

Information Packet

STATE TESTED NURSE AIDE (STNA)



Adult & Community Education Columbus City Schools

CCS Mission Statement: Each student is highly educated, prepared for leadership and service, and empowered for success as a citizen in a global community.

ACE Vision Statement: The Department of Adult and Community Education will provide the quality education that all students need for successful living in the 21st century.

Additional copies of these forms are available at www.cpsadulthood.org or in our Customer Services office at 2323 Lexington Avenue in Columbus, 614.365.6000, extension 241.

The Columbus City Schools' Department of Adult & Community Education is accredited by the North Central Association Commission on Accreditation and School Improvement (NCA CASI). The Nurse Aide program is approved by the Ohio Board of Health.



Adult & Community Education Health Occupations

Web: cpsadulthood.org

**2323 Lexington Avenue
Columbus, Ohio 43211**

Adult Workforce Education

Phone: 614.365.6000

Fax: 614.365.6458

Computer Technology	x240
Customized Services	x242
Financial Aid	x244
Health Occupations	x234
Registration	x238
Trades	x240

Adult Basic and Literacy Education (ABLE)

GED and Adult Literacy

614.365.5245

English for Speakers
of Other Languages (ESOL)

614.365.6468

Project Connect

Education of Homeless
Children and Youth

614.365.5140



**Columbus City Schools Mission
Statement:**

Each student is highly educated,
prepared for leadership and
service, and empowered for
success as a citizen in a global
community.

Columbus City Schools does
not discriminate because of
race, color, national origin,
religion, sex or handicap with
regard to admission, access,
treatment or employment. This
policy is applicable in all district
programs and activities.

Dear Prospective Student:

Thank you for your interest in Columbus City Schools, Department of Adult and Community Education's State Tested Nurse Aide (STNA) Program!

It is our pleasure to provide you with the information you need to make informed choices about your education and career. If at any time during the application process you have questions or concerns, please call us. Our goal is to provide health occupations students with the highest quality customer service available in central Ohio and nationwide.

Columbus City Schools offers an excellent training program designed to prepare you to pass the Ohio Nurse Aide examination, which will then permit you to work as an STNA anywhere in the state of Ohio.

The tuition for this program is \$600.00 which must be paid ONE WEEK BEFORE the first day of class. Columbus City Schools believes that when you choose our program, you will receive full value for your investment.

Your Program Fees covers:

- The cost of the course (85 hours)
- The cost of 2 textbooks worth in excess of \$47.00
- The cost of the Ohio Nurse Aide examination (normally \$100.00)
- Access to hands-on training in an actual care giving setting with senior adult patients
- Access to online practice assessments to give you the fullest preparation for the Ohio Nurse Aide examination
- A resume and reference page created specifically for you which will highlight your skills, abilities, and talents as a Nurse Aide
- Assistance with job search and employment opportunities after you graduate and pass the Ohio Nurse Aide examination

Enclosed in this packet, you will find documents which give you information about applying for class. Please read each page carefully.

Please call our Customer Services office at 614-365-6000, extension 241 should you have any questions about our STNA Program or how to apply.

Students that graduate from our STNA Program will be exempt from the \$200.00 deposit fee for the Practical Nursing Program.

Revised 5/05/10

NURSE AIDE

(State Tested Nurse Aide) 85 Hours



Program Information and Summary

The Nurse Aide Program prepares the student to take the State Tested Nurse Aide examination. First Aid and CPR for Healthcare Providers certifications are included in the program and are required for passage of the course. Our State Tested Nurse Aide (STNA) Program offers important distinctive qualities for prospective students to consider:

- Outstanding clinical opportunities.
- Expert, personable faculty who provide outstanding individual support in small class settings.
- Access to online practice nurse aide tests.

In addition to the benefits listed above, our STNA program offers exceptional value. **The following are included in the cost of the course:**

- The State Tested Nurse Aide Exam – a \$100 value.
- First Aid and CPR for Health Care Providers – a \$50 value.
- The registration fee for our Practical Nursing program will be waived for student completing our STNA program – a \$200 value.
- Free access to online practice STNA tests.

