

ROSEBUD TRAINING ACADEMY

Admission Requirements

All prospective applicants must complete and submit an application online or in the office no later than seven days prior to the orientation date, which is one week prior to the start of classes. Enrollment day is on or before the first day of each session. No student will be added to the roster after the second day of class.

Prospective students must be 18 years or older before graduation or completion of the program and must show proof of:

- I. High School or GED transcript, Certificate of High School Equivalency or College transcript
- II. Secondary education transcript showing proof of program

Procedure:

- A. Submit a completed admission application and enrollment agreement
- B. After desired course date is verified by the Institution of availability, the student must submit the non-refundable registration fee and initial deposit if applicable to complete the registration process for that particular class. (If the desired class date is not available, the student will be given a list of available class dates and the non-refundable deposit may be applied to any of the dates given.)
- C. Government issued ID with picture and signature
- D. Social Security Card
- E. TB Skin test within 1 year (must not expire during the time of course)
- F. Hepatitis B & Flu Vaccines or Declination
- G. Criminal Background***

****Prior to acceptance into the Nurse Aide Training Program, the applicant must pass a background screening successfully before entering the program. It is not Federally required that a student must pass a background check in order to study in a Nurse's Aide Program, however, it is a Federal requirement that anyone who wishes to work in a long-term care facility be screened via a background check. Students enrolling in this program must be aware that their successful completion of this course does not permit them to take the CNA exam nor does it permit them to work in a long-term care facility. Rosebud Training Academy cannot be held responsible for a student's inability to obtain employment as it is up to the students to know their criminal history.*

The Institution is not responsible for students who apply, receive notice of class availability, but fail to pay the non-refundable registration fee and/or initial deposit in a timely manner with regards to receipt of class availability notice. The Institution reserves the right to accept students with completed registrations on a first-come, first-served basis.

Students who apply, receive notice of availability, and pay the non-refundable registration fee and/or deposit after a course has closed its registration due to a lapse of time, will be offered the next available class.

Rosebud Training Academy reserves the right to evaluate special cases and to refuse admission to an applicant when it is in the best interest of the individual and/or the program.



Rosebud Training Academy
 33207 Lavey Lane
 Baker, LA 70714
 Telephone: (225) 229-3254

ROSEBUD TRAINING ACADEMY Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Student ID #: _____

Home Phone #: _____ Cell #: _____

Emergency Contact: _____ Emergency Contact #: _____

E-mail Address: _____

Program Information:

Nurse Aide I Medication Aide

Start Date: _____ End Date: _____

A class schedule for which you enrolled (meets on days of week): _____

A **Certificate of Completion** will be awarded at the end of the program and successful students will be recommended for state/national testing and listings on appropriate registry.

Education:

SCHOOL NAME AND ADDRESS	START MO/YR	END MO/YR	DID YOU GRADUATE?	DEGREE

College/University:

SCHOOL NAME	START MO/YR	END MO/YR	DID YOU GRADUATE?	DEGREE

Other Education: _____



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Other Certifications: _____

Employment History (most recent employment first):

EMPLOYER NAME AND ADDRESS	START MO/YR	END MO/YR	POSITION
_____ _____ _____			
_____ _____ _____			
_____ _____ _____			

Terms and Understanding:

As a student of Rosebud Training Academy, I understand that:

1. The college does not guarantee employment following graduation.
2. The college reserves the right to terminate a student's training for failure to abide by the Attendance Policy, failure to maintain satisfactory academic progress, failure to abide by the college rules and regulations, and for other reasons as detailed by the school catalog.
3. All outlined fees are to be paid prior to the first day of class or in accordance with the established and signed payment plan or the school reserves the right to terminate a student's training for failure to abide by the Payment Policy.
4. All materials that do not belong to me should not be removed from the classroom at any time.
5. The school does no guarantee the transfer of credit to any other institution.
6. Any notification of withdrawal or cancellation must be in writing.
7. This agreement is a legally binding instrument when signed by you 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 the school catalog including a description of this program, including all material facts concerning the school and the program of instruction which are likely to affect your decision to enroll.

Students Right to Cancel:

You may cancel this enrollment agreement for the school at any time up to the first day of class. If you cancel this agreement, any payment you have made will be refunded to you within sixty (60) days, minus non-refundable fees. To cancel the enrollment agreement for the school, you must mail or deliver a signed and dated copy of the cancellation notice or any written notice to the school at its' official address. For all other refunds, please see the refund policy.

Acknowledgement:

Do not sign this contract before you read it or if it contains blank spaces. You are entitled to an exact copy of the contract that you sign. Keep it to protect your legal rights.

My signature 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 and that I have a copy of this agreement.

I hereby accept this agreement with the college.

Student Signature

Date



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ROSEBUD TRAINING ACADEMY Emergency Notification Information

Emergency Contact #1: _____

Relationship to the Applicant: _____

Full Address _____

Contact #: _____

Emergency Contact #2: _____

Relationship to the Applicant: _____

Full Address _____

Contact #: _____

Hospital Preference: _____

Primary Care Physician: _____

Known Allergies: _____

Previous Medical Conditions: _____

**This information is for information purposes ONLY in case of an emergency. This information will not be used to determine admittance of an applicant.*



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Request, Authorization, Consent and Release for Background Check

Please Type or Print

I, _____
 Last Name First Name Middle Name (Include (Jr., Sr., II, III, etc.)
 understand that in conjunction with my application for admission, Rosebud Training Academy, will use the services of an outside agency to research and verify the information I have provided on my application for patient contact including my personal background and character. This agency will provide a report to Rosebud Training Academy. Rosebud Training Academy uses a screening agency, as an agent to perform background verifications.

These agencies will utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, Workers Compensation records, Department of Motor Vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to Rosebud Training Academy.

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy form shall be valid for one year from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by Rosebud Training Academy if enrollment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to Rosebud Training Academy. I further understand that when requesting a copy of the report, proper identification will be required, and I should direct my request to:

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. I HEREBY RELEASE ROSEBUD TRAINING ACADEMY AND ITS AGENTS, BACKGROUNDS ONLINE AND ALL PERSONS, AGENCIES, AND ENTITIES PROVIDING INFORMATION OR REPORTS ABOUT ME FROM ANY AND ALL LIABILITY ARISING OUT OF THE REQUEST FOR OR RELEASE OF ANY OF THE ABOVE-MENTIONED INFORMATION OR REPORTS.

 Signature Date

 Printed Name Program Applied For

XXX-XX-_____
 Social Security Number Date of Birth Driver's License Number State

Other names you have used or are also known as: _____

Current Address: _____
 Street Apt # City State Zip Code How long here?

Former Address: _____
 Street Apt # City State Zip Code How long here?

Former Address: _____
 Street Apt # City State Zip Code How long here?