

Bering Strait Health Consortium

APPLICATION PACKET FOR CERTIFIED NURSE AIDE TRAINING

DEADLINE: FRIDAY, SEPTEMBER 13, 2019

*Training for a professional career in health care,
with competitive wages & excellent benefits!*

Are you interested in a health care career? Get started in our Certified Nurse Aide Training Program, scheduled for October 15 - November 9, 2019 at Northwest Campus in Nome. Norton Sound Health Corporation has an ongoing need for CNAs. Ready to commit?

The persons selected for this training program must demonstrate their commitment to the training and must attend every session of training, which includes some evenings and weekends. Please read the CNA Training 2019 brochure for more information about what is expected of students.

Face-to-face CNA instruction will be held in Nome over a period of 4 weeks: October 15 - November 9, followed by the state CNA exam, dates TBD. Students will receive some assignments before class begins.

The cost of this program will be covered by a variety of sources. We may request additional documentation from you, such as tribal verification, if applicable. **PLEASE COMPLETE AND RETURN ALL FORMS IN THIS PACKET BY FRIDAY, SEPTEMBER 13, 2019 TO IRVIN BARNES @ NSHC HR.** Included in this packet are:

- NWC registration form (pages 3-4)
- NSHC criminal background check form (pages 5-6)
- NSHC fingerprint form (page 7)
- Release of information form for juvenile probation (page 8)
- NSHC authorization to use and disclose health information form (page 9)
- Release of information authorization form (page 10)
- Media model release form (page 11)
- Acknowledgement of CNA Trainee Duties form (page 12)
- Important information for potential CNA students (page 13 – KEEP THIS PAGE; it is for your information only)
- CNA Training Fall 2019 brochure (KEEP THIS BROCHURE)

You might also need to submit the following:

- If you are tribally enrolled, include a copy of your tribal verification for the purpose of receiving training grants.
- If you are tribally enrolled with Nome Eskimo Community, please contact the Tribal Services Department, (907) 443-2246, to complete the NEC CNA form.
- If you have any criminal history, please provide an explanation of the circumstances in the form of a letter. A criminal background check will be required for all applicants, but a criminal history will not necessarily disqualify you from becoming a CNA. If you have specific questions about your criminal history and how it might affect your eligibility for CNA licensure, please contact CNA instructor Cathy Winfree, (907) 455-2876.

IF ACCEPTED, YOU WILL NEED TO BRING TO NOME:

- A copy of your Social Security card
- A copy of your State of Alaska identification or driver's license

Don't have them? Start the process of getting them now!

UA DEBT: If you have an outstanding debt on a University of Alaska account, your application will be considered only following resolution of payment. Please contact the NWC Accounting Office at 1-800-478-2202 ext. 8409 to pay your account or set up a payment plan before submitting this application.

PHYSICAL REQUIREMENTS: CNA trainees must be in good general health. They must be physically able to talk, hear, type, file, write, bend, stoop, reach and frequently lift 40 percent of their own body weight or more. Work as a CNA involves continuous walking and/or standing. Applicants may be requested to provide medical verification prior to selection for the training program.

PLACEMENT TESTS REQUIRED: This training program requires students to complete the Accuplacer and ALEKS placement tests. These tests show if applicants have the skills required to successfully complete training. Before submitting your application, set up your test by contacting Northwest Campus at 443-8416 (toll-free: 1-800-478-2202) or send an email to nwc.testing@alaska.edu. **All testing must be completed by Friday, September 13, 2019.**

THE DEADLINE TO APPLY IS FRIDAY, SEPTEMBER 13, 2019! Student selections and the participant waitlist will be determined by October 1, 2019.

Questions? Contact Irvin Barnes at NSHC's Human Resources Department at 443-4559 or 1-888-559-3311 or Kacey Miller with UAF Northwest Campus: 443-8416 or 1-800-478-2202, ext. 8416.

Submit your application to Irvin Barnes at NSHC Human Resources!