The STNA Program consists of coursework relating to the following healthcare topics: Nurse aide roles, communication, interpersonal skills, basic nursing skills, mental health, social services, legal issues, safety & security, signs & symptoms of disease, aging, death & dying, hygiene, grooming, and mobility. In addition to classroom-based training, several days of clinical training and CPR training are included in the program. All students are expected to take and pass the state examination. When you enroll in the Nurse Aide Program, you become part of an extended "family" of students, faculty, staff, and administrators who are dedicated to your academic and career success. Please consider visiting us soon to see first-hand why hundreds of central Ohio residents choose to join our family each year.

Employment Outlook

Nurse Aides work in a variety of settings, including hospitals, extended and long-term care, and private duty. Nurse Aides perform routine tasks under the supervision of nursing and medical staff. Nurse Aides are responsible for general patient care, vital signs, equipment/supply maintenance, and assisting medical staff. Nurse Aides can expect to earn between \$9 and \$12 per hour depending on the facility and work-related experience.

Admission Requirements

You must be at least 18 years of age and submit all the required information in the Nurse Aide Information Packet.

Start Date	End Date	Day(s)	Time	Location	Course Cost
07/12/10	08/11/10	M,T,W,Th	5 - 9:30 pm	HCEC	\$600
08/16/10	09/16/10	M,T,W,Th	5 - 9:30 pm	HCEC	\$600
09/20/10	10/20/10	M,T,W,Th	5 - 9:30 pm	HCEC	\$600
10/25/10	11/24/10	M,T,W,Th	5 - 9:30 pm	HCEC	\$600
11/29/10	01/12/11	M,T,W,Th	5 - 9:30 pm	HCEC	\$600



Adult & Community Education Columbus City Schools



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614.365.6000 ext. 241

2323 Lexington Avenue, Columbus, OH 43211

www.cpsadulthood.org



Adult & Community Education Columbus City Schools

Additional Costs for STNA Training Program

Service	Cost	Resource Options	Resource Location(s)
Physical	Varies ----- \$60.00	Personal physician ----- - If you do not have a personal physician ⇒	----- Main Street Family Medicine 1336 East Main Street Columbus, Ohio 43205 614-253-8537 (Corner of 18 th and Main Street)
2 Step TB testing	Varies ----- \$20.00	Personal physician ----- - If you do not have a personal physician ⇒	----- Main Street Family Medicine 1336 East Main Street Columbus, Ohio 43205 614-253-8537 (Corner of 18 th and Main Street)
BCI/FBI Background Check	Varies ----- - \$60.00 ----- \$85.00	Personal Resources ----- ⇒ ----- ⇒	----- Franklin County Sheriff's Office Concealed Carry Permit Office 410 South High Street Columbus, Ohio 43215 614-462-5090 ----- National Background Check 1486 Bethel Road Columbus, Ohio 43220 614-457-8900
Scrub suit (top & bottom)	Varies ----- \$15.00 to 25.00 ----- \$30.00 – 40.00	Personal Resources ----- ⇒ ----- ⇒	----- Walmart, K-Mart, Target ----- Goodman Uniform Company 1390 West Broad Street Columbus, Ohio 43222 614-351-9800

Application Checklist - STNA

The following activities must be completed prior to being accepted and admitted into the program. This checklist will help you keep track of the requirements.

- Program Application:** Complete the Program Application included in this packet.
- Proof of Eligibility:** Show proof that you are a legal resident (Copy of your Birth Certificate, Social Security Card, or Green Card).
- Photo Identification:** Provide a copy of your current Ohio Driver's license or other Government issued ID. Only Government issued IDs are accepted (driver's license, State IDs, Military IDs, and Passports). No other ID will be accepted.
- Criminal background check:** Additional information about the Background Check is included in this packet. Results must be sent directly to us.
- Criminal History Attestation:** Fill out and sign the Criminal History Attestation form included in this packet.

