



# 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. 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. 15<sup>th</sup> 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 is completed in 3 weeks and requires a total of 89 hours. The 62 hours of classroom and laboratory instruction are presented in 10 weekdays. Classroom instruction includes specialized information in interacting with dementia / Alzheimer's patients. Laboratory segments include time to practice skills in a safe and supportive environment, including transfers and mechanical lifts. For this reason, scrubs are required for the entire program as well as clinical shoes (no flip flops or sandals).

The three clinical days provide 27 hours of bed-side experience in our 190 bed, skilled facility. Instructor techniques include: lecture, power point slides, videos, textbooks, interactive learning experiences, demonstration/return demonstration.

Attendance is mandatory at all sessions of the 89-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

Have you been convicted of a felony in the past ten (10) years? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please explain:

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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