



**Quality CNA Training LLC - Wisconsin**

Fond du Lac | Kaukauna | La Crosse  
Madison | Manitowoc | New Glarus | New London  
Sheboygan | Waunakee | Waupaca | West Salem

For More Information call  
(715) 902-1746 or visit  
[QualityCNATraining.com](http://QualityCNATraining.com)

**Follow us on Facebook!**  
[facebook.com/QualityCNATraining](https://facebook.com/QualityCNATraining)

**Certified Nursing Assistant Course Application**

Thank you for your interest in one of our Certified Nursing Assistant courses! We look forward to helping you start your exciting new career in the medical field. To apply, please fill out this application and email it to Tanya Christianson, Student Registration Manager, at [Tanya@QualityCNATraining.com](mailto:Tanya@QualityCNATraining.com).

Note: Applicants under age 18 must print this application and have a parent or guardian complete the last page.

**Student Information**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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:

\_\_\_\_\_

**IMPORTANT COVID UPDATE**

As COVID guidelines change, some healthcare facilities may require a COVID vaccine. If a COVID vaccine requirement is put in place, are you able to provide documentation that you have received a COVID vaccine?

- Yes, I have received the COVID vaccine and can provide proof of vaccination
- No, I have not received the COVID vaccine but would get vaccinated if required
- No, I do not plan to receive the COVID vaccine

**Emergency Contact Information**

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Preferred Class Location:**

- |                                      |                                     |                                     |
|--------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Fond du Lac | <input type="checkbox"/> Manitowoc  | <input type="checkbox"/> Waunakee   |
| <input type="checkbox"/> Kaukauna    | <input type="checkbox"/> New Glarus | <input type="checkbox"/> Waupaca    |
| <input type="checkbox"/> La Crosse   | <input type="checkbox"/> New London | <input type="checkbox"/> West Salem |
| <input type="checkbox"/> Madison     | <input type="checkbox"/> Sheboygan  |                                     |

**Preferred Class Time:**

- Full Day                       Evening

**Preferred Class Start Date:** \_\_\_\_\_ **Course Number:** \_\_\_\_\_

**Payment Information**

The Nurse Assistant Training course tuition cost is \$650, which includes a total of 75 hours of fully supervised classroom, lab and clinical training, all participant materials, and background checks. If you are in need, this cost can be reduced by using one of our Potential Funding Resources. Learn more about [Potential Funding Resources](#) in your area.

**Please select the payment option that works best for you:**

- Money Order** \*NO PERSONAL CHECKS ACCEPTED\*

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

- PayPal/Credit Card (additional 4% processing fee – total tuition \$676.00)**

Visit our [Nurse Assistant Training Course PayPal payment](#) page. You will be prompted to login to your PayPal account. Once you are logged in, follow the steps to complete the transaction.

If you do not have a PayPal account but would pay with a debit or credit card, contact our Student Services Coordinator Tanya Christianson at (715) 902-1746 for additional options.

- 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.

**Medical Information**

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\*

Please list any allergies: \_\_\_\_\_

**Applicant Statement** (Please read and check each box below):

- I certify that all information listed in this application is complete and accurate to the best of my knowledge. I understand that if any information provided to Quality CNA Training is false, my eligibility to participate in a Nurse Assistant Training class may be revoked.
- 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.
- I understand that to be successful in this program, I must be able to read, write, and comprehend the English language at least at an eighth-grade level.

\_\_\_\_\_  
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.



