

Nurse Nancy, LLC
Front Range Nurse Aide Training Program
At the Plaza at Chapel Hills Shopping Center
7870 North Academy Blvd., Colorado Springs, CO 80920
(719) 648-1020 admin@nursenancy.org www.nursenancy.org

ENROLLMENT APPLICATION (X one): Day Course____; **Evening Course**____

START DATE OF COURSE YOU WANT TO ATTEND: _____

PAYMENT OPTION (X one): Option A____; **Option B**____; **Option C**_____

Applicant Name: _____;
Street Address: _____;
Apartment No.:_____; **PO Box:**_____;
City: _____; **State:** _____; **Zip Code:** _____;
Date of Birth: ____/____/____; **Social Security #:**_____
Drivers License (DL) State: _____; **DL No:** _____;
DL Expiration Date: _____; **DHS, INS or State ID No.:**_____
Home Phone: _____; **Cell Phone:** _____;
E-Mail (Print clearly):

No high school diploma or GED is required to enroll. Persons under the age of 18 must provide a written letter of consent signed and dated by a parent or legal guardian authorizing the prospective student to enroll in and attend the Front Range Nurse Aide Training Program. This letter must be attached to this application. This parent or legal guardian must agree in writing to assume all financial responsibilities for payment of the prospective student’s total program cost and must verify that the applicant meets the program acceptance standards stated on page 2 of this application.

Prior to participation in the clinical training phase of the course (3rd week), the applicant must provide the following:

- 1)** official written medical documentation (signed and dated by a medical doctor, NP or RN) of a “negative” Tuberculosis skin test or chest x-ray finding performed within the past 6-months; **2)** official written medical documentation (signed and dated by a medical doctor, NP or RN) that either an immunization series has been “started” or “completed” for Hepatitis B, or; that the applicant voluntarily declines the Hepatitis B vaccination series by means of a signed “waiver” (available from the Front Range Nurse Aide Training Program), and; **3)** a completed “criminal background check” as described below. Details for each of the above are provided on the first day of each course and on the Program’s website at www.nursenancy.org.

MANDATORY CRIMINAL BACKGROUND CHECKS

Criminal background checks are now a mandatory requirement by the Colorado State Board of Nursing for all enrolled students in ALL STATE APPROVED NURSE AIDE TRAINING PROGRAMS. All applicants and students must obtain the background check by completing the requested forms at WWW.NURSEANACYBACKGROUND.COM. The costs of the background check must be paid directly by the applicant/student unless the applicant is sponsored by an agency or organization using the Option C Payment Plan (must then contact the Front Range Nurse Aide Training Program for directions). Costs of the background checks can be obtained by calling **AMERICAN DATABANK GROUP** based in Denver, Colorado at **1-800-200-0853**.

Background checks MUST be completed prior to admission into the clinical phase of our training (about the third week). If the background check is not completed **PRIOR TO** the 3rd week of the course, the enrolled student **WILL NOT** be able to participate in the clinical training and therefore **WILL NOT** be able to complete the course. Should the background check confirm a conviction for any felony or misdemeanor crime listed in “Program Acceptance Standard No. 6” as stated on the following page, then the student **WILL NOT** be able to participate in the clinical training; **WILL NOT** be able to complete the course, and; **NO REFUNDS** will be granted.

*Please send or return original signed application with initial payment to: Nurse Nancy, LLC,
Front Range Nurse Aide Training Program, 7870 N. Academy Blvd., Colorado Springs, CO 80920
(Cash or Check Only – We DO NOT Accept Credit Cards)*

“WE ENCOURAGE ALL APPLICANTS TO VISIT OUR WEBSITE AND READ ABOUT THE PROGRAM BEFORE COMMITTING THEIR TIME & MONEY”

WWW.NURSENANCY.ORG

PROGRAM ACCEPTANCE STANDARDS

To be accepted into the Front Range Nurse Aide Training Program (FRNATP), each applicant must understand and meet the following program acceptance standards and verify such by signing this ENROLLMENT APPLICATION. Failure to meet and accept these standards will result in an admission denial:

1. Applicant must be physically able to bend, kneel and lift.
2. Applicant MUST be able to communicate clearly using the English language due to its exclusive use by the instructors and its predominant use by medical teams and medical facilities. This includes the ability to understand written and spoken English plus the ability to speak clearly, to be clearly understood, to read written English and to write clearly using the English language. All aspects of the FRNATP use ONLY the English language for all communications, including the textbook.
3. Applicant must be mentally stable and able to work with and interact competently with other people.
4. Applicant must be legally eligible to work or train in the United States and must possess a valid social security number.
5. Applicant must not test “positive” for Tuberculosis or Hepatitis B.
6. Applicant must have NO felony or misdemeanor convictions in ANY state involving ANY sex related crimes or ANY crimes related to: murder, attempted murder, assault, battery, kidnapping, abduction of a minor, child abuse, aggravated menacing, aggravated robbery, grand theft, patient abuse, patient neglect, Medicaid fraud, insurance fraud or any convictions involving the abuse, neglect or harassment of a minor or elderly person. ANY convictions involving methamphetamine will also result in an admission denial.
7. Applicant agrees to have a criminal background check completed for each state the applicant has lived in within the past seven years. **NOTE:** The results of this background check must confirm that the applicant has no felony or misdemeanor convictions in ANY state for any of the crimes listed in Acceptance Standard No. 6.
8. Applicant acknowledges they understand that attendance is mandatory on the first day of class and at all clinical phase training sessions, and, that only 1 day of pre-clinical training can be missed.
9. Applicant understands that the FRNATP utilizes a CCTV video surveillance security system during instruction and consents to being videotaped during instruction.

