



Quality CNA Training LLC - Wisconsin

Fond du Lac | Green Bay | Kaukauna
La Crosse | Madison | Manitowoc
New Glarus | Waupaca | West Salem

For More Information call
(715) 902-1035 or visit
QualityCNATraining.com

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Certified Nursing Assistant: A career that can change your life!

Imagine a job that rewards you for caring about others...that is exciting and challenging...a job where you make a difference. Whether you're just starting your career or ready for a change, now is the time to consider becoming a Certified Nursing Assistant.

Quality CNA Training is a provider of Nursing Assistant Training that FULLY prepares individuals for work in the nursing field. Students learn in a hands-on environment under the eyes of caring and professional nurses, supported by a curriculum that exceeds state standards.

Our program includes a total of 120 hours of fully supervised classroom, lab, and clinical training, all participant materials, background checks, plus an additional 20+ hours of enhancement hours. The enhancement hours include a 2-year certification in AHA BLS CPR/AED and AHA First Aid plus Blood Pressure and Bloodborne Pathogens training to provide you with a competitive advantage when searching for employment. In addition, one-on-one tutoring is available when needed. Students are also provided with additional information in life skills, including resume and cover letter writing along with interviewing tips and tidbits.

Your state exam is prescheduled for you to ensure a testing date shortly after graduation. This will help you to obtain gainful employment as soon as possible while still having the opportunity to test with your fellow classmates. In most of the Quality CNA Training sites students have the ability to test right in the classroom where their training took place. This helps relieve a lot of the additional stress behind testing.

Part of our promise to our students is to direct them to any and all financial assistance programs so they can receive our training for the lowest possible cost. 73% of our students take our training at little or no cost to them. Visit our website for more information on potential funding resources.

Enclosed are copies of the Nursing Assistant Training Application, Nursing Assistant Program Information and Policies, Self-Assessment Health Form, and Background Information Disclosure Release.

We are looking forward to helping you build a successful career in healthcare!

Tanya Christianson, Student Services Coordinator
Cell: (715) 902-1035
Fax: (920) 446-2334
Tanya@QualityCNATraining.com



QUALITY CNA TRAINING LLC NURSING ASSISTANT TRAINING APPLICATION

The purpose of the *Quality CNA Training LLC* training course is to provide the information and skills that will enable nursing assistants to provide quality care for residents in nursing homes, as well as supplemental information and skills that will enable them to provide quality health care for clients at home and patients in hospitals. The program is designed with input from educators, caregivers, and long-term industry representatives from across the United States. *The American Red Cross Nurse Assistant Training* materials are used during class and approved by the State of WI Department of Health Services and provide students with the required job skills to become qualified CNA's.

Registration Guidelines: Students **MUST attend ALL classroom, lab and clinical hours** as mandated by the State of WI. Enrollment is limited! Acceptance is based on first come, first served, with completion of a student application packet and the **course payment of \$795**. If you are receiving a scholarship or being sponsored by an outside organization or business, verification of sponsorship must be submitted along with the application. **A student is not considered registered until the required paperwork has been received.**

Refunds: If a student decides not to take a class after payment has been received but before the first day of class, student will receive a refund of what has been paid less the \$250 enrollment fee. Occasionally there are significant life events – health issue, family emergency, etc., that make them unable to attend or complete a course. Students must provide documentation to be eligible for a waiver of the fees to be transferred into a future class. Students who have started the course are not eligible for a refund. Students do not receive a refund if they are dismissed from the course for cause. Students will not receive a refund if they fail the course.

Absentee Hours: Students who miss classroom hours need to utilize the pre-scheduled make-up day and will be required to pay an additional **\$35 per hour** that needs to be made up. Students who are late or miss clinical time will be dropped from the program without refund.

State Exam: The evaluation fee is not part of the training program. **The State Exam Testing fee is \$125. Payments must be entered in the online portal by either debit or credit card upon graduation** in order to be included with the class for “in-facility” testing at the Quality CNA Training site. The Quality CNA Training center is an approved “in-facility” testing site. If either the written or skills portion of the initial evaluation is failed, subsequent evaluation(s) must be scheduled at a regional testing site at the student’s expense. Those successfully completing the Nursing Assistant Training program that DO NOT wish to participate in “in-facility” testing will be scheduled at a Regional Testing location of their choice.

