



Copy of clinical agreement, signed by student and facility
Student

Copy of TB test-with the year
Employer/Student

Physical- last 12 months
Background Check- last 30 days, no felonies last 5 years

Copy of photo ID for age verification
Student

CNA Program Application
Student

Math and English tests
Student
Prior to the start of class, must score 80% or higher

NOTES:

All items are required prior to the 1st day of class. If you are having issues with anything, please reach out to me so I can help you. DO NOT WAIT UNTIL THE LAST MINUTE TO TRY TO GET ALL OF THIS TOGETHER!

Failure to complete checklist will forfeit your place in the class, you will have to start the next class.

Student Application

Applicant Information

Full Name: _____
Last _____ First _____ M.I. _____
Date: _____

Address: _____
Street Address _____
Apartment/Unit # _____

City _____ State _____ ZIP Code _____

Phone: _____ Email _____

Have you ever been convicted of a felony?

☐ YES
☐ NO

If yes, explain: _____

Emergency Contacts

Please list emergency contacts.

Full Name: _____ Relationship: _____

Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Phone: _____

Address: _____

Health Information

Have you ever tested positive for Tuberculosis? _____ YES _____ NO

Date of last PPD: _____

Where was PPD received? _____

Please provide a copy of the you TB screening, chest x-ray, or PPD record prior to the end of the program.

Kaiser Healthcare Certification LLC Training

and Testing Policies

Privacy Policy: We do not give out any information about a student to anyone except a state agency or as required by law.

Attendance Policy: You MUST attend all training dates as scheduled. You must be on time for both classroom and clinical hours. There will be no scheduled make-up days unless preapproved by the instructor.

TB skin testing and chest X-ray Policy: You must receive a TB skin test or

chest X-ray before the start of the class. If you have a positive TB skin test, you must get a chest x-ray to rule out TB prior to any classroom hours. Your employer will obtain these. If you are not employed, it will be at your expense.

Student Removal Policy: The Program Director has the right, along with the clinical site, to remove a student from the program at any time. Reasons for removal include but are not limited to disrespect to the instructors, other students, or anyone involved in the training process. Abuse and/or Neglect of a resident, Cursing/Swearing, not abiding by the rules, tardiness, or truancy. Please stay professional; this is the start of your career in healthcare, and your attitude matters.

Refund Policy: There will be no refunds given once a student arrives for the 1st day of class, as there has already been an investment made in the form of rent, materials, and insurance for each student.

I affirm and attest that I understand in full the aforementioned policies and procedures.
X _____
Date: _____

Kaiser Healthcare Certification Training Program Guidelines

1. Attendance is mandatory. Students are expected to be present and on time for all classes and clinical assignments. Only true emergencies should prevent the student from being present and on time to class. A phone call to the program director (Lex Ann Kaiser 812-972-2769) must be made prior to the start of class to discuss the possibility of make up time. Make up time is at the discretion of the program director only!
2. Attire for the classroom is casual. However, there will be no shorts, tank tops, tube tops, etc. Closed toed shoes are to be worn to class. For clinicals: the student must wear scrubs or uniform dictated by the clinical site. Clothing should be clean and wrinkle free. The student should be clean and well-groomed for both class and clinicals.
3. No cell phones should be visible during classroom time. No ear buds or air pods are to be worn in the classroom or skills lab.
4. Students should refrain from crude, vulgar or profane language.
5. Students will not come to class or clinical under the influence of alcohol, illegal drugs, or medications that cause side effects that pose a risk to the safe performance of their duties.
6. Students are expected to do all class assignments, homework assignments, read the text and commit vocabulary terms to memory.
7. All class and clinical requirements must be met prior to the Program Director submitting an application for state testing. Tuition pays for the 1st attempt; the student is responsible to pay for the 2nd and/or 3rd if necessary.
8. Students are expected to be respectful in the class and clinical setting. We all learn differently and different rates, some will have more questions than others. Verbal and nonverbal communication should reflect respect and tolerance toward one another, the instructor, staff and residents.
9. Students must have a working phone number during the duration of the course. It is up to the student to update information in the event of a change. The Program Director will need to communicate with students throughout the training process regarding progress, schedule changes etc.
10. Smoking is only permitted in designated areas. Please be respectful, keeping away from entrances and picking up trash and cigarette butts.

