Ossining Extension Center

Arcadian Shopping Center, Route 9
22 Rockledge Avenue
Ossining, NY 10562
914-606-7400
www.sunywcc.edu/Ossining
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 due date is August 5.**

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

$1,410 (+ textbook/workbook).

Sec. A: M/W/Th, Sept. 19-Dec. 22, 5:30-9:30 pm. #83725

Sec. B: T/Th, Sept. 20-Dec. 22, 9:00 am-3:00 pm. #83726

Information Sessions - Wed., July 13 OR Wed., Aug. 3, 5:00-6:00 pm at the Ossining Center; FREE; call 914-606-7400 to reserve your space.

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 due date is September 6.**

$1,000

T/Th, Sept. 27-Dec. 13, 4:30-9:30 pm, (+ textbook/workbook). #83734

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.

$1,305

Th/S, Sept. 15-Dec. 10, (skip 11/24): Thurs., 5:30-9:00 pm/Sat., 9:00 am-2:00 pm, #83730

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 August 11.**

$800 (+ textbook/workbook).

M/F, Sept. 9- Oct. 28, 9:00 am-2:00 pm. #83724

Background Check, Drug Test, and Immunizations (CNA, RN Refresher, and HHA only)

For programs with a clinical or externship, our affiliates require a background check and drug screening. Positive results on either will result in not being accepted into the program or not being allowed to attend the clinical. The criteria to pass these screens include: no felony or misdemeanor convictions; negative drug screen; negative TB, MMR, Hep B, and Varicella vaccines. Separate fees for background check and drug tests apply and are not included in tuition costs.

**TEXTBOOKS ARE REQUIRED FOR ALL CERTIFICATE PROGRAMS**

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

**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>
</tr>
</thead>
</table>

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.**  
**MHT Applicants must complete Section VI.**  
**RN Refresher Applicants must complete Section V.**  
**HHA 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.
Section V: 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.

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

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 VI: 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).

**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 of 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.

How did you hear about the MHT program?
☐ Website
☐ Mail
☐ Newspaper/Magazine
☐ Word of Mouth
☐ Other ____________________
Section VII: 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 ________________
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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</thead>
<tbody>
<tr>
<td>1. Ability to work with adults &amp; children as clients in a health care setting</td>
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<tr>
<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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</table>

Please feel free to add any additional comments:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Signature ___________________________________________ Date:__________________