All application documentation (above requirements) must be submitted to Customer Services at the same time. The documentation will be reviewed and you will be informed if you are accepted or denied acceptance into the program. If accepted, you may pay your program fees.

- Pay the Program Fees:** Upon acceptance into the program. There are two payment options:
 - A. **Pay Program Fees in Full:** Payable to Columbus City Schools (checks, money orders, and credit cards accepted) no later than ONE WEEK BEFORE the class begins.
- OR**
- B. **Pay a deposit:** \$50.00 payable to Columbus City Schools. The balance of your program fees is due no later than ONE WEEK BEFORE the start of the program.

Note: Your deposit is applied to your program fees once you start school, but it is neither refunded nor transferred if you fail to attend or withdraw early.

Upon acceptance and payment of required fees, you will be assigned a seat in the course and considered registered for the program. CONGRATULATIONS!

- Personal Medical History Form:** Fill out the form and have your doctor review it.
- Physical Examination Form:** Your doctor must fill out the form and give you a 2-step Tuberculosis skin test.
- Hepatitis B Immunization Form:** You must read and sign the form.



Adult & Community Education Columbus City Schools

Program Application 2010 – 2011

Program: Practical Nursing STNA Office Systems Specialist
 Auto Mechanics HVAC Stationary Engineering
 Other: _____

Today's Date: _____ **Program Start Date:** _____
Last Name: _____ **First Name:** _____ **M.I.:** _____

Social Security Number: _____ **E-mail:** _____

Street: _____ **City/State:** _____ **Zip:** _____

Phone: () _____ - _____ **Cell Phone:** () _____ - _____

- If you are paying your deposit* by check or money order, a receipt will be issued immediately upon processing. If you are paying by credit card, a receipt will be issued upon approval of the charge.
- We reserve the right to reschedule or cancel any course that does not meet our minimum enrollment requirements. If a course is cancelled or rescheduled, all fees paid are subject to reimbursement or transference, upon presentation of a receipt.
- The Columbus City Schools does not discriminate on the basis of race, color, national origin, religion, sex, or disability with regard to admission, access, treatment, or employment. This policy is applicable to all district programs and activities.

Signature: _____ **Date:** _____

For Office Use Only

Staff: _____ Date: _____ Amount received: \$ _____ Receipt #: _____ STID# _____

Check MO Credit Other: _____ Reference #: _____

TEAS: R _____ M _____ E _____

<p>*Deposit Amounts: PN: \$200 All others: \$100</p>
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Adult & Community Education Columbus City Schools

Background Check Information

Concealed Carry Permit Office, Franklin County Sheriff's Office

410 South High Street. Columbus, Ohio 43215. (614) 462-5090

Hours of Operation: Monday through Friday 9:00 am - 2:00 pm

Enter through the North side doors

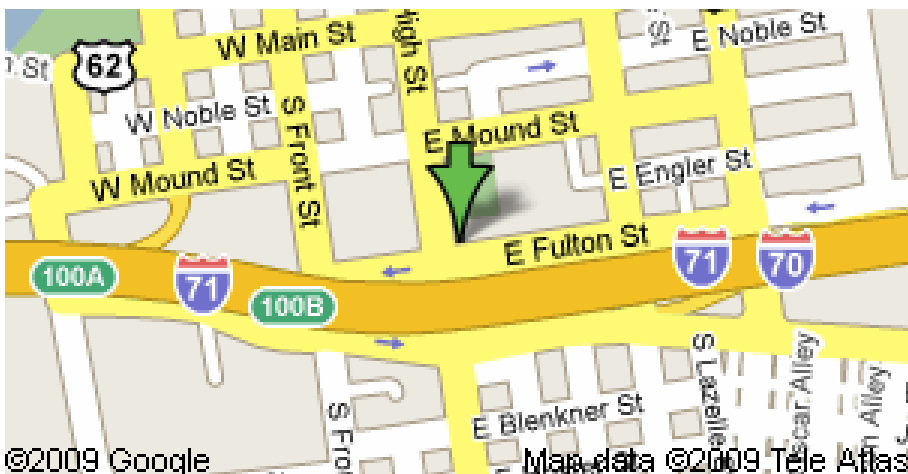
Closed Saturday, Sunday and all Legal Holidays

Visit the Concealed Carry Permit Office and request that they do a FBI/BCI background check. The fee is usually \$60.00 dollars. The Sheriff's Office accepts cash or money orders as payment. Please remember to bring your Ohio Driver's License or State of Ohio identification.