11. Refund policy: There are no refunds once a student arrives for day 1 of the course as the Program Director as already made a great investment in each student in the form of supplies, rent, insurance etc.
12. Students must arrive to the 1st day of class with all required paperwork (failure to do so will result in removal from the class) background check, PPD, physical, clinical agreement.

I have read the above guidelines and agree to follow them while participating in the training program. I understand that failure to meet the above guidelines will result in termination from the program.

STUDENT: _____
DATE: _____

FACILITY REPRESENTATIVE: _____
DATE: _____

PROGRAM DIRECTOR: _____
DATE: _____

Kaiser Healthcare Certification LLC

Payment Agreement

I understand and agree that I am financially responsible for payment of the services received by Kaiser Healthcare Certification LLC in the amount stated below. I agree to pay the amount in the time period stated below.

I understand that there will be NO refunds issued, NO EXCEPTIONS.

I understand that any remaining balance not paid in full will accrue a monthly service charge of \$25.00.

I understand that all credit/debit/online payments will be assessed a service fee of 3.5%.

For professional services rendered, CNA Program, I agree to pay Kaiser Healthcare Certification LLC the total sum of \$1,700.00.

STUDENT NAME: _____

DEPOSIT AMOUNT: _____

PAYMENT AMOUNT: _____ WEEKLY/BI-WEEKLY

FINAL PAYMENT DUE DATE: _____

I understand that I will be unable to take the certification exam until payment is received in full.

STUDENT SIGNATURE/DATE: _____

PROGRAM DIRECTOR SIGNATURE: _____

For students who are receiving sponsorship by their employer

- 1. You are obligated to adhere to any agreement you make with your facility. Pay, days worked, etc., are between the student and the employer. If you quit and they require repayment the balance is the responsibility of the student.***
- 2. A facility representative (Administrator, DNS, HR manager, Business office manager) MUST sign agreeing to pay tuition or the student will receive an invoice at the start of class.***

By signing the student and the facility agree to the terms of this payment agreement.

STUDENT SIGNATURE: _____

FACILITY REPRESENTATIVE SIGNATURE, TITLE AND DATE:

ISDH CNA 75 Hour Practicum Agreement Between Kaiser Healthcare and Student's Facility

Student's Name: _____

Class Date: _____

(Facility Name and Corporate Name)

is an approved site for conducting the ISDH CNA 75 Hour Practicum under the direct supervision of a designated licensed nurse at the student's above-named facility - the student must perform these procedures with 100% accuracy.

The student needs written permission from the Director of Nursing or designee that allows the CNA student to complete the 75-hour practicum requirement at their facility. The CNA student **MUST** perform as many procedures as possible that are available in the **ENTIRE** facility. The practicum is their hands-on experience to complete the 105-hour ISDH CNA Program. Please contact Lex Ann Kaiser for any clarifications or questions regarding this.

Facility Contact Name: _____

Email: _____

Phone: _____

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I ACCEPT AND AGREE TO CONTACT LEX ANN KAISER IF THE STUDENT IS NOT ABLE TO COMPLETE THE COMPETENCIES TRAINING AT THIS FACILITY. PLEASE NOTIFY ME ASAP AT LEX.ANN@KAISERHEALTHCARECERTIFICATIONS.COM

Signature of Director of Nursing or Administration _____

Date _____

Printed Name and Title (Director of Nursing or Administrator) _____

Lex Ann Kaiser RN/Program Director _____

Lex Ann Kaiser, RN
CNA/QMA Program Director
Phone: (812) 972-2769
Email: lex.ann@kaiserhealthcarecertifications.com

C.N.A. Pre-Registry Check

Student name:

Address: Required

Are you currently or have you ever been on the state registry in Indiana or in any other state for a license or certification? Examples would be C.N.A., H.H.A., Cosmetology, Bartender, Notary Public, Pharmacy Tech etc.

YES

NO

If you answered yes:

Type of license or certification:

State it was held in?

What name was it held in?

Did you have any disciplinary findings against you? If so, please list.

