Western Area Career & Technology Center
Nurse Aide Application

Pre-Admission Checklist

1. _____ Completed application

2. _____ Original Pennsylvania Criminal History Report (CHRI-epatch)
   [Complete online at https://epatch.state.pa.us On the Record Check Details page, once the report is processed, click on the link that says Certification Form and print the page that contains the PA State seal. It is recommended that this form is also saved for future reference]

3. _____ FBI clearance, If a student has NOT been a full-time resident of Pennsylvania for the past two (2) consecutive years, they are required to complete a PA State Police Background Check from ePatch AND a Federal Background Check [Complete online at: https://uenroll.identogo.com Enter the Service Code: **1KG6NX**. Complete these steps: (1) Registration (2) Enter the service code (3) Payment (4) Choose a fingerprinting location (5) Fingerprinting] * More detailed instructions can be found in the Appendix of the Nurse Aide Handbook

4. _____ Original Child Abuse History Certification
   [Complete online at https://www.compass.state.pa.us/CWIS Then print copy.]

5. _____ US Citizenship

6. _____ Verification of Pennsylvania Residency form

7. _____ High School diploma or GED

8. _____ Physical form with 2-step PPD and / or chest x-ray

9. _____ Ability to lift 50 pounds

10. _____ Statement of Verification form

11. _____ Payment ($1,011) prior to start of class

12. _____ TABE Reading entrance exam scores

13. _____ Urine Drug Screening

WESTERN AREA CAREER & TECHNOLOGY CENTER
NURSE AIDE PROGRAM
688 Western Avenue
Canonsburg, PA 15317

APPLICATION FOR ADMISSION

It is the policy of the Western Area Career & Technology Center not to discriminate on the basis of race, color, religion, sex, national origin, age, physical handicap or disability in its educational programs, activities, or employment policies, as required by Title VI of the Civil Rights Act of 1964, and Section 504 Regulations of the Rehabilitation Act of 1973.

Inquiries regarding compliance may be directed to the Director of Vocational Education, 688 Western Avenue, Canonsburg, Pennsylvania 15317; telephone (724) 746-2890.

For information regarding services, activities, programs, and facilities that are accessible to and usable by handicapped persons, contact the Director of Vocational Education, at (724) 746-2890.

Please type or print. Return application to the above address, **ATTENTION NURSE AIDE PROGRAM.**

1. NAME:_____
(Last) (First) (Middle)
2. ADDRESS: _____
(Number) (Street) (City)
_____
(County) (State) (Zip Code)
3. TELEPHONE: _____ EMAIL: _____
4. SOCIAL SECURITY #: _____
5. HIGH SCHOOL DIPLOMA: Yes ____ No ____ GED: Yes ____ No ____

Name of School_____

6. Have you been a resident of Pennsylvania for the past 6 months?

Yes: _____ No: _____

7. EMPLOYMENT: List work experience starting with most recent employers.

1. _____
2. _____

8. CHARACTER REFERENCES:

1. _____
2. _____

9. State briefly why you are interested in becoming a Nurse Aide.

_____

_____

_____

I hereby certify that the information supplied herein is correct and complete to the best of my knowledge. I authorize you to make such investigations and inquiries to the employment and personal references given in this application as may be necessary to arrive at a decision for admission to the Western Area Career & Technology Center Nurse Aide Program. I understand that any deliberate falsifying of information will result in rejection of this application.

_____ _____

(Signature of Applicant) (Date)

WESTERN AREA CAREER & TECHNOLOGY CENTER
STUDENT PHYSICAL FORM

NURSE AIDE

The person presenting this form is a student at Western Area Career & Technology Center Nurse Aide Program and is required to have a pre-entrance physical examination. This evaluation is confidential. Physical may be given by a Physician or Certified Nurse Practitioner.

ANY FEE IN CONNECTION WITH THIS EVALUATION IS THE RESPONSIBILITY OF THE STUDENT.

