) _____ Date _____ Results _____

Chest X-ray (If P.P.D. is positive) _____ Date _____ Results _____

RECOMMENDED IMMUNIZATIONS: not required.

Please give dates and provide copy of immunization record or serological confirmation.

Diphtheria & Tetanus 1st _____ 2nd _____ 3rd _____ Booster required every 10 years.

Polio (completed series) 1st _____ 2nd _____ 3rd _____ Booster (year taken)

Rubeola 1st _____ 2nd _____ or documented physician diagnosis of serological immunity

Rubella Date given _____ or serological confirmation of immunity _____

The above named has no communicable or disabling disease nor health condition that would create a hazard to himself, visitors, classmates or patients at this time. He/she is able to perform the physical activities required for the training.

Examiner name and signature: _____ Date _____

Address: _____ Phone: _____

I give permission to release a copy of this form to affiliating clinical facility.

Student signature _____ Date: _____

ATTACH P.P.D. AND CHEST X-RAY RESULT FORMS