BY POSTAL MAIL:

CNA Training Program, attn: Irvin Barnes
NSHC Human Resources Department
P.O. Box 966
Nome, AK 99762

DROP IT OFF IN PERSON:

Human Resources Department, attn: Irvin Barnes
Office #311, 3rd Floor, Norton Sound Regional Hospital
1000 Greg Kruschek Ave., Nome AK

FAX IT IN: (907) 443-2085

SCAN & EMAIL IT: ijbarnes@nshcorp.org

CALL FOR INFO: 1-888-559-3311 or (907) 443-4559

LEARN MORE!

Find out about our training and what it's like to work as a CNA at NSHC!

ATTEND A Q&A SESSION:

Wednesday, September 4 • 11:00 am or 6:00 pm

WHERE:

QCC Activity Room
Quyanna Care Center
Norton Sound Health Corporation

JOIN BY PHONE IF OUTSIDE OF NOME:

Call: 1-800-315-6338 PIN: 762-966



Office of Admissions and the Registrar

REGISTRATION FORM

P _____ Office use only

NAME: _____ **UA ID (or SSN):** _____
 Please print (Last) (First) (MI)

Previous names used at the University of Alaska: _____

SEMESTER OF ENROLLMENT: Year 20__ __ Fall Spring Summer **Date of Birth (MM/DD/YYYY):** _____

CURRENT MAILING ADDRESS: _____ Email Address: _____
 _____ Phone: _____
 _____ Cell Phone #: _____
 (City) (State) (Zip)

YES! Please text me class information updates.

DEMOGRAPHIC INFORMATION:

Your response helps us better serve students and impacts NWC's eligibility for some funding sources. See Page 2 for information and codes.

Sex: Male Female Prefer not to answer Ethnicity: Hispanic or Latino Not Hispanic or Latino
 Race: _____ Vet/Military Status: _____
 US Citizen? Yes No If no, Nation of birth: _____ Nation of citizenship: _____
 Visa Type: _____ Permanent Resident? Yes No

For instructions on withholding directory information, please see INFORMATION RELEASE on reverse side³.

PRIOR EDUCATION INFORMATION

Did you graduate from high school?

Yes Graduation date? (MM/Year): _____ Name of high school: _____
 High School location: (city/state): _____

No If NO, did you complete the GED? Yes No
 Date GED completed? (MM/Year): _____ Location of GED (state): _____

COURSE INFORMATION (Complete all information requested below. Refer to the class schedule on UAOnline for course information)

| CRN | Dept. | Course Number | Section | Course Title | # of Credits | "Yes" if Audit | Instructor Signature (required after last day of late registration) |
|-----|-------|---------------|---------|--------------|--------------|----------------|---|
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

I understand I am responsible for all applicable UAF academic regulations, tuition and fees whether or not I successfully complete the course or courses in which I am enrolling. The university may drop me for non-payment.⁴

I promise to pay attorney's fees and other reasonable collection costs necessary for the collection of any amounts owed UA. If I do not pay, the university may take my Permanent Fund Dividend under Alaska Statutes 14.40.251 and 43.23.073.

Student's Signature _____ **Date:** _____

Advisor's Signature (for degree-seeking students only): _____ **Date::** _____

Office use only

Processed By: _____ Date: _____

SUBMIT THIS COMPLETED FORM TO:

UAF Northwest Campus

FAX: (907) 443-5602

EMAIL: nwc.info@alaska.edu

QUESTIONS?

Contact us! We are ready to help.

(907) 443-2201 or 1-800-478-2202

nwc.info@alaska.edu



¹ RACE*

Code Description

| | |
|----|---|
| AA | Alaska Aleut |
| AE | Alaska Eskimo, Other/Unspecified |
| AH | Alaska Indian, Haida |
| AI | Alaska Indian, Other/Unspecified |
| AK | Alaska Indian, Tlingit |
| AM | Alaska Indian, Tsimshian |
| AN | Alaska Native, Other/Unspecified |
| AQ | Alaska Eskimo, Inupiaq |
| AS | Alaska Native, Southeast |
| AT | Alaska Indian, Athabascan |
| AY | Alaska Eskimo, Yup'ik |
| BL | Black, Non-Hispanic |
| IN | American Indian (Not Alaska Native) |
| NH | Native Hawaiian or Other Pacific Islander |
| SI | Asian |
| UN | Unspecified |
| WH | White |

* Requested for compliance with Title IV of the Civil Rights Act of 1964.

