NTC Medication Aide Program
Registration Form

Today's Date_____ Date of Birth_____ Male/Female Program Date_____

Last Name:_____First Name_____M.I.:_____

E-Mail_____SS#:_____

Street:_____City/State_____Zip:_____

Phone (   )_____Cell: (   )_____

*If applicant is paying a deposit by cash or money order, a receipt will be issued immediately after processing. A payment plan form will need to be signed if applicable. No credit cards or personal checks accepted.

*Registration, tuition ($850) and an admission test (see below) must be completed two weeks prior to the class start date. Class size is limited; applications will be reviewed and approved on a first-come, first-serve basis and based on the admission test results. To secure your place in the class, please have this registration form with payment in two weeks prior to class. By signing this registration form, you acknowledge that you have review the qualifications for certification as a medication aide as set forth in section 4723.651 of the Ohio Revised Code (Checklist of requirements), meet them and will work to complete those before the first day of class.

For individuals with experience in the armed forces of the United States, or in the national guard or in a reserve component, the program has programs in place to: (a) Review the individual's military education and skills training, (b) Determine whether any of the military education or skills training is substantially equivalent to the curriculum established in Chapter 423-27 of the Administrative Code; (c) award credit to the individual for any substantially equivalent military education or skills training (Advanced placement policy for military trained individuals).

==Refund policy:== If you decide to cancel attending class prior to two weeks before the first day of class, a full refund will be given. If you cancel during the two weeks before the first day of class, no refund will be given but a partial credit ($425 or half of what you paid for the deposit) toward future classes (if all books and supplies are returned that are loaned during registration) will be given. If you drop the class/cancel attending the class on the first day of class or after, no refund or credit will be issued.

*Every applicant is required to take an **admission test** before being admitted to the medication aide program. Each student will need to schedule their admission test with the Nurse Administrator (Sherri Gunasekera, 937-776-2344). The test is to determine whether the applicants reading, writing, and mathematical skills are sufficient to administer prescription medications safely. A written exam will be administered with 50 questions. The student will read, calculate, evaluate, analyze then fill in their answer (multiple choice and/or essay questions). A score of at least 70% on math and 80% on vocabulary and reading comprehension is required. A High School Diploma or GED is required before registering for this course.

*NTC reserves the right to reschedule or cancel any course, reasons include registration does not meet our minimum enrollment requirements. If a course is cancelled or rescheduled, all fees paid are subject to reimbursement to transference, upon presentation of receipt. All missed time must be made up. If the student fails to make up the entire 124 hours per the program policy, they will be dropped from the program with no refund. The student may qualify to enroll in a future session when held. Arrangements for make-up time are the responsibility of the student and may include paying instructor an additional fee.

*By signing this registration form, I acknowledge that I have reviewed a list of qualifications for certification as a medication aide as set forth in section 4723.651 of the Ohio Revised Code (Checklist of requirements provided in your student binder and the programs website nursingtrainingcenter.com), meet them and will work to complete those before the first day of class. I acknowledge that I received a copy of the Policy and Procedures and understand that a BCI and FBI criminal records check is required for the clinical part of the class. I understand that a Covid-19 vaccine card (two-shots and boosters as required by law) are required for the clinical rotation. If I have not received the Covid-19 vaccine and booster, I am responsible for finding an approved clinical site for my clinical rotation.

 I have reviewed the list of possible disqualifying offenses and do not have any disqualifying offenses listed.   I understand that if the results from the criminal record check returns to Nursing Training Center, LLC with any of the offenses on this list, that I may not be permitted to attend the clinical rotation or apply for certification to the Ohio Board of Nursing. I also understand that some online activities may be included in the course. I acknowledge that internet access and capability may be required to successfully complete the assigned activities.

I understand that the cost for the Ohio Board of Nursing approved medication exam is separate from this course (paid to the testing company) and is currently $110.00. Students are permitted to take the state exam at the testing center twice. A student who fails the state examination a second time must enroll or re-enroll, and satisfactorily complete, a board approved training program in order to be eligible to take the examination again (please see the re-enrollment policy).

* NTC does not discriminate on the basis of race, color, national origin, religion, sex, or disability with regard to admission, access, or treatment.

Signature_____Date_____

_____
_____For Office Only_____
_____

Staff:_____ Date:_____ Amount Received:$_____Amount still due $_____

Payment Plan:_____

Cash:_____ Money Order_____

Receipt #:_____