Have you ever been certified as a nurse aide at any time in any state? Yes No

Have you ever had a license or certification denied or revoked in any health care profession, including nursing or nurse aide? Yes No

Have you ever been treated for Tuberculosis (TB) or Hepatitis B? Yes No

Are you interested in eventually becoming an EMT, nurse or doctor? Yes No

Were you referred to us by an agency or another program? Yes No

If yes, which agency or program: _____

If no, how did learn out about our program: _____

Please share any of your reasons why you want to enroll in the Front Range Nurse Aide Training Program and what you hope to gain from the experience: _____

ATTENTION: This program is in high demand; seats are limited and fill quickly. No seat will be reserved without receipt of the initial payment (selected from this application) which must be submitted with this application. Once all seats have been reserved, enrollment for that course is closed. An application submitted without the required payment will NOT reserve a seat or be further processed for enrollment. Once accepted, a **Student Enrollment Contract** will still need to be completed on the first day of class to finalize enrollment. Mandatory attendance is therefore required on Day 1 of each course.

DAY & EVENING COURSE PAYMENT OPTIONS

OPTION A _____

(1-Step Payment Plan): \$565 Program Enrollment Cost¹

Payment in-full required prior to Day 1 of the course to reserve a seat. This option includes a non-refundable \$375 Program Administration Fee that is required to cover program enrollment and overhead costs. **Background check and TB test must be started and paid for separately by the applicant.** It is important to note that NO REFUNDS shall be granted after the second calendar day of the enrolled course, regardless of reason for a withdrawal.

OPTION B _____

(2-Step Payment Plan): \$600 Program Enrollment Cost¹

A \$375 advance payment required prior to Day 1 of the course to reserve a seat –THEN- payment of \$225 (remaining balance due) PRIOR to the start of the clinical phase of the training (about the 3rd week of the course). **Background check and TB test must be started and paid for separately by the applicant.** It is important to note that NO REFUNDS are available under Option B after the course has started on Day 1, regardless of reason for a withdrawal.

OPTION C _____

(AGENCY SPONSORSHIP PLAN): \$768 Total Cost¹ *

Applicable to all CDLE Workforce participants or any persons sponsored by any agency or organization using vouchers or promissory delayed payments. This option includes a non-refundable \$375 Program Administration Fee that is required to cover program enrollment and overhead costs. Option C includes the following:

1) Program Administration fee	\$375.00	4) Colorado NACEP State Boards	\$ 95.00 ²
2) Remaining tuition	\$225.00	5) TB Skin Test	\$ 25.00 ³
3) Criminal background check (CBC)	\$ 48.00		

Option C Note: An approved/signed agency voucher or promissory letter must be submitted with this application or delivered to Nurse Nancy LLC by the sponsoring agency PRIOR to a seat being reserved for a sponsored applicant. Payment CANNOT be dependent on the student's attainment of a minimum grade, score, PASS status or certification.

- ¹ Includes textbook and all necessary training supplies
- ² Refunded if student does not achieve a PASS status for the course
- ³ Student must pay out-of-pocket then submit receipt for reimbursement
- * 2-Year Cert CPR Training + First Aid can be included for an additional \$55.00

REFUNDS: NO REFUNDS are available under Option B after the class has started on Day 1. Refunds are ONLY available under Option A and shall only be made when a student withdraws prior to the start of the enrolled course, or, within the first two calendar days after the course has began, and then only if a refund is requested in writing during this refund period. The \$375 Program Administrative Fee is non-refundable, regardless of the payment option selected or the reason for a withdrawal. In addition, NO refunds shall be granted if: A) the applicant has provided false information on their application; B) the criminal background check confirms a conviction for any crime listed in the Program Acceptance Standards, or C) it is determined that the applicant IS NOT able to communicate clearly using the English language.

By signing this application, the applicant acknowledges, attests and verifies that: 1) they meet each of the program acceptance standards stated above; 2) they **authorize the results of the criminal background check to automatically be provided to the Front Range Nurse Aide Training Program**; 3) they understand the refund policy, and; 4) that the information provided in this application is true and correct to the best of the applicant's knowledge.

Candidate Signature: _____ Date Signed: ____/____/2010

CASH OR CHECK ONLY – NO CREDIT CARDS ACCEPTED