



Nurse Aide Training Program Information and Application Packet

The Nurse Aide Training Program (TCEP) offered through Crandall Medical Center is available to all individuals regardless of race, color, religion, sex, national origin, age, ancestry, disability, veteran/military status, or genetics. This program is designed to provide training to individuals interested in seeking a career as nurse aides in a long-term care environment. Unless already employed, students accepted into the Nurse Aide Training Program are not employees of Copeland Oaks and/or Crandall Medical Center. Students in the TCEP at Crandall Medical Center are under no obligation to seek employment with Crandall Medical Center and/or Copeland Oaks. Conversely, Copeland Oaks and/or Crandall Medical Center are under no obligation, expressed or implied, to offer employment to students who complete the TCEP program.

ADMISSIONS PROCESS

Individuals interested in enrolling as students in the Nurse Aide Training Program must complete the attached application. Incomplete applications will not be considered. **The application must be submitted along with two written letters of reference.** Please submit applications to the following address:

CMC – Staff Education Department
800 S. 15th Street
Sebring, OH 44672

Submitted applications will be reviewed by the Nurse Aide Training Committee and selected applicants will be scheduled for an admissions interview with the Committee. The Committee will then select the students for the next available training session. Students chosen for the Nurse Aide Training Program will be required to complete a Criminal Records Check before class begins. The first step of mantoux test must be completed before classes begins and the second step completed before the first day of clinical.

Students admitted to the program will be charged a \$300.00 non-refundable admissions fee. The payment must be in the form of cash or check (made payable to Crandall Medical Center) and is due in full seven (7) days before classes begin.

CRIMINAL RECORDS CHECK

Crandall Medical Center is required by Federal Law to perform a Criminal Records Check on every person who will provide direct care to an older adult. The check will be done through the Bureau of Criminal Identification and Investigation and the Federal Bureau of Investigation. Finger printing is required for the background check.

PROGRAM INFORMATION

The program's duration is approximately 13-week days long, equivalent to two and half weeks. The program is 84 hours in total, consisting of classroom lectures with hands-on instructional skills labs (68 hours) and Clinicals (16 hours). Each day will consist of a combination between lecture, skills lab, and/or clinicals. The curriculum is approved by, and compliant with, the Ohio Department of Health and meets requirements for state eligibility testing. Proper dress code must be followed, which consists of scrubs and comfortable closed-toe shoes at all times while participating in the program, no exceptions.

Attendance is mandatory at all sessions of the 84-hour program. No exceptions can be made. Any absence will result in dismissal from the program and the student will forfeit the \$300 admission fee.

If you require special arrangements, as stated in the American Disabilities Act, please notify the Crandall Medical Center Staff Education Department at the time of your application.



Nurse Aide Training Program Admission Application

PERSONAL INFORMATION

Name: _____ Date: _____

Address: _____
Street

_____ Phone: _____
City State Zip Code

Are you at least 18 years of age? _____yes _____no

Are you a current employee of Copeland Oaks or Crandall Medical Center? ____Yes ____No
If so, which department? _____

Have you been convicted of a felony in the past ten (10) years? _____yes _____no
If yes, please explain:

A conviction record will not necessarily be a bar to acceptance into the TCEP, factors such as age and time of offense, seriousness, and nature of violation will be taken into account.

EDUCATION INFORMATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

High School _____ Did you graduate? ____yes ____no
Name Address

GED ____ yes ____ no

College _____ Did you graduate? ____yes ____no
Name Address

Graduate/Tech/
Professional School _____ Did you graduate? ____yes ____no
Name Address



Nurse Aide Training Program Admission Application

Name: _____ SSN# (last 4 digits) _____

APPLICANT QUESTIONNAIRE

How did you learn about our program? _____

Are you interested in pursuing a career in a long-term care facility? _____yes _____no

Why or why not? _____

Why do you want to enroll in the Nurse Aide program? _____

What skills/traits do you possess that would make you an excellent Nurse Aide? _____

What are your career goals? _____

By submitting this admission application, I attest to the fact that all information given on this application is complete and correct, and any omission or falsification will result in denial of admission or immediate dismissal from the program.

Signature: _____ Date: _____

ALL APPLICANTS PLEASE READ

Senate Bill 160 requires that we perform a Criminal Records Check on each applicant who will provide direct care to an older adult. The check will be through the Ohio Bureau of Criminal Identification & Investigation and the Federal Bureau of Investigation. For the criminal record check to be done applicants must be finger printed.

Senate Bill 160 Ohio Revised Code Disqualifiers

Abduction	Improperly Discharging Firearm at or into
Adulterated Food	Insurance Fraud
Aggravated Assault	Involuntary Manslaughter
Aggravated Burglary	Kidnapping
Aggravated Menacing	Medicaid Fraud
Aggravated Murder	Misuse of Credit Card
Aggravated Robbery	Murder
Assault	Pandering Obscenity
Breaking and Entering	Pandering Obscenity Involving a Minor
Burglary	Pandering Sexually Oriented Matter Involving a minor
Carrying Concealed Weapons	Passing Bad Checks
Coercion	Patient Abuse & Neglect
Corrupting Another with Drugs	Permitting Drug Abuse
Deception to Obtain Dangerous Drugs	Possession of Drugs
Disseminating Matter Harmful to Juveniles	Prostitution; after positive HIV test
Domestic Violence	Public Indecency
Extortion	Rape
Failing to Provide for a Functionally Impaired Person	Receiving Stolen Property
Felonious Assault	Robbery
Felonious Sexual Penetration	Securing Writings by Deception
Forgery; Identification offenses	Sexual Battery
Gross Sexual Imposition	Sexual Imposition
Having Weapons While Under Disability	Theft: Aggravated Theft
Illegal conveyance of weapons or prohibited items onto grounds of detention facility of institution	Trafficking Drugs
Illegal Processing Drug Documents	Unauthorized Use of Property; computer, cable, or telecommunications property or service
Illegal Use of Minor in Nudity Oriented Material or performance	Unauthorized Use of a Vehicle
Importuning	Voluntary Manslaughter
habitation or school	Voyeurism

Or any conviction or guilty plea of an existing or former law of this State or any other State of the United States which is substantially equivalent to the above offenses.

I understand that to be eligible for admission into the TCEP program that provides direct care to an older adult, I must submit to being finger printed and having a criminal records check. I also understand that if I have been convicted or have pled guilty to any of the above offenses I will not be eligible for admission into the program.

Signature