Acceptance into this course does not guarantee receiving a certificate of completion, nor does it guarantee passing the state test for licensure if the course certification is received. For questions regarding the CNA program contact Tanya Christianson, Student Services Coordinator at (715) 902-1035 or at Tanya@QualityCNATraining.com.

Media/Photo Information Release: Periodically throughout the training program the instructors will take pictures of the students practicing skills. These photos are then posted on our Facebook page and website for the students and our members to see. Students are then able to tag themselves or share the photos on their personal pages for their friends and families. Occasionally we use these photos for marketing purposes. Group photos are typically taken and shared on the last day of class. *You may choose to opt out of the following disclaimer below.*

Media/Photo Information Disclaimer: I give Quality CNA Training LLC, its designees, agents and assigns, unlimited permission to use, publish and republish in any form or media, information about me and reproductions of my likeness (photographic or otherwise) and my voice, with or without identification of me by name.

Application Process and Procedures

I understand that **IN ORDER TO REGISTER** for a class I need to return the following items:

- The application below, including the Self-Assessment Health Form (page 6) and Background Information Disclosure Release (page 7)
- IF UNDER AGE 18:** Parent/Guardian Consent Form (page 8)
- Payment in the form of a Credit/Debit Card (+ 4% processing fee), Money Order, or Voucher (*NO PERSONAL CHECKS Accepted*)

I understand that I **MUST** bring the following items to the **FIRST DAY OF CLASS:**

- A copy of your Driver's License or State ID and a SIGNED copy of your social security card (put both on one page)

I understand that **ONCE I AM ACCEPTED** into a class, I will be emailed a 2-step TB Test and Flu Shot form. This form must be completed by a licensed health care professional and returned **1 WEEK** prior to starting clinicals.

Use one of the following methods to submit your completed application:

Online: QualityCNATraining.com/apply

Email: Tanya@QualityCNATraining.com

Mail: Quality CNA Training, 9591 Ash Lane, Fremont, WI 54940

Fax: (920) 446-2334

Nursing Assistant Training Program Information and Policies

Check the boxes below to indicate that you understand and agree to each policy.

- Attendance:** Attendance and punctuality are required for all class and clinical sessions. Refunds will not be given for missing class or clinical time. See course and student information from registration packet for the full policy. Students are responsible for participating in a scheduled make-up day for any missed classroom time as indicated in the course schedule. Absentee students utilizing the make-up day will be required to pay an additional \$35 per hour. No PERSONAL checks accepted & all payments must be made in advance. Zero hours may be missed from the clinical time. You WILL automatically fail if clinical time is missed.
- Punctuality:** You are expected to arrive for each course session at least 5 minutes prior to the start of class so that you are IN your seat promptly on class start time. You must stay until dismissed and attend all sessions.
- Dress Code:** LIGHT/ROYAL BLUE scrub top and a BLACK scrub pants are required to be worn to each course sessions/activity. Footwear must be low-heeled, non-skid shoes with closed toes, tennis shoes are acceptable. Socks must also be worn. Watch with second hand is optional. Students NOT wearing proper attire will be asked to go home and change. Missed time will fall under the attendance policy.
- Hygiene:** Personal hygiene is important. Daily bathing and use of deodorant are required. Aftershave, cologne, or perfume use is not appropriate for classrooms and clinical. Outside of wedding, engagement bands, and small post earrings in earlobes, jewelry is not permitted. Facial piercing must be removed or covered. Fingernails should be short and clean. Absolutely NO fake or acrylic nails will be permitted. Hair should be clean and neat and should be tied back and away from the face.