² VETERAN/MILITARY STATUS

| Code | Description |
|-------|--------------------------|
| Blank | Non-veteran |
| FMAI | UAF Air Force Student |
| FMAR | UAF Army Student |
| FMCO | UAF Coast Guard Student |
| FMDP | UAF Military Dependent |
| FMIL | UAF Military Student |
| FMMA | UAF Marine Corps Student |
| FMNA | UAF Navy Student |
| FVDP | UAF Veteran Dependent |
| FVET | UAF Veteran Student |



Office of Admissions and the Registrar

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³ INFORMATION RELEASE

FERPA

The Office of Admissions and the Registrar is responsible for keeping student education records. The full copy of the university's policies regarding access to student records under the Family Educational Rights and Privacy Act of 1974 (FERPA) are available at www.alaska.edu/student-services/ferpa/.

Directory Information

The university may release certain directory information to the public on a routine basis unless a student requests, in writing, that the university not release it. Forms to request that directory information not be released are available in the Office of Admissions and the Registrar.

No directory information will be released until the last day of late registration. Any request to withhold directory information will continue until a student provides permission, in writing, for the university to release such. After that, information will be released when appropriate. The names of students who have requested their directory information be withheld will not appear in the published university chancellor's and dean's lists.

The following is considered directory information:

1. Name
2. Email address
3. Home city and state
4. Weight and height of students on athletic teams
5. Dates of attendance at UAF
6. Program/major field(s) of study
7. Degrees and certificates received, including dates
8. Participation in officially recognized university activities
9. Academic and co-curricular honors, awards and scholarships received, including dates

⁴ LATE PAYMENT/REINSTATEMENT FEES

Cover payment for your class by the payment deadline to avoid late fees, drops for non-payment, and reinstatement fees.

For more information about fees, contact the Office of the Bursar at 907-474-7384.

NORTON SOUNDS HEALTH CORPORATION - CRIMINAL BACKGROUND CHECK INFORMATION

APPLICANT NAME: _____

A criminal history record check is a condition of acceptance into the CNA Program, and you are required to consent, in writing, to a criminal history record check, including the submission of any necessary fingerprints and forms. Local, state, national, or other databases may be searched as part of the background check.

NSHC is required to complete a background check on all applicants for the CNA Program under a number of state and federal laws, including the Indian Child Protection and Family Violence Prevention Act of 1990, Public Law 101-630; State of Alaska, Barrier Crimes Legislation, 7 AAC 10; Section 231 of the Crime Control Act of 1990, Public Law 101-647; and Medicaid/Medicare law, 42 C.F.R. Part 1001.

YOU MUST ANSWER ALL OF THESE QUESTIONS TRUTHFULLY.

False or misleading answers may result in disqualification from the program. Incidents or criminal charges experienced while a minor must be included.

a. Have you ever been arrested or charged with a **crime involving a child**? If yes, provide the date, explanation of the violation, disposition or the arrest or charge, place of occurrence, and the name and address of the police department or court involved. YES NO

b. Have you ever been found guilty of, or entered a plea of non contendere (no contest plea) or guilty to, **any felonious or misdemeanor offense, under federal, state, or tribal law involving crimes of violence, sexual assault, molestation, exploitation, contact, or prostitution, crimes against persons; or offenses committed against children**? If yes, provide an explanation of the violation, place of occurrence, date and disposition of the court proceeding, and the name and address of the police department or court involved. YES NO

c. Have you ever been found guilty of, or entered a plea of non contendere (no contest plea) or guilty to, **any felonious or misdemeanor offense, under federal, state, or tribal law involving Medicaid, Medicare, any state health care program**, including any offense related to the delivery of an item or service under one of these programs? If yes, provide an explanation of the violation, place of occurrence, date and disposition of the court proceeding, and the name and address of the police department or court involved. YES NO

d. Have you ever been found guilty of, or entered a plea of non contendere (no contest plea) or guilty to, **any felonious or misdemeanor offense, under federal, state, or tribal law involving a controlled substance**? If yes, provide an explanation of the violation, place of occurrence, date and disposition of the court proceeding, and the name and address of the police department or court involved. YES NO