Student Signature:

Pre-registry verification by _____

Date _____

Photo Release Form

I, the undersigned, give authorization for Kaiser Healthcare Certification LLC to use my photograph on Facebook, Instagram, LinkedIn, and the website (kaiserhealthcarecertifications.com)

I understand that my name will not be used without consent.

Student Name: _____

Student Signature: _____

Date: _____

Background Check Information and Consent

Kaiser Healthcare Certification LLC will conduct a state background check through the Indiana State Police. This information is shared with you and kept on your student file as required by the areas of theft, abuse (violent crimes) drug use in the previous 5 years you are not eligible for the CNA/QMA program per state regulations.

Student First Name: _____

Middle Initial: _____

Last Name: _____

Married Name 1: _____

Married Name 2: _____

Maiden Name: _____

Any other names: _____

Country of Birth: _____

State of Birth: _____

Date of Birth: _____

Race: _____

Gender: Male or Female _____

Social Security Number: _____

By signing you authorize Kaiser Healthcare Certification to obtain a criminal background check. You understand that you are responsible for the fee of \$16.00.

Student signature

X

Date:

Lex Ann Kaiser RN/Program Director

X

Date:

Background Check conducted: Date:

Initials:

Background Check Verified: Date:

Initials:

Student Physical

Name _____

D.O.B. _____

Ht _____ Wt _____ Temp _____ P _____ R _____ BP _____

Allergies _____

Current Medications _____

Medical Problems _____

Past Surgeries _____

✓ = Normal

Head _____

EEENT _____

Chest _____ Heart _____

Extremities _____ Abdomen _____

G.I. Tract _____ G.U. Tract _____

I certify that this student can participate without restrictions in the clinical portion of the program.

Date _____ Physician Signature _____

CNA Basic Math and English- Pre Screen

Numeric Response

1. Mr. Green is a resident in your nursing home. He is slightly dehydrated and the Dr. has ordered strict I & O. Please add the following intakes. (30 cc= 1 ounce) Mr. Green drank 6 ounces of coffee, 120 cc's of jello and 1/2 of an 8 ounce cup of water for breakfast. What is his total intake?
2. The charge nurse asks you to weigh Mrs. Bell in her wheelchair. The total weight of the wheelchair and Mrs. Bell is 245 lbs. The wheelchair by itself weighs 35 lbs. What does Mrs. Bell weigh?
3. You are in charge of ordering folders for your unit. You are to maintain a minimum amount that includes the following. Blue folders-5000 and yellow folders 2500. You check your inventory and discover that you have 1350 blue folders and 1250 yellow folders. How many of each color do you need to order?
_____ blue folders
_____ yellow folders
4. As a C.N.A. student you are required to complete 30 classroom hours and 75 clinicals hours. How many hours total is this?
5. Susie Q is a C.N.A. on your unit. She worked from 7 am - 3:30 pm on Monday. If Susie took a half hour for her unpaid lunch break, how many hours should she be paid for?
_____ How many seconds are in a minute?
_____ How many minutes are in an hour?
6. Mr. Jones is a new admit on your unit. The nurse asks you to measure his height. You measure him at 67 1/4 inches. Please convert this to feet and inches to record on his medical record.
_____ ft _____ in
8. Mrs. Blue's daughter orders a guest tray from the dining room. The tray costs \$3.75. She gives you a \$20 bill. How much change will you owe her?

Name: _____

Class: _____

Date: _____

ID: A

Name: _____

ID: A

9. Please read the following passage and answer the questions. It's nearly impossible to demonstrate a commitment to your job without being there. Performing your job duties requires showing up for work every day and being punctual. Poor attendance usually results in other people having to cover for you when you aren't there yourself. Many healthcare organizations are already lean on staffing and can't afford to have people absent on a regular basis. When people are counting on you, it is important to be there and be on time. When you arrive late for work, the patient's diagnosis, treatment, surgery or discharge from the hospital might be delayed. Necessary supplies may not be delivered on time. Paperwork might get filed to late to meet a deadline. Other people might have to work late to catch up. Almost everyone must miss work or arrive late on occasion; but when poor attendance or punctuality becomes a habit, it may result in a performance issue leading to corrective action or dismissal.

1. What is the paragraph about? (one to two words)

2. How does poor behavior affect patient care?

3. What does corrective action mean?