- Phone Policy:** Cell phones MUST be turned-off or muted during classroom time and are not allowed during clinical. Students found text messaging during classroom and/or clinical time will be dismissed from the class without refund. Students are allowed to use cell phones on breaks but not within the classroom or the clinical setting.
- Substance Policy:** Smoking/Vaping is only allowed in designated areas during break periods only. The consumption of alcohol and/or drugs is prohibited before and during classroom periods.
- Conduct:** Professional, respectful, and safe behaviors are expected at all times, both in the classroom and clinical. Class disruptions, theft, damage to property, and verbal or physical abuse of students, residents, instructors, or clinical staff will not be tolerated and will lead to dismissal from the class without refund and other appropriate actions will be taken when necessary. Students receiving two memorandums from the instructor with regards to action or lack of action within the training program WILL be dismissed from the program. Students may be dismissed at any time for inappropriate behavior. No refunds will be provided.
- Equipment Use:** Equipment and supplies are the property of Quality CNA Training LLC and/or the clinical site and should not be damaged or altered or a student may be required to pay for the cost of the item(s). All supplies and equipment should not leave the classroom or clinical site.
- Class Materials:** Nurse Aide Training Manuals (\$60) and Name Tags (\$10) are to be returned on the last day of class so future students may use them. Any damaged or lost items are to be replaced at the student's expense.
- Course Completion:** Payment of the course fee and attendance does not entitle the student to course certificate, licensure or employment. Completion certificates must be earned by attending and participating, demonstrating the knowledge, attitudes and skills which meet the course exit requirements. Students are expected to complete their homework, skills and assignments, and have a test score of at least 80% to be successful in the course.
- Cancellation Policy:** Students must email Tanya, Student Services Coordinator, at Tanya@QualityCNATraining.com to withdraw from the course. "No Shows" are not considered officially cancelled. If cancellation or dismissal occurs after class has started, no refund will be given and the sponsoring agency will be invoiced for the full course fee.
- Inquiries:** Program questions, concerns, and complaints should be emailed to Paulene Kipke, Nursing Assistant Training Manager, at Paulene@QualityCNATraining.com or (715) 281-5064 between 8am and 4:30pm, Monday through Friday. Paulene will conduct a follow-up within two business days to address any situation.

I have read and understand all of the above terms and conditions. I have read the Nursing Assistant Training Program Information and Policies and agree to comply with the guidelines.

- I agree to the terms and conditions of the media/photo information release.
- I choose not to have my photos posted but understand that it is then my responsibility to ensure that I am not included in any photos taken during the class or at graduation.

Print Name

Date

Applicant Signature*

NOTE: If applicant is under age 18, all signatures must be handwritten and Parent/Guardian Consent Form must be submitted with this application. The Parent/Guardian Consent Form can be found at the end of this document.

***IF OVER AGE 18, applicant may sign electronically with a typed signature.** By electronically signing this document, you agree to the following: Any signature (including any electronic symbol or process attached to, or associated with, a contract or other record and adopted by a Person with the intent to sign, authenticate or accept such contract or record) hereto or to any other certificate, agreement or document related to this transaction, and any contract formation or record-keeping through electronic means shall have the same legal validity and enforceability as a manually executed signature or use of a paper-based recordkeeping system to the fullest extent permitted by applicable law, including the Federal Electronic Signatures in Global and National Commerce Act, the Wisconsin's Uniform Electronic Transactions Act, or any similar state law based on the Uniform Electronic Transactions Act, and the parties hereby waive any objection to the contrary.

Student Information

First Name: _____ Middle: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Cell Phone: _____ Alternate Phone: _____

Personal Email Address (not work or school): _____

NOTE: Class communication is sent through email and text. You MUST provide an email you check regularly.

Please note any special considerations that might affect your ability to participate in this program:

Have you worked as a Nursing Assistant/Home Health Aide before? YES NO

Have you ever held a Nurse Aide Certification? YES NO

How did you hear about our program?