NSHC CRIMINAL BACKGROUND CHECK INFORMATION (CONTINUED)

e. Have you ever been found guilty of, or entered a plea of non contendere (no contest plea) or guilty to **any other felonious or misdemeanor offense, under federal, state, or tribal law**? If yes, provide an explanation of the violation, place of occurrence, date and disposition of the court proceeding, and the name and address of the police department or court involved. YES NO

f. Have you ever been **arrested or charged with any felonious or misdemeanor offense, under federal, state, or tribal law**? If yes, provide an explanation of the arrest and/or charge, date and place of the arrest, the name and address of the police department or court involved, and indicate whether or not any court action is pending regarding the arrest or charge. YES NO

g. Have you ever been subject to a **disciplinary or other adverse action by a licensing board or state agency**? If yes, please explain. YES NO

ACKNOWLEDGEMENT

You must sign, under penalty of perjury, a statement verifying the truth of all information provided in the employment application and acknowledging that knowingly falsifying or concealing a material fact is a felony that may result in fines up to \$10,000 or five years imprisonment or both.

I understand my right to obtain a copy of any criminal history report made available to NSHC and my rights to challenge the accuracy and completeness of any information obtained in the report.

_____ Date: _____
APPLICANT'S SIGNATURE

Note: A conviction will not automatically disqualify you from the program. The nature of the conviction and relevance to the position will be evaluated. However, applicants who provide false or misleading application information will be disqualified.

VERIFICATION OF ABILITY TO LIFT 50 POUNDS

I hereby affirm that I am able to safely lift 50 pounds of weight. I do not have any known medical conditions that would impede my ability to lift 50 pounds of weight.

_____ Date: _____
APPLICANT'S SIGNATURE

Release of Information for Juvenile Probation Department

I, _____, authorize the Juvenile Probation Department to discuss my juvenile record history with representatives of the Bering Strait Health Consortium in relation to my application to participate in the Certified Nurse Aide class. This authorizes the probation office to discuss my entire juvenile history including referrals and adjudications.

Signature

Date

Signature of parent or guardian (if student is a minor)

Date



NSHC Authorization to Use and Disclose Health Information

| | |
|-----------------------------|--|
| Patient | Patient Name: _____ (Patient) Birth Date: _____ Ph. #: _____ Medical Record #: _____ |
| From | I authorize Norton Sound Health Corporation (NSHC) to disclose Patient's health information as described below. |
| To | Health information is to be disclosed to and received and used by: _____ _____ _____ (name/address of recipient) |
| Purpose | For the purpose(s) of: <input type="checkbox"/> At my request <input type="checkbox"/> Other purposes (specify each purpose): _____ |
| Information to be Disclosed | Description or nature of information to be disclosed and includes information in any medium, including paper, electronic, and verbal information: (check all that apply) <input type="checkbox"/> Discharge summaries <input type="checkbox"/> Pathology reports <input type="checkbox"/> History & physical exams <input type="checkbox"/> Radiology & imaging reports <input type="checkbox"/> Consultations <input type="checkbox"/> Laboratory reports <input type="checkbox"/> Operative reports <input type="checkbox"/> EKG Reports <input type="checkbox"/> Physician progress notes <input type="checkbox"/> Emergency Dept. records <input type="checkbox"/> Nursing notes <input type="checkbox"/> Billing statements <input type="checkbox"/> Medication records <input type="checkbox"/> Clinic or office notes <input type="checkbox"/> Records for the following dates or treatment: _____ <input type="checkbox"/> Other information (specify): _____ All health records from NSHC (Excludes the above Specially Protected Information unless box(es) checked.) |
| Notices | <p>1. There is the potential for information disclosed under this authorization to be re-disclosed by the recipient and no longer protected by federal or state privacy laws. But, if the information being disclosed under this authorization includes HIV/AIDS, mental health, and drug/alcohol abuse information, then federal or state law may prevent the recipient from re-disclosing this information.</p> <p>2. I may refuse to sign this authorization. My refusal will not adversely affect my ability to receive treatment, to enroll in a health plan, to be eligible for benefits, or to obtain payment for services unless this authorization is sought for purposes of research-related treatment, to determine my eligibility or enrollment in a plan, for underwriting or risk determinations, or if the services related to the information to be disclosed are performed solely for the purpose of providing that information to someone else.</p> <p>3. I may revoke this authorization at any time by notifying, in writing, the Director of Health Information Management of NSHC; however, any such revocation will not apply to any disclosure or action already undertaken based on this authorization.</p> <p>4. I will receive a copy of this authorization after it is signed. I may inspect or request copies of information disclosed by this authorization.</p> |
| Dates | Unless revoked, this authorization is valid for the following time period: Beginning date: _____ Ending (expiration) date: _____ |
| Signature | SIGNATURE: I have read this authorization; I have had an opportunity to ask questions; I understand this authorization; and I willingly am signing this authorization. Signature of Patient or legal/personal representative _____ Date _____ If not signed by Patient, Authority to sign on behalf of Patient: _____ |

