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
RN Refresher
Mental Health Technician
Home Health Aide
Patient Care 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.

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

Application due date is Feb. 5. $1,410 (+ $15 Malpractice and $8.25 FSA fee)
Sec. A: M/W/Th, Feb. 29-May 12, 5:30-9:30 pm. #13084
Sec. B: T/Th, Mar. 1-May 12, 9:00 am-3:00 pm. #13085

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).

Application deadline is January 26.
T/Th, Feb. 16-May 5, 4:30-9:30 pm, $1,000. #13088 (+ $15 Malpractice and $8.25 FSA fee)

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. Call 914-606-7400 for more the application packet. Textbook required.

Th/S, Feb. 4-Apr. 20, Thurs., 5:30-9:00 pm/Sat., 9:00 am-2:00 pm, $1,305. #13146

HOME HEALTH AIDE
In this 75-hour course plus 8 hours of hands on training, students will learn health care skills for the home setting, personal hygiene services, housekeeping tasks and other related support services essential to the patient’s health. Admissions application and interview required. Call 914-606-7408 for more information.

Application due date is February 26.
M/F, Mar. 14-May 13, 9:00 am-2:00 pm, $800 (+ $15 Malpractice and $8.25 FSA fee) #13083

CERTIFIED PATIENT CARE TECHNICIAN PROGRAM (CPCT)
This 120-hour program, including a clinical externship, is designed to prepare Patient Care Technicians to function as multi-skilled care providers in a variety of healthcare settings, such as hospitals, long-term care settings, or skilled nursing facilities. Gain additional skills for routine patient care treatments including simple lab tests, EKG’s, simple dressing changes, and phlebotomy, utilize current technology, and employ physical and occupational therapy safety standards. Upon successful completion of the program, students are eligible to take the CPCT exam offered by the National Healthcareer Association (separate fee of $149 for exam). Prerequisite: valid NY Certified Nurse Assistant license. Next class begins in September 2015; enrollment into the program is based on admissions only. Call 914-606-7400 for application and admissions requirements.

Deadline for Spring 2016 admission is January 15.
M/F, Feb. 8-May 13, 4:30-9:30 pm, $1,410. #13086

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

Healthcare Counseling
Please call for more information

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

Section I. Personal Information

Name: ____________________________________________
  Last   First   Middle

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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Fees: $15.00 Malpractice Fee
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.
RN Refresher Applicants must complete Section VI.
HHA Applicants must complete Section VIII.

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 (Flu Shot may be required)

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 (Flu shot may be required)
  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 Healthcare 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 (Flu shot may be required)
  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.

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 (Flu shot may be required)
  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 MHT Program (cost of uniforms and textbooks, the fee for the National Healthcareer Association exam).

How did you hear about the MHT program?

- Website
- Mail
- Newspaper/Magazine
- Word of Mouth
- Other ________________________

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.
Section VIII: HHA 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 HHA 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 (Flu shot may be required)

   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 HHA Program (uniforms, textbooks, and fee for the New York State exam).

You must successfully complete all classwork and clinical externship to become a registered Home Health Aide with New York State.

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 HHA program?

☐ Website

☐ Mail

☐ Newspaper/Magazine

☐ Word of Mouth

☐ Other __________________________

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
Non-Credit Healthcare Program
Recommendation Form

TO THE APPLICANT:
Fill in all information in this section and forward this form to Westchester Community College, Ossining Extension Center, 22 Rockledge Ave, Ossining, NY 10562, Attention: Non-Credit Healthcare Programs. 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: ________________________________
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: ______________