



WEATHERFORD COLLEGE

WORKFORCE EDUCATION

Certified Nurse Aide (CNA) Weatherford Campus 2018-2019

**KEEP THIS
SCHEDULE FOR
YOUR RECORDS.**



We encourage students to make copies of all required paperwork to leave with this packet.

Course	Course #	Dates	Days	Time	Cost
Nurse Aide	NURA1001 W16	1/22/19-4/30/19	T R	8:15 AM – 12:15 PM	\$750
Nurse Aide	NURA1001 W26	2/1/19-5/17/19	F	8:00 AM – 4:30 PM	\$750
Nurse Aide	NURA1001 W17	5/21/19-8/14/19	T R	8:30 AM – 12:30 PM	\$750
Nurse Aide	NURA1001 W18	6/3/19-7/29/19	M T W	5:30 PM – 9:30 PM	\$750

Weatherford College will be closed in recognition of the following holidays:

Labor Day – September 3, 2018
Thanksgiving – November 18 – 25, 2018
Christmas – December 22, 2018 – January 6, 2019
Martin Luther King Day-January 22, 2019
Spring Break-March 11-17, 2019
Good Friday – April 19, 2019
Memorial Day-May 27, 2019
Independence Day – July 4, 2019

Students who are pregnant will need a doctor's release in order to participate in the program and take the certification test.

CLASSES FORMING NOW!

Visit our Web site at wc.edu/workforce or call:

Weatherford Campus: 817-598-8870

WC Wise County: 940-627-2690

Education Center at Granbury: 817-598-6339

Education Center at Mineral Wells: 800-300-2591



WEATHERFORD COLLEGE

WORKFORCE EDUCATION



Registration Packet Checklist

The following documents must be included in Registration Packet to be considered for registration:

Check boxes when you obtain each document.

- Read, Write, Speak and Understand English
- Valid Driver's License or photo ID
- Signed Social Security card
- Satisfactory Criminal Background Check (WC is responsible for processing.)
(Results of this report may prevent a student from being approved to register for a program or from attending clinical/practicum/externship in some areas and from obtaining licensure through the applicable licensing agency.)
- Employability Check (WC is responsible for processing.)
- Current certification in CPR-Basic Life Support (BLS) 4 hour class (2 year certification).
- Hepatitis B-Three dose series must be received before contact with clients/ patients in clinicals/ externships or a positive Hep B titer
- Measles, Mumps, Rubella-born before 1957-one dose or positive titer is required, born in or after 1957-two doses one month apart or positive titer required.
- Tetanus/Diphtheria/Pertussis (Tdap)-one dose within the past 10 years is required.
- Tuberculin Skin Test (TB)-negative reading within 12 months of course completion date or chest x-ray is required.
- Varicella (chicken pox)-two doses unless first dose is prior to age 13, or positive titer required.

Immunization fees are the responsibility of the student.

Documents required Prior to Clinical: **(NOT required prior to Registration)**

- Urine Drug Screen-Must be 9 or 10 panel with itemized negative results from a lab completed NO MORE THAN 30 DAYS PRIOR to clinical/practicum (Instant results, 5-panel, or hand written results not accepted).

Drug Screen fees are the responsibility of the student.

Without proper documentation, you will not be able to enroll in Health Professions classes. NO EXCEPTION.



REGISTRATION STEPS

- OBTAIN REGISTRATION PACKET TO DETERMINE PROGRAM REQUIREMENTS
- COMPLETE ALL REQUIREMENTS IN PACKET
- EXPLORE FINANCIAL AID & SCHOLARSHIP OPPORTUNITIES
 - See page 3 of catalog
- QUESTIONS OR CONCERNS? VISIT WITH PROGRAM COORDINATOR
 - Call 817-598-8870
- TURN IN COMPLETED PACKET BEGINNING JULY 23 TO ANY WF OFFICE.
 - See locations and hours in catalog
- YOU WILL BE NOTIFIED WITHIN 10 BUSINESS DAYS UPON RECEIPT OF PACKET AS APPROVED FOR REGISTRATION OR OF INCOMPLETE PACKET
- UPON APPROVAL, YOU WILL BE REGISTERED
- PAY TUITION AND PARKING FEES
 - We accept cash, checks, money orders, American Express, Discover, MasterCard, Visa and debit cards.



