Ossining Extension Center
Certified Nursing Assistant Program
Summer 2014

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 8 week 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

The cost for the program is $1433.25, which must be paid in full.

The non-refundable application fee is $25 and must be submitted with the completed application. The following costs can also be expected: $15 for malpractice insurance (required), in the first module payment. Cost of uniforms and textbooks, the fee for the New York State exam, and a FSA fee of $3.25 for the school, and the $5.00 admissions fee for the school.

Schedule-Summer 2014*

Didactic/Lecture
June 3 – July 2: Tuesday, Wednesday, 9:00 am – 3:30 pm and Friday, 9:00am-12:00pm

CNA Clinical Externship
July 8- July 28: Tuesday, Wednesday, 9:00 am – 3:30 pm and Friday, 9:00am-12:00pm
(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 classwork and clinical externship, and pass a NY State exam to become a Certified Nursing Assistant.
Certified Nursing Assistant Program
Directions for Completing the Application
Summer 2014

1. Complete and mail application for admission with non-refundable $25 application fee. Checks or money orders should be made out to “Westchester Community College.” The application for the summer 2014 Certified Nursing Assistant Program is due on or before May 10, 2014. Mail the completed application to

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

2. The recommendation may be submitted at a later date, but must be received before the first day of class. 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 a reading exam. All candidates must successfully complete the screening interview prior to acceptance to the program.

5. Mandatory Background Check and Drug Test must be completed by May 30, 2014.

The tuition for the Certified Nursing Assistant Program is $1433.25 and must be paid in full by May 30, 2014

Refunds
• For requests received at least 2 business days prior to the start of the class: 100% refund.
• There are no refunds after that.
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.

Students must successfully complete all coursework including clinical externship 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 is due no later March 3, 2013. If payment is not made by 03/03/2014, your seat in the CNA Program will not be held.
Certified Nursing Assistant Program
Westchester Community College-Ossining Extension Center
Application for Admission Summer 2014

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) __________________

E-Mail Address __________________________ Application Fee Enclosed $25

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 Name First Name 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:

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<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: __________________