## Nursing Training Center, LLC-DA Dining Assistant Program Registration Form

Today's Date	Date of Birth	Male/Female I	Male/Female Program Date	
Last Name:	First	First Name		
E-Mail				
Street:		_City/State	Zip:	
Phone ( )		Cell: ( )		

Dining Assistant: An individual who meets the requirements specified in the Ohio Administrative Code 3701-17-07.2 and *who is paid to feed long term care facility* residents by a long-term care facility or who is used under an arrangement with another agency or organization. Dining assistants assist residents and feed residents who, based on the charge nurse's assessment of the resident and the most recent resident assessment and plan of care.

## Requirements to be a dining assistant trainee:

- 1. Be 17 years old or older,
- 2. Be able to read, speak and understand English,
- 3. Attend class and the clinical rotation,
- 4. Not listed on the Nurse Aide registry for: abuse, neglect or misappropriation.

Dining assistants may be employed in long-term care facilities if they meet the following requirements:

- 1. Complete a dining assistant training course,
- 2. Are not the subject of a finding of abuse or neglect of a resident or misappropriation of the property of a resident.
- 3. Performs duties only for residents who do not have a complicated feeding problem, and under the supervision of an RN or LPN.

The resident's meet the following conditions:

- 1. Need assistance or encouragement with eating and drinking,
- 2. Do not have a complicated feeding problem, such as the need for tube or parenteral feeding, recurrent lung aspirations or difficulty swallowing that requires assistance with eating and drinking by a registered nurse, LPN, or nurse aide.

\*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 (\$75) must be completed prior to the class start date. Class size is limited to 8 per instructor; applications will be reviewed and approved on a first-come, first-serve basis. To secure your

place in the class, please submit this registration form prior to class. By signing this registration form, you acknowledge that you have reviewed the qualifications for the class and clinical rotation, meet them and will work to complete those before the first day of class.

Refund policy: If you decide to cancel attending class more than one week before the first day of class, a full refund will be given. If you cancel during the week before the first day of class, a partial credit (\$37.50 or half of what you paid for the deposit) toward future classes (if all books and any 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.

Class: You will be provided a borrowed book with chapters assigned to read. You may be assigned online, self-paced lectures and activities to reinforce the materials provided in the classroom and be completed before class. Tests: you will have written tests and skills checkoffs that you will need to receive at least an 80% average on. The total score in the classroom must be 75% or higher.

\*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 needed hours, 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 the dining assistant program. I acknowledge that I understand that criminal records check and Covid-19 vaccine card may be required for the clinical part of the class (depending on the nursing homes requirements). I have reviewed the list of possible disqualifying offenses and 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 and will not qualify to become a paid dining assistant. 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.

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

Signature		Date				
		For Office	e Only			
Staff:	_ Date:_		Amount Received:\$	Amount still due \$		
Payment Plan	ı:					
Cash:		_ Money Order_	Receip	ot #:		