IMPORTANT INFORMATION: Please read!

- ➔ **ATTENDANCE IS VITAL FOR SUCCESSFUL COMPLETION OF THIS PROGRAM.**
If you are unable to attend the first class session or any class session, you must contact the Instructor and/or Program Coordinator, Tracy Butler, at 817-598-6409 prior to the absence. Leave a message if necessary!
- ➔ **REFUND POLICY:** No refunds or transfers will be made on or after the first class day. Requests to drop a class must be received at least one business day prior to the first day of class in order to receive a 100% course refund.



Attn: Workforce Education | 225 College Park Drive, Weatherford, TX 76086 | 817-598-8870 | Fax: 817-598-6381 | wc.edu/workforce

SSN or STUDENT ID# _____ LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

STREET ADDRESS _____ PO BOX/APT. # _____ CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____ E-MAIL _____

DATE OF BIRTH _____ TEXAS COUNTY OF RESIDENCE _____ COUNTRY OF CITIZENSHIP _____ GENDER: MALE FEMALE

EMERGENCY CONTACT NAME _____ EMERGENCY PHONE NUMBER _____

FINANCIAL AID – Will you be using any type of financial aid? Yes No If yes, what type? WEG WIA/Workforce DARS Other

ETHNIC BACKGROUND: Are you Hispanic or Latino? (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) Yes No

Please select the racial category or categories with which you most closely identify. Check as many as apply.

White Black or African American Asian International Native Hawaiian or Other Pacific Islander

RESIDENCY: *Please check one box* Are you a U.S. citizen? Yes No

Parker County Resident of another county Alien resident or out-of-state resident International Student Hispanic

Residency: State of legal residence _____

Verification: How long have you resided in Texas? _____ Years _____ Months Previous state or country of residence: _____

If you moved to Texas within the past 5 years, why? Education Other Employment

To be completed by Non-U.S. Citizens only:

Country of birth: _____ Do you hold Permanent Resident status for the U.S.? Yes No

Do you hold Temporary Resident status for the U.S.? Yes No

If Yes, Visa Type: _____ Issue Date: _____ Expiration Date: _____

LIST ALL COURSES FOR REGISTRATION.
NO REFUNDS WILL BE MADE ON OR AFTER THE DAY THE CLASS BEGINS.

COURSE NUMBER	COURSE NAME	DATES	FEES
NURA 1001	Certified Nurse Aide		\$750

PARKING PASS – All vehicles parked at the Weatherford campus must have a valid parking permit clearly displayed. At registration, the Workforce Education Office will issue a temporary parking permit at no charge for classes lasting 14 days or less. A Workforce Education student parking permit for classes lasting longer than 14 days will be \$2. Vehicle license number, make, model, year and color will be required only for the student parking permit.

All applicants must read the Oath of Residency, Liability Release, and Refund Policy; and sign and date this application.

- OATH OF RESIDENCY:** I understand that information submitted herein will be relied upon by Weatherford College officials to determine my status for Texas residency eligibility. I authorize Weatherford College to verify the information I have provided. I agree to notify the Office of Student Services of Weatherford College of any changes in the information I have provided.
- LIABILITY RELEASE:** I release Weatherford College from all responsibility in case of an accident. Minors (under 18 years of age) must have a legal parent or guardian sign a consent/release form to be included with this registration form.
- REFUND POLICY:** I understand that no refunds will be made on or after the day the class begins. Yo comprendo que no habrá reembolso el primer dia de clase o despues del primer dia de clase.

SIGNATURE _____ DATE _____

THE ABOVE SIGNATURE CONFIRMS THAT ALL INFORMATION IS TRUE AND CORRECT.

Information supplied on this application is required by federal or state agencies and is not used as the basis for admission decisions. An Equal Opportunity institution/equal access institution. The Privacy Act of 1974 will be observed.