Make arrangements so that the original copy of the BCI/FBI results are sent to:

Columbus City Schools, Department of Adult and Community Education
2323 Lexington Avenue, Columbus, OH 43211
Attention: Matthew Kramer, Customer Services Office

It takes between 3 and 30 days for them to complete the checks. If you have any questions on the status of the background check, please call them at 740-845-2000.



410 South High Street
Columbus, Ohio 43215
614-462-5090



Adult & Community Education Columbus City Schools

CRIMINAL HISTORY ATTESTATION

Student Name

Program of Enrollment

We are committed to your success and want to make you aware of some very important information that could impact your ability to graduate from the program. Please read this form carefully before signing it.

Please check **ONE** statement below:

- I have NEVER been **convicted** of a crime and have NEVER been **charged** with a criminal offense, as identified in the Violations Section of the Ohio Revised Code; or,
- I HAVE been **charged**, but NEVER **convicted** of a crime; or,
- I HAVE been **charged** and convicted of a crime.

Please be aware that you must complete your clinical/job shadowing experiences in order to obtain your certificate and graduate from our program. A clinical/job shadowing site may request that you provide your criminal history in order to participate at their site. Most sites have policies which prevent them from admitting students who have been convicted of certain criminal activities. Decisions about clinical/job shadowing site admissions are made by each site. These decisions are neither the responsibility of nor influenced by the Department of Adult & Community Education.

If you have a past, pending, or future criminal offense and are unable to gain admission to a site for clinical/job shadowing experiences, you will not be able to obtain your certificate nor graduate from the program. If this happens, you will be subject to immediate dismissal from the program and will forfeit all program costs and fees. The Department of Adult & Community Education will not assume any responsibility for the denial of access to a clinical/job shadowing site.

By signing this form, I acknowledge **ALL** of the following:

- I have neither withheld information from nor provided false information to the Department of Adult & Community Education;
- I have been informed regarding the requirement to complete clinical/job shadowing site experiences in order to obtain my certificate and graduate from the program;
- I have been informed that access to clinical/job shadowing sites may be denied to students with past, pending, or future criminal offenses;
- I understand that if I am unable to complete clinical/job shadowing experiences, I will be subject to immediate dismissal from the program and will forfeit all program costs and fees.

