



Ossining Extension Center Certified Nursing Assistant Program Day PROGRAM-Fall 2010

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 **\$1266.00**, 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 2010*

Module I: CNA

September 21-October 21: Tuesday, Wednesday, Thursday, 9:00 am – 1:00 pm; \$422

Module II: CNA

October 25-November 18; Tuesday, Wednesday, Thursday, 9:00 am – 1:00 pm; \$422

Module III: CNA Clinical Externship

November 25-December 16, Tuesday, Wednesday, Thursday 9:00 am – 1:00 pm; \$422
(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
Day PROGRAM-Fall 2010**

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 2010 Certified Nursing Assistant Program is due on or before August 12, 2010.* The recommendation may be submitted at a later date, but must be received before the first day of class. Mail the completed application to

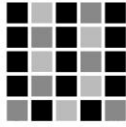
Westchester Community College
Ossining Extension Center
22 Rockledge Road
Ossining, New York 10562
Attn: CNA Program

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. **Mandatory Background Check** has to be completed by **September 30, 2010**. Drug test completed closer to clinical observation dates.
6. Tuition Payment Options: The tuition for the Certified Nursing Assistant Program is \$1266.00 This tuition may be paid in full by September 9, 2010* or may be paid by module according to the following schedule:

- Module 1 Payment Due on or before 09/9/10*
- Module 2 Payment Due on or before 10/14/10
- Module 3 Payment Due on or before 11/11/10

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 9, 2010. If payment is not made by 9/9/10, 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 2010 (Day Program)

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

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

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: _____

WESTCHESTER COMMUNITY COLLEGE
Department of Continuing Education- Healthcare Program Policy

All healthcare students at Westchester Community College are required to undergo a national-level criminal background check and/or drug testing in order to participate in their clinical experience. Although Westchester Community College does not require a criminal background check or drug screening for admission into the college, educational requirements of the healthcare program includes placement at one or more hospitals or other off campus clinical sites. These sites frequently require a student to undergo a criminal background check and/or drug screening before the student is placed at the site. Based upon the results of the criminal background check and/or drug screening, the clinical site could deny a student admission to the site. Even if the student has already begun the placement when the results are received, the site may elect to dismiss the student, regardless of the performance of the student up to that point. Each clinical site that requires a criminal background check and/or drug screening sets its own standards and procedures. When the student is requested to do a drug test or background check for the site, payment for both the drug screening and background check is the responsibility of the student. The student may need to complete more than one criminal background check and/or drug screening during the course of the healthcare program at Westchester Community College. In addition, each site reserves the right to perform spontaneous drug testing at any time during the student's clinical experience.

Please note that if a clinical site determines that the student may not take part in its program based on the results of the criminal background check or drug testing, the student will be unable to complete the course requirements and therefore will be unable to continue in the healthcare program. It is important for the student to consider this before enrolling in the healthcare program. Westchester Community College has no obligation to refund tuition or fees or to otherwise accommodate the student in the event that the student is ineligible to complete the course requirements based on the results of a criminal background check or drug testing.

**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 _____

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:

Qualifications	Excellent	Good	Average	Below Average
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:

Signature _____ Date: _____