Request for Student's Taxpayer Identification Number

(Substitute Form W-9S)

Return completed signed form, in person or by mail, to:

Weatherford College Admissions Office
225 College Park Drive
Weatherford, TX 76086

**Do not submit
this form to
the IRS.**

PART I	Name of Student	
	Address	
	Taxpayer Identification Number (SSN or ITIN) ____ - ____ - _____	Weatherford College Identification Number
PART II	I certify that the number shown on this form is my correct taxpayer identification number.	
	Signature _____	Date _____
OR		
PART III	<input type="checkbox"/> I am a foreign national/nonresident alien and do not have a Social Security number or individual taxpayer identification number. I do not plan to file an income tax return in the U.S.	
	<input type="checkbox"/> I do not wish to provide my taxpayer identification number to Weatherford College at this time. I understand that I may be subject to an IRS fine of \$50 for failure to do so. I further understand that the IRS will not be able to use the Form 1098-T filed by Weatherford College to confirm my eligibility for certain education tax benefits without my taxpayer identification number.	
	Signature _____	Date _____

See instructions on back.



Request for Student's Taxpayer Identification Number

(Substitute Form W-9S)

Instructions

Purpose. Weatherford College must get your correct identifying number to file Form 1098-T, Tuition Statement, with the IRS and to furnish a statement to you. This will be your Social Security number (SSN) or, if you are not eligible to obtain an SSN, your individual taxpayer identification number (ITIN). Form 1098-T contains information about qualified tuition and related expenses to help determine whether you, or the person who can claim you as a dependent, may take either the tuition and fees deduction or claim an education credit to reduce Federal income tax. For more information, see IRS Pub. 970, Tax Benefits for Higher Education.

Under federal law, you are required to provide the requested information.

Part I.

Enter your name and mailing address. The name should match that used by the Social Security Administration or Internal Revenue Service.

Taxpayer identification number. Enter your SSN or ITIN. If you do not have an SSN or ITIN, apply for one and fill out and return this form when you receive it.

Part II.

Sign your name in the space provided to confirm the information provided. The Admissions Office cannot change your records without your signature.

Part III.

Please fill out this part only if you are unwilling or unable to provide a taxpayer identification number. Check either the first or second box and sign the statement. By law, Weatherford College must ask you at least once a year for your taxpayer identification number in order to meet its obligation to file Form 1098-T.

Deliver or mail the completed form to the address provided. Do not email the form. Email is not a secure way to transmit personal information.

Penalties

Failure to furnish correct SSN. If you fail to furnish your correct SSN or ITIN to Weatherford College, the IRS may impose a penalty of \$50 unless your failure is due to reasonable cause and not to willful neglect.
Misuse of SSNs. If Weatherford College discloses or uses your SSN in violation of Federal law, Weatherford College may be subject to civil and criminal penalties.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct SSN or ITIN to persons who must file information returns with the IRS to report certain information. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation and to cities and states to carry out their tax laws.



**STUDENT CONSENT FOR ACCESS TO WORKFORCE
EDUCATION RECORDS (FERPA RELEASE FORM)**

Name of Student (Last, First, Middle Initial): (PLEASE PRINT) _____	Student ID: _____	Date: _____
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The Family Educational Rights and Privacy Act (FERPA) affords all students certain rights regarding educational records. Other than information defined as directory information (see WC Student Handbook), a student's academic record is treated confidentially and will not be released to a third party without the written consent of the student. Students may choose to complete and submit this form to the Workforce Education offices allowing the release of their education records to specified third parties. Please note that while this form authorizes Workforce Education to release education records to third parties, it does not obligate Workforce Education to do so. Workforce Education reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information, visit the U.S. Department of Education's website at <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>.

SECTION A Education records to be released (check all that apply):

Theoretical Information (academic transcript, admission and registration information, assessment test scores, student ID number, academic progress, enrollment status, residency information, and any other documentation contained in the academic records)

Student Account Information (billing statements, charges, credits, payments, past due amounts, collection activity, records hold information relating to parking tickets, library fines and other accounts receivable information in student account records)

All Records Listed Above

Other (please specify): _____

SECTION B Person(s) to whom access to education records may be provided:

Name of person to whom access to records may be provided	Relationship to Student
Name of person to whom access to records may be provided	Relationship to Student
Name of person to whom access to records may be provided	Relationship to Student

SECTION C Duration of release

Limited Use: This authorization expires 30 days after program ends.