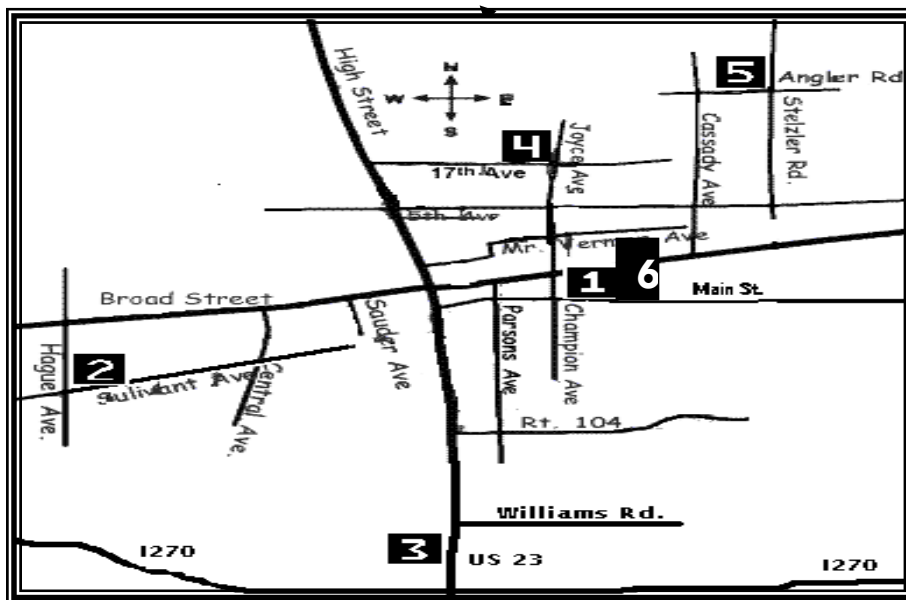
Student Signature



Adult & Community Education Columbus City Schools Columbus Health Clinics

Listed below are health centers in the Columbus Area where physical examinations and TB testing can be conducted at a reasonable rate (usually \$60.00 for a physical and \$20.00 for the 2-step TB test). For low-income individuals, the costs may be less depending on one's income. If you're in this category, be sure to bring income verification with you. Examples of income verification include: pay stubs, County Job and Family Services cash assistance, food stamps, rental agreements, child support award letters, SSI.

These centers are usually very busy. Therefore, it is a good idea to **call first** and determine whether an appointment is necessary.



1.

East Central Health Center
1180 East Main Street
Columbus, Ohio 43205
(614) 645-5535

3.

John R. Maloney South Side Health Center
3781 South High Street
Columbus, Ohio 43207
(614) 645-3163

5.

Columbus Northeast Health Center
3433 Agler Road
Columbus, Ohio 43219
(614) 645-1600

2.

Hilltop Health Center
2500 Sullivant Avenue
Columbus, Ohio 43204
(614) 645-2300

4.

Saint Stephen's Health Center
1500 East 17th Avenue
Columbus, Ohio 43219
(614) 645-2700

6.

Main Street Medical Center
881 East Main Street
Columbus, Ohio 43205
(614) 253-8537
(Corner of 18th and Main Street)



Adult & Community Education Columbus City Schools

Personal Medical History

Directions: Complete this form prior to your physical examination and give it to the doctor for review.

Name: _____ **Date of Birth:** _____

Street: _____ **City/State:** _____ **Zip:** _____

Phone: () _____ - _____ **E-mail:** _____

Height: _____ **Weight:** _____ **Gender:** Male Female

Check the appropriate column for each body system or condition, based on your personal medical history:

	YES	NO		YES	NO		YES	NO		YES	NO
Neurological			Lymph nodes			Chest pains			Malaria		
Eyes			Genitals			Chest Palpitations			Rheumatic fever		
Ears			Dizziness			Shortness of breath			Paralysis		
Nose			Frequent headaches			High blood pressure			Cancer or tumors		
Throat			Deafness			Swollen ankles			Jaundice		
Heart			Runny nose			Poor appetite			Diabetes		
Lungs			Frequent sore throats			Chronic indigestion			Arthritis		
Stomach			Frequent colds			Recurrent nausea			Rheumatism		
Intestinal			Chronic cough			Recurrent vomiting			Depression		
Liver			Difficulty Breathing			Stomach ulcers			Nervous breakdown		
Spleen			Coughing up blood			Hernia			Seizures		
Gallbladder			Sinus			Chronic constipation			Major injuries		
Kidneys			Pneumonia			Black or bloody bowel movements			If so, what?		
Bladder			Asthma			Frequency or Painful urination			Allergies		
Bones			Hay fever			Bloody urine			List allergies:		
Joints			Pleurisy			Kidney stones			Operations		
Back			Tuberculosis			Nephritis			List operations:		
Skin			Bronchitis			Mental illness					



Adult & Community Education Columbus City Schools

Personal Medical History (continued)

Name: _____

List any serious conditions or illnesses that could affect your ability to perform as a health occupations student.

Describe the details of any prior injuries or operations that could affect your ability to complete the classroom, laboratory, and/or clinical components of the program.

What accommodations do you need in order to perform the functions of a health occupations student?

