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

\*Registration, tuition ($600) and an admission test (see below) must be completed one week prior to the class start date. If unable to pay the full tuition upon registration, $300 is due at registration and $300 by the fourth week of class. 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 entire payment in one week prior to class. Review your Items to be completed form and work to complete those before the first day of class.

\*Every applicant is required to take an **admission test** in order to become a certified medication aide. 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.

\*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. If you withdraw from class within one week of the first day of class, you are entitled to a full refund of tuition paid to date. If you withdraw after one week and before the third week of starting the course, you are entitled to 50% of your tuition paid to date. After three weeks of the start of the class, you are not entitled to receive a refund. If the student fails to make up the entire 124 hours within 30 days, they will be dropped from the program with no refund. The student can enroll in a future session if and when held. Arrangements for make-up time are the responsibility of the student.

\*By signing below, I acknowledge that I received a copy of the Policy and Procedures and the 4723.651 Eligibility for medication aide certificate print out. I understand that the cost for the certification exam is separate from this course and is $100.00.

\* 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:$\_\_\_\_\_\_\_\_\_\_\_\_Receipt #:\_\_\_\_\_\_\_\_\_\_

Check:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Money Order\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other