Ossining Extension Center

Arcadian Shopping Center, Route 9
Ossining, NY 10562

914-606-7400

www.sunywcc.edu/Ossining

NON-CREDIT HEALTHCARE APPLICATION

Certified Nursing Assistant

Patient Care Technician

RN Refresher

Mental Health Technician
CERTIFIED NURSING ASSISTANT PROGRAM (CNA)

Our New York State approved training program provides students with the skills necessary for employment as a Certified Nursing Assistant in hospitals, nursing homes, and other healthcare settings. This 12-week course includes over 90 hours of classroom instruction and 30 hours of hands-on clinical experience in a healthcare facility. Applicants are required to attend an interview. Application Deadline: August 8, 2014

Course topics include:

- Medical terminology
- Anatomy and physiology
- Infection control
- Personal patient care
- Sub-acute care
- Pre and postoperative care
- Death and dying
- Communication with patients
- Employment skills training
- Clinical skills

Sec A: Mon, Wed, Thur, Sep 8-Dec 15, 5:30-9:30pm
Sec B: Tue, Wed, Thur, Sep 9-Dec 15, 9:00am-1:00pm
$1,433.25 ($1,410.00 tuition + $15.00 malpractice fee + $5.00 registration fee + $3.25 FSA)

INTEGRATED PATIENT CARE TECHNICIAN PROGRAM (PCT)

The integrated patient care technician program (IPCT) is a 120-hour program designed to prepare Certified Nursing Assistants to serve as Patient Care Technicians (PCT) who function as multi-skilled care providers in a variety of healthcare settings. The program is designed to prepare an individual to work in hospital, long-term care, or skilled nursing facilities. In order to be eligible for the Integrated Patient Care Technician program, individuals must have a valid license as a Certified Nurse Assistant in New York. Applicants are required to attend an interview. Application Deadline: August 8, 2014

Tue & Fri, Sep 16-Dec 19, 4:30-9:30pm
$1,433.25 ($1,410.00 tuition + $15.00 malpractice fee + $5.00 registration fee + $3.25 FSA)

RN REFRESHER COURSE

The RN Refresher course is designed for registered nurses who have been away from a practice setting and are looking to return to a staff position. This training will provide an update on theoretical content (6 weeks) and clinical practice (6 weeks). Prerequisites: New York State R.N. License and current CPR certification for healthcare professionals (BLS).

Tue & Fri, Sep 30-Dec 19, 4:30-9:30pm
$1,023.25 ($1,000.00 tuition + $15.00 malpractice fee + $5.00 registration fee + $3.25 FSA)

MENTAL HEALTH TECHNICIAN

This 80-hour course will prepare you to understand basic psychiatric terminology, psychopathology, social skills training, and mental health laws and ethics. Mental Health Technicians (MHT’s), also called psychiatric aides, are part of a patient-centered team for individuals who may be mentally challenged or emotionally disturbed, or for psychiatric patients under the supervision of a psychiatrist, registered nurse, or social worker. Textbook required.

Thur & Sat, Sep 11-Dec 6, 5:30-9:30pm
$1,313.25 ($1,305.00 tuition + $5.00 registration fee + $3.25 FSA)

For more information about non-credit healthcare programs, please call 914-606-7400.

Healthcare Counseling: Thursday’s 1:00-3:30PM
Academic Counseling: Wednesday’s 5:30-7:30pm

Westchester Community College
State University of New York
Ossining Extension Center Telephone: 914-606-7400
22 Rockledge Avenue Fax: 914-606-7401
Ossining, New York 10562 E-Mail: Ossining@sunywcc.edu
APPLICATION

Section I. Personal Information

Name:

_________________      ___________________      ___________________
Last     First    Middle Initial

Address:

______________________________________________________________

Home Phone:        Cell Phone:

Email:        Social Security Number

______________________________________________________________

Date of Birth: ____________________

☐ Male  ☐ Female

Are you a U.S. Citizen?  ☐ Yes  ☐ No
Do you have a permanent resident card?  ☐ Yes  ☐ No
Authorization to work or stamped passport?  ☐ Yes  ☐ No

Section II. Course Selection

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Start Date</th>
<th>Tuition</th>
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<td>Malpractice Fee (CNA &amp; CPCT ONLY) $15.00</td>
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<td>Fees: $5.00 Registration and $3.25 FSA</td>
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<td>Total Tuition</td>
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Section III. Payment Method (Tuition must be paid in full before course begins.)

