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 1:00-3:30PM

Academic Counseling: Wednesdays 5:30-7:30pm
APPLICATION

Section I. Personal Information

Name: __________________________
  Last     First    Middle Initial

Address: __________________________

Home Phone: ____________________  Cell Phone: ____________________

Email: __________________________  Social Security Number ____________________

Date of Birth: ____________________
  MM/DD/YYYY

  □ 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>
<td>$15.00</td>
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Fees: $5.00 Registration and $3.25 FSA

Total Tuition

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.
PCT Applicants must complete Section V.
RN Refresher Applicants must complete Section VI.
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 ___________________________

**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.**

How did you hear about the CNA program?

☐ Website

☐ Mail

☐ Newspaper/Magazine

☐ Word of Mouth

☐ Other ___________________________
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 V: 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 _____________

How did you hear about the MHT program?

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

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.