- Friend/Relative*
- Previous Graduate*
- Community Agency*
- Facebook
- Search Engine (i.e. Google)
- Advertisement (TV, Newspaper, Other Print Material)
- Other: _____

*We provide a referral bonus. Please list the name of the individual or organization who referred you:

Emergency Contact Information

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Secondary Emergency Contact Name: _____

Relationship: _____ Phone: _____

Class Information

Preferred Class Location:

- Fond du Lac
680 Prairie Road, Fond du Lac, WI 54935
- Green Bay
210 S Oneida Street, Green Bay, WI 54303
- Kaukauna
316 E 14th Street, Kaukauna, WI 54130
- La Crosse
2501 Shelby Road, La Crosse, WI 54601
- Madison
5218 E Terrace Drive, Madison, WI 53718
- Manitowoc
2021 S Alverno Road, Manitowoc, WI 54220
- New Glarus
600 2nd Avenue, New Glarus, WI 53574
- Waupaca
E2325 King Road, Waupaca, WI 54981
- West Salem
490 N Mark Street, West Salem, WI 54669

Preferred Class Time:

- Full Day
- Evening

Payment Information

Program Cost: Our program fee is \$795 and includes a total of 120 hours of fully supervised classroom, lab and clinical training, all participant materials, background checks, plus an additional 20+ hours of enhancement hours. **Payment MUST be submitted with this application.**

Please select your payment method:

- Money Order** *NO PERSONAL CHECKS ACCEPTED*

Mail to: Quality CNA Training LLC
 9591 Ash Lane
 Fremont, WI 54940

- Credit Card** (additional 4% processing fee)
DO NOT EMAIL CREDIT CARD INFORMATION

Contact Tanya at (715) 902-1035 to provide this information over the phone.

- Voucher**
If an outside source is covering all or a portion of the cost of the training (*UMOS, DWD, DVR, NEW CAP, W2-WIA, CAP Services, St Vincent De Paul, etc.*) a signed voucher must be included with the application.

WisCaregiver Careers students must provide copies of their background check and confirmation email with Student ID# included.

Self-Assessment Health Form

First Name: _____ Middle: _____ Last Name: _____

Personal Physician Name: _____ Phone Number: _____

Health History (select any conditions you had or do have)

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Bone | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Joints | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Back (spine) | <input type="checkbox"/> Hernia | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Skin | <input type="checkbox"/> Injuries | <input type="checkbox"/> Thyroid Condition |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Depression/Anxiety |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Frequent Sore Throat | <input type="checkbox"/> Nervous/Mental Illness |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Chronic Sinus Infection | <input type="checkbox"/> Other Serious Illnesses |

Please explain all items checked above:

Do you hear well? YES NO Do you see well? YES NO

Do you have any lifting restrictions? YES* NO *IF YES, A DOCTOR'S RELEASE IS NEEDED*

Are you currently pregnant? YES* NO *IF YES, A DOCTOR'S RELEASE IS NEEDED*

Do you have any defect, deformity, problem, or disease which may interfere with your participation in the nursing assistant training program? YES* NO *IF YES, PLEASE EXPLAIN:

Please list any allergies: _____

Please list any medications you are currently taking:

I, the undersigned, certify the above answers and statements are true. I am in good health with no communicable disease, and physically able to perform the duties of a nursing assistant. I do hereby release this information to the Quality CNA Training LLC Training Program administration and its instructors.

Applicant Signature* _____

Date _____

NOTE: If applicant is under age 18, all signatures must be handwritten and Parent/Guardian Consent Form must be submitted with this application. The Parent/Guardian Consent Form can be found at the end of this document.

***IF OVER AGE 18, applicant may sign electronically with a typed signature.** By electronically signing this document, you agree to the following: Any signature (including any electronic symbol or process attached to, or associated with, a contract or other record and adopted by a Person with the intent to sign, authenticate or accept such contract or record) hereto or to any other certificate, agreement or document related to this transaction, and any contract formation or record-keeping through electronic means shall have the same legal validity and enforceability as a manually executed signature or use of a paper-based recordkeeping system to the fullest extent permitted by applicable law, including the Federal Electronic Signatures in Global and National Commerce Act, the Wisconsin's Uniform Electronic Transactions Act, or any similar state law based on the Uniform Electronic Transactions Act, and the parties hereby waive any objection to the contrary.