☐ Check or Money Order (Payable to Westchester Community College)
☐ Please charge my credit card (Visa, MasterCard, Discover)

Card Number:        Expiration Date:

Signature:        Date:

Refunds

- For requests received at least 2 business days prior to the start of the class: 100% refund. No refunds will be issued after this time.
- All refund requests must be made to the college in writing or emailed to continuinged@sunywcc.edu. If you paid by check, please allow 6-8 weeks for your refund to be processed. Credit card refunds are processed immediately.

CNA Application must complete Section IV.
RN Refresher Applicants must complete Section VI.
PCT Applicants must complete Section V.
MHT Applicants must complete Section VII.
Section IV: CNA Applicants Only

Do you have any previous experience in the healthcare field?  □ Yes  □ No

If yes, please explain experience.__________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

Why are you interested in the CNA Program?
_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

Additional Required Documentation Checklist:

☐ High School Diploma/GED or College Degree
☐ 1 Letter of Recommendation
   The recommendation may be submitted at a later date, but must be received before the first day of class. Applicants should only complete top half of recommendation form and submit to individual who will be completing the reference, along with an addressed, stamped envelope. The envelope should be addressed to the address at the bottom of this application.
☐ Physical Examination
   Obtain a physical examination from a licensed physician and submit the physical examination record by the first day of the program.
☐ Mandatory Background Check and Drug Test must be completed before the first day of class.

Once your application is received, you will be scheduled for an interview and a reading exam. All candidates must successfully complete the screening interview prior to acceptance to the program.

Please note that there are additional costs associated with the CNA Program (uniforms, textbooks, and fee for the New York State exam).

You must successfully complete all classwork and clinical externship, and pass a NY State exam to become a Certified Nursing Assistant.

Applicant’s Signature

I certify that the information provided on this application is complete and accurate in every respect. I understand that falsifying any part of this application may result in the cancellation of my admission or dismissal from the program. I am aware that the $25.00 application fee is non-refundable.

Signature of Applicant ___________________________ Date ___________________________

How did you hear about the CNA program?

☐ Website
☐ Mail
☐ Newspaper/Magazine
☐ Word of Mouth
☐ Other ___________________________

Admission is based on the availability of space and qualifications of the applicant. Westchester Community College adheres to the policy that no person on the basis of race, color, creed, national origin, age, gender, sexual orientation or handicap is excluded from, or is subject to, discrimination in any program or activity.
Section V: PCT Applicants Only

Do you have any previous experience in the healthcare field? □ Yes □ No
If yes, please explain experience. _______________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Why are you interested in the PCT Program?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Additional Required Documentation Checklist:
☐ High School Diploma/GED or College Degree
☐ Copy of CNA License
☐ Copy of BLS Certificate
☐ 2 Letters of Recommendation
  The recommendation may be submitted at a later date, but must be received before the first day of class. **Applicants should only complete top half of recommendation form** and submit to individual who will be completing the reference, along with an addressed, stamped envelope. The envelope should be addressed to the address at the bottom of this application.
☐ Physical Examination
  Obtain a physical examination from a licensed physician and **submit the physical examination record by the first day of the program.**
☐ Mandatory Background Check and Drug Test must be completed before the first day of class.

Once your application is received, you will be scheduled for an interview and a reading exam. All candidates must successfully complete the screening interview prior to acceptance to the program.

Please note that there are additional costs associated with the PCT Program (cost of uniforms and textbooks, the fee for the National Healthcareer Association exam).

**You must successfully complete all classwork and clinical externship, and pass a NHA exam to become a Certified Patient Care Technician.**

Applicant’s Signature
I certify that the information provided on this application is complete and accurate in every respect. I understand that falsifying any part of this application may result in the cancellation of my admission or dismissal from the program. I am aware that the $25.00 application fee is non-refundable.

Signature of Applicant ___________________________ Date ______________

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Section VI: RN Refresher Applicants Only

Please describe your previous nursing experience.