Do you have any sensitivity to rubber, latex, or powder? Yes No

Do you have medical insurance coverage? Yes No

By signing below, I hereby attest that I have answered the above questions thoroughly and truthfully, to the best of my knowledge.

Signature: _____ **Date:** _____



Adult & Community Education Columbus City Schools

Physical Examination Form

Page 1 of 2

Directions: This form must be completed by a qualified medical professional (M.D., D.O., or N.P.).
Please do not substitute other forms or formats.

Patient's Name: _____ **Date:** _____

Record of Physical Examination

Height		Weight	
Blood Pressure		Rate of Respiration	
Pulse		Visual Acuity	
Eyes/Pupils		Hearing	
Ears		Mouth/Dental	
Nose		Heart	
Neck		Abdomen	
Lungs		Back	
Extremities		Hips	

Tuberculosis: 2-step Mantoux Tuberculin Skin Test (Submit dates and results of both steps)

Directions for 2-step Mantoux Skin Test for Tuberculosis.

The law requires that individuals newly hired at a health care facility obtain an initial 2-step test followed by the annual test thereafter. Since health occupations students have clinical experiences in a variety of health care institutions during their education, this standard applies to them also. Proof of a negative chest x-ray in the last year will be acceptable. Students who have had a 1-step Mantoux skin test will need to repeat the 2-step Mantoux skin test unless it was done within the last two weeks. In accordance with Ohio Law, individuals who have a documented history of a positive Mantoux skin test will show evidence of a chest x-ray within 90 days prior to the start of their first clinical experience. Thereafter, a chest x-ray need not be repeated unless there are symptoms of tuberculosis. For known positive reactors, instead of an annual skin test, students are required to complete the *Tuberculosis Questionnaire for Positive Reactors*, found in the Health Occupations office. Step #1: Inject Tuberculin and read in 48 to 72 hours. If negative, proceed with step #2. If positive, omit step #2, and obtain chest x-ray. Step #2: Repeat skin test within 14 days. If step #2 is positive, obtain chest x-ray.

Mantoux Step #1: Date given _____ Given by _____ Skin site _____
Date read _____ Read by _____ Results _____

Mantoux Step #2: Date given _____ Given by _____ Skin site _____
Date read _____ Read by _____ Results _____

Chest X-ray: Date given _____ Given by _____
Date read _____ Read by _____ Results _____



Adult & Community Education Columbus City Schools

Physical Examination Form

Page 1 of 2

Patient's Name: _____ **Date:** _____

Physician's Certificate

This certifies that I have examined this patient with regard to his/her physical fitness to attend a health occupations education program. To the best of my knowledge, this individual is physically and mentally capable of pursuing a health occupations career as indicated below.

Endorsed without limitations.

Endorsed with the following limitations: _____

Not endorsed for the following reasons: _____

Physician's Signature: _____ **Date:** _____



Adult & Community Education Columbus City Schools

Hepatitis B Immunization Form

Directions: Print your name, sign your name, and date this form.

A highly contagious virus that infects the liver causes Hepatitis B. The virus is found in the blood and body fluids of infected people. Safe, effective Hepatitis B vaccines are recommended for health care professionals because of their exposure to blood and body fluids. The vaccination series, generally given as 3 doses over a 6-month period, protects those at risk and contributes to the elimination of Hepatitis B. The Hepatitis B vaccine is recognized as the first anti-cancer vaccine because it can prevent liver cancer caused by Hepatitis B infection.

Hepatitis B vaccine is safe and effective. The potential risks associated with the Hepatitis disease far outweigh the potential risk associated with the Hepatitis B vaccine.

I understand that I have the opportunity to ask questions and that I understand the benefits and risks of the Hepatitis B immunization. I understand that I must have three (3) doses of the vaccine to develop immunity. However, as with any medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine.

I understand that, due to my occupational exposure as a health professional to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B. I may choose to be vaccinated with the Hepatitis B vaccine at my own personal expense. I will contact a private physician or health clinic in order to receive the vaccine.

Printed Name: _____

Signature: _____ **Date:** _____