Background Information Disclosure Release

First Name: _____ Middle: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____ Phone: _____

I give to Quality CNA Training LLC, its representatives and assigns, permission to receive, read, copy, and duplicate, any criminal justice summary data sheets forwarded from the state of Wisconsin Department of Justice (DOJ) as a result of submission of Wisconsin Criminal History Request Form (DJ-LE-250A), and any responses received from the Department of Regulation and Licensing (DRL) and the Department of Health and Family Services (DHFS) for purposes of fulfilling provisions of sections 48.685 and 50.065 of the Wisconsin Statutes.

I understand that copies of the information listed above and received by Quality CNA Training LLC will be presented/delivered to the Clinical Training Facility prior to entry into the clinical portion of the *Nursing Assistant Training* program.

I understand that based on the results of this information received by Quality CNA Training LLC and presented/delivered to the local clinical sites prior to the clinical portion of the *Nursing Assistant Training* course, I may be denied entry into the clinical portion of the Nursing Assistant Training program.

I understand that denial of entry into the clinical portion of the *Nursing Assistant Training* course does not entitle me to reimbursement of any of the course fee paid or invoiced to date.

Print Name

Date

Applicant Signature*

NOTE: If applicant is under age 18, all signatures must be handwritten and Parent/Guardian Consent Form must be submitted with this application. The Parent/Guardian Consent Form can be found at the end of this document.

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Parent/Guardian Consent Form

REQUIRED FOR ALL APPLICANTS UNDER THE AGE OF 18

By signing below, I represent that I am a parent/guardian of _____ (applicant name).

Nursing Assistant Training Program Information and Policies: I have read and understand all of the above terms and conditions. I have read the Nursing Assistant Training Program Information and Policies and agree to comply with the guidelines.

Self-Assessment Health Form: I certify the answers and statements on the Self-Assessment Health Form are true. My child is in good health with no communicable disease, and physically able to perform the duties of a nursing assistant. I do hereby release this information to the Quality CNA Training LLC Training Program administration and its instructors.

Background Information Disclosure Release: I give to Quality CNA Training LLC, its representatives and assigns, permission to receive, read, copy, and duplicate, any criminal justice summary data sheets forwarded from the state of Wisconsin Department of Justice (DOJ) as a result of submission of Wisconsin Criminal History Request Form (DJ-LE-250A), and any responses received from the Department of Regulation and Licensing (DRL) and the Department of Health and Family Services (DHFS) for purposes of fulfilling provisions of sections 48.685 and 50.065 of the Wisconsin Statutes. I understand that copies of the information listed above and received by Quality CNA Training LLC will be presented/delivered to the Clinical Training Facility prior to entry into the clinical portion of the *Nursing Assistant Training* program. I understand that based on the results of this information received by Quality CNA Training LLC and presented/delivered to the local clinical sites prior to the clinical portion of the *Nursing Assistant Training* course, my child may be denied entry into the clinical portion of the Nursing Assistant Training program. I understand that denial of entry into the clinical portion of the *Nursing Assistant Training* course does not entitle me to reimbursement of any of the course fee paid or invoiced to date.

Emergency Medical Treatment: I grant permission for a licensed health care facility and/or professional staff to treat my child for an immediate health need and administer medication in the event of injury or illness.

Hold Harmless Agreement: I agree to release and hold harmless Quality CNA Training LLC from any and against any and all liability, loss, damages, claims or actions for bodily injury and/or property damage, in accordance with current state and federal law arising out of participation in this program.

Media/Photo Information Release: Periodically throughout the training program the instructors will take pictures of the students practicing skills. These photos are then posted on our Facebook page and website for the students and our members to see. Students are then able to tag themselves or share the photos on their personal pages for their friends and families. Occasionally we use these photos for marketing purposes. Group photos are typically taken and shared on the last day of class. *You may choose to opt out of the following disclaimer below.*

Media/Photo Information Disclaimer: I give Quality CNA Training LLC, its designees, agents and assigns, unlimited permission to use, publish and republish in any form or media, information about my child and reproductions of my child’s likeness (photographic or otherwise) and my child’s voice, with or without identification of my child by name.

- I agree to the terms and conditions of the media/photo information release.
- I choose not to have my child’s photos posted and I understand that this means that my child will NOT be included in any photos taken during the class or at graduation.

Print Name

Date

Parent/Guardian Signature