



## Ossining Extension Center Certified Nursing Assistant Program Evening PROGRAM-Fall 2009

Thank you for your interest in Westchester Community College's 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 (approx.) course includes over 90 hours of classroom instruction and 30 hours of hands-on clinical experience in a healthcare facility.

### Course topics include:

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

**Cost:** The cost for the program is **\$1200.00**, which may be paid in full or in three payments paid before the start of each module (see payment schedule on the next page).

The non-refundable application fee is \$20 and must be submitted with the completed application. The following costs can also be expected: \$15 for malpractice insurance (required), cost of uniforms and textbooks, and the fee for the New York State exam.

### Schedule-Fall 2009\*

#### Module I: CNA

September 21-October 22: Monday, Wednesday, Thursday, 5:30 pm – 9:30 pm; \$400

#### Module II: CNA

October 26-November 19; Monday, Wednesday, Thursday, 5:30 pm – 9:30 pm; \$400

#### Module III: CNA Clinical Externship

November 23-December 17, Monday, Wednesday, Thursday 5:30 pm – 9:30 pm; \$400  
(Mod. 3 may include one 8-hour weekend day at externship site)

*\*This schedule is tentative; any adjustments to the schedule will be announced in class.*

**You must successfully complete all three modules, and pass a NY State exam to become a Certified Nursing Assistant.**

**Certified Nursing Assistant Program  
Directions for Completing the Application  
Evening PROGRAM-Fall 2009**

1. Complete and mail **application for admission** with *non-refundable* \$20 application fee. Checks or money orders should be made out to "Westchester Community College." *The application for the fall 2009 Certified Nursing Assistant Program is due on or before August 12, 2009.* The recommendation may be submitted at a later date, but must be received before the first day of class. Mail the completed application to

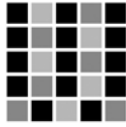
Westchester Community College  
Ossining Extension Center  
22 Rockledge Road  
Ossining, New York 10562  
Attn: CNA Program

2. 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 identified in #1 above.
3. Obtain a physical examination from a licensed physician and submit the **physical examination record** *by the first day of the Program*. You do not need to mail the physical examination record with the application.
4. Once your application is received, you will be scheduled for an interview and, if necessary, a reading exam. All candidates must successfully complete the screening interview prior to acceptance to the program.
5. Tuition Payment Options: The tuition for the Certified Nursing Assistant Program is \$1200.00 This tuition may be paid in full by September 8, 2009\* or may be paid by module according to the following schedule:

- |                    |                           |
|--------------------|---------------------------|
| • Module 1 Payment | Due on or before 09/8/09* |
| • Module 2 Payment | Due on or before 10/15/09 |
| • Module 3 Payment | Due on or before 11/12/09 |

Students must successfully complete all three modules and fulfill all financial responsibilities to Westchester Community College in order to be eligible to take the New York State Certified Nursing Assistant Examination.

*\*The number of individuals accepted into the CNA Program is limited. Acceptance is based on date of program application and the personal interview. Payment for Module 1 is due no later September 10, 2007. If payment is not made by 9/10/07, your seat in the CNA Program will not be held.*



Westchester  
Community College

State University of New York

**Certified Nursing Assistant Program**  
**Westchester Community College-Ossining Extension Center**  
**Application for Admission Fall 2009 (Evening Program)**

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*Please complete all of the following, and print or type clearly.*

Today's Date: \_\_\_\_\_

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Sex: Male or Female

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Legal Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone Number (Area Code + Number)

\_\_\_\_\_  
Business or Cell Phone Number (Area Code + Number)

\$

\_\_\_\_\_  
Application Fee Enclosed

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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

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Do you have a high school diploma/GED

YES

NO

If yes, date issued: \_\_\_\_\_

List college(s) or institution(s) attended and degree earned: \_\_\_\_\_

Degree/Credits: \_\_\_\_\_

**Certified Nursing Assistant Program  
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: CNA Program**. 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 \_\_\_\_\_

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**TO THE RECOMMENDER:**

Thank you for providing information regarding the individual above; she/he is applying for enrollment in the Certified Nursing Assistant 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:**

<b>Qualifications</b>	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Below Average</b>
1. Ability to work with adults & children as clients in a health care setting				
2. Perseverance				
3. Verbal communication skills				
4. Written communication skills				
5. Punctuality				
6. Ability to work with others as a team (co-workers)				

Please feel free to add any additional comments:

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Signature \_\_\_\_\_ Date: \_\_\_\_\_