________________________________________________________________________________________________________________________________________________________________________________________________________

Did your past experience include at least 3 years of hospital experience? □ Yes □ No
Please explain. ____________________________________________________________
________________________________________________________________________________________________________________________________________________________________________________________________________

How many years have you been away from nursing? ________________________________
________________________________________________________________________________________________________________________________________________________________________________________________________

Please describe your computer skills and what programs you have proficiency in.
________________________________________________________________________________________________________________________________________________________________________________________________________

Additional Required Documentation Checklist:

☑ New York State RN License
☑ BSN Degree (preferred)
☑ Current BLS certification
☑ Physical Examination
Obtain a physical examination from a licensed physician and submit the physical examination record by the first day of the program.
☑ Mandatory Background Check and Drug Test must be complete by the first day of class.

How did you hear about the RN Refresher program?

☑ Website
☑ Mail
☑ Newspaper/Magazine
☑ Word of Mouth
☑ Other _________________

An interview may be required.

Please note that there are additional costs associated with the RN Refresher Program (cost of uniforms and textbooks).

Applicant’s Signature

I certify that the information provided on this application is complete and accurate in every respect. I understand that falsifying any part of this application may result in the cancellation of my admission or dismissal from the program. I am aware that the $25.00 application fee is non-refundable.

Signature of Applicant ___________________________ Date __________

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Section VII: Mental Health Technician Applicants Only

Do you have any previous experience in the healthcare field? □ Yes □ No
If yes, please explain experience.

Why are you interested in the Mental Health Technician Program?

Additional Required Documentation Checklist:
- High School Diploma/GED or College Degree
- 1 Letter of Recommendation
  The recommendation may be submitted at a later date, but must be received before the first day of class. Applicants should only complete top half of recommendation form and submit to individual who will be completing the reference, along with an addressed, stamped envelope. The envelope should be addressed to the address at the bottom of this application.
- Physical Examination
  Obtain a physical examination from a licensed physician and submit the physical examination record by the first day of the program.
- Mandatory Background Check and Drug Test must be completed before the first day of class.

Once your application is received, you will be scheduled for an interview and a reading exam. All candidates must successfully complete the screening interview prior to acceptance to the program.

Please note that there are additional costs associated with the PCT Program (cost of uniforms and textbooks, the fee for the National Healthcareer Association exam).

You must successfully complete all classwork and clinical externship, and pass a NHA exam to become a Certified Patient Care Technician.

Applicant's Signature
I certify that the information provided on this application is complete and accurate in every respect. I understand that falsifying any part of this application may result in the cancellation of my admission or dismissal from the program. I am aware that the $25.00 application fee is non-refundable.

Signature of Applicant ____________________________ Date ____________

Admissions is based on the availability of space and qualifications of the applicant. Westchester Community College adheres to the policy that no person on the basis of race, color, creed, national origin, age, gender, sexual orientation or handicap is excluded from, or is subject to, discrimination in any program or activity.
Recommendation Form

TO THE APPLICANT:
Fill in all information in this section and forward this form to the recommender. The recommender must return the completed form to Westchester Community College, Ossining Extension Center, 22 Rockledge Ave, Ossining, NY 10562, Attention: Registration. For the convenience of the recommender, you should include an addressed, stamped envelope. The reference must be from someone who is familiar with your professional work and/or career goals. References are not acceptable from relatives, in-laws, or friends.

Please print:

Name: __________________________________________________________

Last                      First                      M.I.

Applicant’s Signature ____________________________________________

TO THE RECOMMENDER:
Thank you for providing information regarding the individual above; she/he is applying for enrollment in the Certified Nursing Assistant or Certified Patient Technician Program at Westchester Community College-Ossining Extension Center.

Please Print: _____________________________________________________

Last Name        First Name        M.I.

Organization: ______________________________________________________

Address: _________________________________________________________

(Area Code) Phone # ______________________________________________________________________

Relationship to the applicant _____________________________________________

Signature: ______________________________________________________________________________

Please see reverse side
Name of the applicant: ____________________________________________

Please evaluate the applicant by checking the appropriate spaces below:

<table>
<thead>
<tr>
<th>Qualifications</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
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<tbody>
<tr>
<td>1. Ability to work with adults &amp; children as clients in a health care setting</td>
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<td>2. Perseverance</td>
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<td>3. Verbal communication skills</td>
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<td>4. Written communication skills</td>
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<td>5. Punctuality</td>
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<td>6. Ability to work with others as a team (co-workers)</td>
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Please feel free to add any additional comments:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Signature ________________________________________ Date: ______________