SECTION D Purpose of release (check ONE):

Family Communications

Employment

WIAO Workforce programs; Grant funded training; WISD programs

Other (please specify): _____

I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this Consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to the Workforce Education.

Student's Signature	(Date)	Signature of Parent or Guardian (if under 18)	(Date)
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Records cannot be released if any Section of this form is not filled out entirely. FERPA pertains to the release of records only. It does not give others the right to act on your behalf or to change your records.
This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.04 22 2014



**AUTHORIZATION FOR RELEASE OF NURSE AIDE REGISTRY
INFORMATION**

I, _____ hereby authorize Weatherford College to inquire at the Nurse Aide Registry (NAR) for any negative findings entered on the registry. If negative findings have been documented, I understand that I will be prohibited from taking the Texas Health and Human Services (HHS) competency examination test, thereby being refused issuance of a new certificate of nurse aide competency.

Pursuant to 42 Code of Federal Regulation (CFR), §483.13©(1)(ii), nurse aides with a finding of abuse, neglect or misappropriation of resident' property are prohibited from employment in nursing and skilled nursing facilities. I authorize, request, and require the NAR agency, or person so contacted to furnish Weatherford College whatever information they may have concerning documented negative findings on the NAR deemed by the college to be relevant to my status for testing.

I hereby release, indemnify, and forever hold harmless the NAR who may furnish such information concerning me for any and all liability, which may be incurred as a result of furnishing any such information. I also release and hold harmless Weatherford College, its officers, and agents from any claim or demand related to the college obtaining and/or considering any such information.

I understand that any information obtained by the NAR, which is captured in whole or in part, upon this release authorization will be considered in determining my suitability for competency examination testing by the Texas HHS.

I further understand and agree that any negative findings found on the NAR during the training session is considered just grounds for WC to refuse purchase and scheduling of the Texas HHS competency examination. I hereby give Weatherford College lasting permission to reinvestigate NAR records at any time during any C N A training class.

A photocopy or facsimile copy of this release form will be valid as an original thereof, even though said copy does not contain an original writing of my signature. My signature below indicates my understanding of, agreement with, and acceptance of all of the above terms and stipulations.

X _____
PRINTED CERTIFIED NURSE AIDE APPLICANT NAME

X _____
CERTIFIED NURSE AIDE APPLICANT SIGNATURE DATE



CERTIFIED NURSE AIDE PROGRAM WORKFORCE EDUCATION DEPARTMENT

I, _____, hereby certify that I am physically fit to participate in any classroom or clinical activity associated with the Weatherford College (WC) Certified Nurse Aide (CNA) Program. I am not suffering from any illness or injury which would disqualify me from student participation.

Before registering for the CNA class, the following compliances must be read and acknowledged by signature at the bottom of the document regarding the above mentioned student.

- For the student safety in the clinical area, WC and the long-term care facility must be notified of:
 1. Chronic health problems
 2. Prescription and non-prescription medication taken on a regular basis
 3. Pregnancy
- Certain health conditions may require a doctor’s full release statement on official doctor office letterhead before the student will be allowed to enter or return to the program. If the condition prevents the student from participating fully, she/he will not be allowed to return to the clinical site until the student’s attending physician has released the student to full duty. If this release is in excess of the allowable absences, the student will be dropped from clinical.

IF ACCEPTED INTO THE PROGRAM, I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby indemnify and hold harmless the designated long-term care training facility owners, board members, administrators, nursing staff, employees, volunteers, and representatives. I do hereby indemnify and hold harmless WC, and their board, officers, directors, agents, instructors, employees, volunteers, and representatives (the “Indemnified Parties”) from and against all liability, damages, actions, causes of action, claims, losses and/or expenses, including, but not limited to, attorneys fees, court costs, and expenses arising in connection with or based on injury to or death of any persons or property, including the loss of use thereof, caused in whole or in part by any member of WC, regardless whether or not caused in whole or in part by the negligence of the Indemnified Parties, or any one or more of them.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I/WE SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement which I have read and have understood.