RELEASE OF INFORMATION AUTHORIZATION

We can serve you better if many agencies are able to work together on your behalf. By signing this form, you give permission to have your employment, personal and academic information shared among the partner agencies.

Name (last, first, middle): _____

Student ID Number: _____ Date of Birth _____ / _____ / _____

Mailing Address:

Evening Phone: _____

Day Phone: _____

With this form, I request that my employment and personal information, ALEKS and Accuplacer test scores, and my academic record at UAF Northwest Campus for the Fall 2019 semester “Nurse Aide Training” and “Study Skills Lab” classes, be shared, on a need-to-know basis only, among representatives of the following entities, and will remain confidential within those entities:

- UAF Northwest Campus
- Norton Sound Health Corporation
- Kawerak, Inc.
- NSEDC
- Nome Eskimo Community
- Northwest AHEC

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Required if student is under 18)

PHOTO/MEDIA RELEASE FORM

Nurse Aide Training Course - Fall 2019

PRINTED NAME: _____

Email address: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Signature of Parent or Guardian (if minor): _____

By signing, I give Norton Sound Health Corporation and the University of Alaska Fairbanks permission to take photographs or video of me and to use the photographs, video, or audio in print and Internet publications or productions, including advertising, signage and promotional materials. I also give NSHC and UAF permission to use my name, academic class standing and major in an accompanying caption, if applicable. I agree that the photographs and video are the property of NSHC and UAF, and hereby release NSHC and UAF from any and all claims that I may have from use of my image or voice.

Acknowledgement of CNA Trainee Duties

The Nurse Aide Program offers students the opportunity to acquire basic nursing theory and care-giving skills. Nurse aides work as members of the health care delivery team, giving hands-on care in a variety of settings including hospitals, clinics, home health care, long-term care and assisted living. The care includes bathing, dressing, feeding, and toileting, range of motion exercises, monitoring of vital signs and maintaining a safe environment.

Course content includes the nursing process, basic body structure and function, supporting healthy functioning in all age groups, and working with persons who experience a wide array of physical and mental disorders. There is a focus on safety and infection control, as well as professionalism and communication.

CNA training includes theory, skills and clinical time. During the skill sessions students will learn how to perform skills practicing on manikins and other students. During the clinical portion of the class students perform skills on residents in a long-term care and assisted living home. Students will bathe and dress residents, help residents to their wheelchairs, feed residents and assist residents to the toilet or onto the bedpan. Bathing, dressing, wiping and other tasks will involve working with both male and female patients in various stages of undress or nudity. All students will be expected to work with the residents and master all the skills.

After reading the information above, please read and initial each of the following, then sign:

____ I understand that CNAs work as members of the health care delivery team, giving hands-on care in a variety of settings including hospitals, clinics, home health care, long term care and assisted living.