NAME: _____ DATE EXAMINED: _____

ADDRESS: _____ AGE: _____ SEX: _____

_____ DATE OF BIRTH: _____

PHONE: _____ EMAIL: _____

HEIGHT IN INCHES: _____ WEIGHT IN POUNDS: _____

NUTRITIONAL STATUS: _____

PHYSICAL HANDICAPS: _____

ABILITY TO LIFT 50 POUNDS: _____

HISTORY OF SERIOUS ILLNESS OR DISEASE: _____

_____

All tests listed below are <u>required</u> and results should be attached to this form.

2 Step PPD	Administered	Read	Result
Date # 1:			
Date # 2: (7 – 20 days after first)			

Varicella immunity by disease or Immunization	# 1	# 2	Date if had disease
Date:			

DTaP Immunization	# 1	# 2	# 3	Booster
Date:				

MMR Immunization	# 1	# 2	Booster
Date:			

Hepatitis B Immunization (optional)	# 1	# 2	# 3
Date:			

Influenza Vaccination	
Date	

If unable to provide dates for any of the above immunizations, complete the following:

Rubella Titer		Date:		Result:	
		No			

Mumps Titer		Date:		Result:	
		No			

Rubeola Titer		Date:		Result:	
		No			

Varicella Titer		Date:		Result:	
		No			

Hebatitis B Surface Antigen	
Date	

DTaP Booster	
Date	

1. Pertinent remarks related to your physical findings concerning student's health situation.

Report chronic health problems.

2. Mental and emotional Status (Please check ( ) if behavior present.

Mental acuity	**Emotion**	
___ Disoriented	___ Insomnia	___Euphoria
___ Incoherent	___ Nervous, tense	___ Fatigue
___ Inappropriately responsive	___ Depressed	___ Anger
	___ Major fears	___ Hostility
	___ Suicidal thoughts	

3. Dental Hygiene.

In my professional opinion, this patient has ____ has no ____ physical or mental problems or disabilities that would preclude working in health care agencies as a student nurse aide. This patient is ____ is not ____ free from infectious disease.

_____M.D./ C.R.N.P.

[Signature]

Verification of Residency
for Enrollment into a Nurse Aide Training Program

Date of application _____ (MM/DD/YYYY) Class start date _____ (MM/DD/YYYY)

Printed name _____
Last First Middle initial

Current address _____
Street address

_____
City State Zip code

☐ I lived at the above Pennsylvania address for 2 consecutive years or more.

☐ I lived in Pennsylvania for 2 consecutive years or more at my current address and previous addresses listed below:

1. Prior address _____
Street address

_____
City State Zip code

I lived at this address from _____ (MM/DD/YYYY) Until _____ (MM/DD/YYYY)

2. Prior address _____
Street address

_____
City State Zip code

I lived at this address from _____ (MM/DD/YYYY) Until _____ (MM/DD/YYYY)

☐ I have not lived in Pennsylvania for the past 2 or more consecutive years and must submit a Pennsylvania Criminal History Report and Federal Criminal History Report to the NATCEP.

By submitting this form, I certify all the information I provided on this application is complete, accurate, true and correct. I make this declaration subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Signature _____ Date _____ (MM/DD/YYYY)

(For NATCEP Staff)

I am the Authorized NATCEP Representative who received this completed form and verified the applicant by their physical comparison with an official State issued photo identification:

☐ I verified the applicant's residency for the last 2 consecutive years or more

Signature _____ Date _____

Statement of Verification

1. _____ I have NOT been convicted of a felony nor do I have any criminal charges filed or pending that would affect my status in the Nurse Aide Program.
2. _____ While functioning as a student in the Nurse Aide Program, I will only perform those tasks which I have been deemed competent by the instructor.
3. _____ I understand that I am permitted only two excused absences and that I am required to complete the 120 hours. Additional fees may be charged for make-up hours.
4. _____ I understand that I must be on time for each class and clinical day.
5. _____ I understand that no refund is given after attending the second class.
6. _____ I understand that I must complete the course with a 75% (C) average and a 100% on skills checklist

Please initial each of the items under the checklist and statement of verification.
By signing below, I attest that I have not withheld any information that would prevent my acceptance/completion of the Nurse Aide Program. I understand that if I have provided any false information or fail to comply with the program policy, I will not be permitted to continue in the Program.

Name: _____ Date: _____

I, _____ give my consent to use my picture for marketing of the WACTC Certified Nurse Assistant program and other WACTC programs.