It is understood by myself that all policies, regulations, and standards of conduct of WC will be in effect and must be adhered to in any classroom or clinical activity. It is also understood that I will not be allowed to participate in any classroom activities until this form is executed below.

Signed this _____ day of _____, 20__

 X

Signature of Student

Address City State Zip

**Weatherford College
Workforce Education Department**

CRIMINAL HISTORY POLICY STATEMENT

WC Workforce Education Health Programs require applicants to complete a criminal history background check. This is necessary to screen applicants to allow for student admission in the WC service area clinical training sites used for the required “hands on” training and testing of national or state of Texas certification skills and/or written testing.

Results of this report may prevent a student from attending clinical in some areas and from obtaining licensure through the Texas Department of State Health Services. The following histories will disqualify an individual from consideration for clinical rotations:

- Felony convictions
- Misdemeanor convictions or felony deferred adjudications involving crimes against persons (physical or sexual abuse)
- Misdemeanor convictions related to moral turpitude (prostitution, public lewdness/exposure, etc)
- Felony deferred adjudications for the sale, possession, distribution, or transfer of narcotics or controlled substances
- Registered sex offenders
- Other charges will be reviewed and considered based on specific program requirements and restrictions

Criminal History Background Check Process

I understand that the Workforce Education Department will conduct a background check per their policy and I must be clear of any of the above stated Felony or Misdemeanor(s) on the Texas Department of Public Safety Crime Records Service Department background check database. I hereby understand there will be a Criminal Search of TDPS crime records and voluntarily print and sign this document based on this understanding.

Print Name Clearly: _____ S.S.#: _____

Signature: _____ Date of Birth: ____/____/____

Phone #: _____ Date: _____

FOR OFFICE USE ONLY:	
Date completed: _____	WFE Authorized Staff Signature: _____
Results: _____	

IMPORTANT INFORMATION

TO: Prospective Nurse Aide Students

FROM: Workforce Education

SUBJECT: Registration Requirements

Weatherford College Workforce Education Department adopted registration requirements established by the Allied Health Department on May 1, 2005.

1. Procedures state that all prospective nurse aide students must have a Criminal History Background Check conducted before admission to the WC Certified Nurse Aide program and be clear of any misdemeanor and/or felony charges. WC will cover the cost of the CHBC.

ATTENTION: Before continuing the registration process, this serves as a notification to the applicant that a person with a Felony, or Misdemeanor A, B, or C (C includes Assault and/or Theft/Criminal Mischief) conviction cannot be accepted for admission into the WC Workforce Education Health Program.

Please sign and personally bring the attached form to the Workforce Education office so this procedure can be implemented immediately. When the cleared results are received, you may continue the process of immunization requirements and registration into the WC Certified Nurse Aide Program.

2. *It is mandatory for each applicant/student to have a current **Social Security card** and a **photo identification card** in your possession to be copied for WFE files, at the time of registration. These items are also required for presentation to the State of Texas official tester in order for you to take the skills and written State of Texas examination at the test site.*
3. An interview must be conducted with each applicant before acceptance into the Nurse Aide course/program. Make an appointment through the WC Workforce Education office staff only after the Criminal History Background Check has been returned “clear” of any misdemeanor and/or felony charges.
4. Required immunizations and drug screen procedures: All Allied Health Care Profession students must receive certain immunizations and a drug screen test. The cost involved for this procedure is the responsibility of the student and may be obtained at Weatherford Regional Hospital or an alternate facility of your choice may be used.



CERTIFIED NURSE AIDE SUPPLY LIST

- Paper, Pen, and Pencils
- Highlighter
- Index (Note) cards 3 x 5
- Clean tennis shoes specifically dedicated to the CNA Program. No mesh or crocks.
- Watch with a second hand.
- Black Scrubs- scrubs are to be worn every clinical day.
- CNA Patch- North Texas Uniforms, 151 College Park Drive, Weatherford or Uniform Storm 322 S Morgan St, Granbury, TX 76048 Patch is to be worn on left sleeve.

OTHER IMPORTANT INFORMATION

- No piercings other than in ears
- No strong perfumes or cigarette smell on clothes
- Short clean nails (no chipped polish allowed)
- Acceptable personal hygiene.

Tracy Butler, Coordinator