____ I understand that CNA duties include bathing, dressing, feeding, and toileting, range of motion exercises, monitoring of vital signs and maintaining a safe environment.

____ I understand that CNAs work with persons who experience a wide array of physical and mental disorders. There is a focus on safety and infection control, as well as professionalism and communication.

____ I understand that as a CNA student I will learn how to perform skills practicing on manikins and other students.

____ I understand that as a CNA student I will perform skills on residents in a long-term care facility during the clinical portion of the class.

____ I understand that as a CNA student I will bathe and dress residents, help residents to their wheelchairs, feed residents and assist residents to the toilet or onto the bedpan.

____ I understand that as a CNA student, I will be expected to work with residents and master all skills, including bathing, dressing, wiping and other tasks that involve working with both male and female patients in various stages of undress or nudity.

Signature: _____ **Date:** _____

IMPORTANT INFORMATION for potential CNA students

The State of Alaska does a criminal background check on all who apply to work in the state as a certified nurse aide. The box below contains text from the state's CNA exam application that you will fill out during class in Nome. Please read this information carefully:

| | | |
|--|--------------------------|--------------------------|
| PROFESSIONAL CONDUCT (The following must be answered pursuant to AS 08.68.334). | | |
| NOTE: If you answer "YES" to any of the following questions, you must explain dates, locations and circumstances on a separate piece of paper and send supporting documents that are applicable (court charging documents, judgments and police reports for each conviction). Applications submitted without the appropriate attachments will be considered incomplete and will not be processed. | | |
| | YES | NO |
| 1. Has your professional certificate or license in any state or country ever been denied, revoked, suspended, stipulated, on probation, or been subject of any other restriction or disciplinary action?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been convicted of any misdemeanor or felony (including suspended imposition of sentence)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been or are you currently the subject of an inquiry or under investigation by any state board or other certifying agency concerning a violation or alleged violation of any state or federal regulation, statute, law or for any violation or alleged violation of the Nurse Practice Act, or unprofessional or unethical conduct?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| PERSONAL HISTORY (The following must be answered pursuant to AS 08.68.334). | | |
| | YES | NO |
| 4. Within the past five years, have you been or are you currently being treated, or on medication for, bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, depression (excluding situational or reactive depression) or any other mental or emotional illness?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Within the past five years, have you been or are you addicted to or excessively used or misused alcohol, narcotics, barbiturates or habit-forming drugs?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Within the past five years, have you had or do you have a physical disability or physical illness, which may impair or interfere with your ability to practice as a certified nurse aide?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| NOTE: If you answered "YES" to any of the above questions, you must explain dates, locations, and circumstances on a separate piece of paper and send any supporting documents that are applicable (including court records, judgment, charging documents, etc), and in addition, if you answered "YES" to questions 4, 5, or 6 you must submit a statement from your health care provider indicating your ability to safely practice as a certified nurse aide. <u>Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.</u> | | |

Please note that question #2 refers to any conviction for any crime or incident—even if it was a minor incident and even if you were a juvenile at the time.

During class we will help you fill out the above form. We will also help you prepare any documents you might need to send the state regarding the above questions. ***You do not need to complete this form now—this form is in your application packet for your information only.***

If you have questions about whether an incident in your past (even as a juvenile) will bar you from becoming a CNA, please contact the CNA program head at UAF in Fairbanks: Cathy Winfree, (907)455-2876.

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Common questions & answers about our certified nurse aide training course

What are the dates for the Fall 2019 class?

Students have class in Nome from Tuesday, October 15, through Saturday, November 9. The state certification exam will be scheduled within two weeks after training. Students will receive course materials about a week before class starts to complete some homework before the first day of class.

How much will this training cost?

CNA training for **each student costs over \$6,000.**

A group of agencies working together as the Bering Strait Health Consortium is dedicated to training local health care workers. **The consortium will cover the cost of training for eligible students accepted into this CNA training program.**

How many students will be in the class?

The Bering Strait Health Consortium will select up to six students.

How do I apply to take this training?

Adults from the region must complete an application available at NSHC Human Resources, Kawerak, village tribal offices, the Nome Job Center, and UAF Northwest Campus. Pick up a packet, or call Irvin Barnes, NSHC HR, at 443-4559 or 1-888-559-3311.

What is the application deadline?

Apply by **Friday, September 13, 2019.** Applicants will be notified by October 1 as to whether they were selected.

How are applicants selected for the class?

To qualify for selection, applicants must meet testing requirements; must commit to attending every section of training; and must be able to frequently lift 40 percent or more of their own

body weight. Applicants willing to commit to being employed full-time as a CNA at NSHC will have preference for selection. Each applicant will be interviewed to help determine eligibility. By state law, a history of certain crimes will bar a student from participation.

Do I need to take a test to be selected?

Yes. All applicants must take Accuplacer and ALEKS placement tests to assess reading and math skills. To arrange testing, contact UAF Northwest Campus at 443-8416 or 1-800-478-2202 ext. 8416, or email



nwc.testing@alaska.edu. Testing must be completed by September 13, 2019.

Is a criminal background check required?

Yes. If you have any kind of a criminal record—including any incident as a minor—please include a letter in your application that explains the circumstances and why these past incidents will not affect your ability to work as a CNA now. A criminal history will not necessarily disqualify you from becoming a CNA.

How much time is required for training?

This is a very intensive training program. Class typically meets 8am to 5:30pm with a 1-hour lunch break. Students are also required to participate in a study skills course from 7-9pm weekdays during the first three weeks to help complete required work.

How much homework is there?

You will be taking 10 college credits of coursework in this training program. A great deal of homework is compressed into the 4-week span of training.

The bulk of your homework is to complete a large workbook that goes with the course textbook.

Do I need scrubs for this class?

Quyanna Care Center employees may wear scrub tops or kuspuks, and jeans. If you have kuspuks and live outside of Nome, pack them when you come in for training! Scrub tops and a stethoscope will also be provided for eligible students by the Bering Strait Health Consortium.

I live in a village. Who will pay for my travel to Nome?

Agencies involved in the Bering Strait Health Consortium will cover these costs.

What documentation will I need in Nome?

You must bring **two forms of identification**, at least one of which has a photo. Eligible photo IDs include state driver's license, state ID card, passport, tribal enrollment card that has a photo, school ID that has a photo, etc. **If you do not have a photo ID, take steps now to get one.**

Do I need to bring any equipment?

Yes, you will need a watch with a second hand for taking vital signs.



Become a key player on the health care team: Join our certified nurse aide course!

Certified nurse aides work under the direction of nurses and doctors in hospitals, clinics, home health programs, assisted living programs, private homes and doctors' offices. **CNAs give personal care** to patients, helping them with everyday activities like bathing, changing dressings, and eating.

CNAs improve the quality of life for their patients by making sure they are comfortable and well treated.

Please read through this brochure to find answers to common questions about our CNA training.



Where will I stay in Nome?
Norton Sound Health Corporation will provide students from the villages with free lodging in NSHC corporate housing.

YOU'RE INVITED!

Learn more about our CNA class and what it's like to work as a CNA at NSHC!

WHEN:
Wednesday, September 4 • 11:00am & 6:00pm

WHERE:
QCC Activity Room • Quoyanna Care Center
Norton Sound Health Corporation

JOIN BY PHONE IF OUTSIDE OF NOME:
Call: 1-800-315-6338 PIN: 762-966

Where will classes be held in Nome?
Class will meet at UAF Northwest Campus. Clinical skills will be put into practice during six days at Quoyanna Care Center, Norton Sound Health Corporation's long-term care center.

What is Quoyanna Care Center, and what will I do there?
Quoyanna Care Center is an 18-bed, long-term care facility with CNAs on staff. Near the end of the course, each CNA student will partner with a working CNA to practice patient care.

When will I know if I passed the class and the state exam?
Students will be told on the last day of class whether they have passed the class. Within three weeks of the state exam, you should hear from the State of Alaska as to whether you passed the state CNA exam.

CNA TRAINING 2019