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### **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. Students are responsible for scheduling and participating in make-up time for any missed classroom time as indicated in the course schedule. Students scheduling make-up time will be required to pay an additional \$35 per hour needed to be made up. No PERSONAL checks accepted & all payments for must be made in advance. A maximum of one (1) classroom day is allowed to be made up in this manner. 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:** A ROYAL BLUE scrub top and BLACK scrub pants are required to be worn to each course session/activity. Footwear must be low-heeled, non-skid shoes with closed toes. Tennis shoes are acceptable. Socks must also be worn. Watch with a second hand is optional, but strongly encouraged. 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 classroom and clinical activities. Outside of wedding rings, 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.
- Substance Policy:** Due to our agreements with our location partners, smoking and vaping is prohibited during all class, clinical, and break times. 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 settings. 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. A student may be required to pay for the cost of any damaged or altered item(s). All supplies and equipment should not leave the classroom or clinical site. Students will be responsible for any equipment they damage due to negligence.
- 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 Christianson, Student Services Coordinator, at [Tanya@QualityCNATraining.com](mailto: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.
- Refunds:** If a student decides not to take a class and notifies Quality CNA Training less than fourteen (14) days before class begins, student will receive a refund of what has been paid less the \$250 enrollment fee. This refund also applies if student decides to transfer into a different class and notifies Quality CNA Training less than fourteen (14) days before class begins. 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.
- 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 who DO NOT wish to participate in "in-facility" testing will be scheduled at a Regional Testing location of their choice.
- 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.
  - 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.
- Inquiries:** Program questions, concerns, and complaints should be emailed to Paulene Kipke, Nursing Assistant Training Manager, at [Paulene@QualityCNATraining.com](mailto:Paulene@QualityCNATraining.com) or (715) 281-5064 between 8am and 4:30 p.m., 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 agree to comply with the guidelines listed in the Nursing Assistant Training Program Information and Policies.**

\_\_\_\_\_  
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 APPLICANT IS 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 (BID)

- **PENALTY: Knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000 and other sanctions as provided in Wis. Admin. Code § DHS 12.05(4).**
- Completion of this form is required under the provisions of Wis. Stat. § 50.065. Failure to comply may result in a denial or revocation of your license, certification, or registration, or denial or termination of your employment or contract.
- Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.
- Refer to DQA form F-82064A, *BID Instructions*, for additional information.

**Check the box that applies to you.**

- |  |   |
|--|---|
| <input type="checkbox"/> Employee / Contractor (including new applicant)<br><input type="checkbox"/> Applicant for a license, certification, or registration (including continuation or renewal) | <input type="checkbox"/> Household member (lives on premises, but is not a client)<br><input type="checkbox"/> Other – Specify: _____ |
|--|---|

**NOTE:** If you are an owner, operator, board member, or non-client resident of a facility regulated by the Division of Quality Assurance (DQA), complete the BID, F-82064 and the [Appendix, F-82069](#), and submit both forms to the address noted in the Appendix Instructions.

Full Legal Name – <i>First</i>			<i>Middle</i>			<i>Last</i>		
Position Title (Complete only if a prospective or current employee or contractor.)					Birth Date (MM/dd/yyyy)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Any Other Names By Which You Have Been Known (Including Maiden Name)								
Race / Ethnicity (Check ONLY one.) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown							Social Security Number	
Home Address				City		State	Zip Code	
Business Name and Address – Employer or Care Provider (Entity)								

**A “NO” answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.**

Note: The areas below that are designated for responses are expandable.

**SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION**

1. Do you have any criminal charges pending against you, including in federal, state, local, military, and tribal courts?  
 If **Yes**, list each charge, when it occurred or the date of the charge, and the city and state where the court is located.  
 You may be asked to supply additional information, including a copy of the criminal complaint or any other relevant court or police documents.

Yes    No  
   

2. Were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts?  
 If **Yes**, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located.  
 You may be asked to supply additional information including a certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.

Yes    No  
   

3. **IMPORTANT: Read before completing item 3.**  
**Wis. Stat. § 48.981 Abused and neglected children and abused unborn children. (7)(a) CONFIDENTIALITY.** “All reports made under this section, notices provided under sub. (3) (bm), and records maintained by an agency and other persons, officials, and institutions shall be confidential.” Reports and records may be disclosed only to the persons identified in this section.

**If you are the employer or prospective employer of the person completing this form and are entitled to obtain this information per the above, check this box.**

Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect?  
 If the above box has been checked, provide an explanation below, including when and where the incident(s) occurred.

Yes    No

- 4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? Yes  No   
If **Yes**, explain, including when and where it happened.

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- 5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? Yes  No   
If **Yes**, explain, including when and where it happened.

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- 6. Has any government or regulatory agency (other than the police) ever found that you **abused an elderly person**? Yes  No   
If **Yes**, explain, including when and where it happened.

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- 7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? Yes  No   
If **Yes**, explain, including credential name, limitations or restrictions, and time period.

**SECTION B – OTHER REQUIRED INFORMATION**

- 1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? Yes  No   
If **Yes**, explain, including when and where it happened.

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- 2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? Yes  No   
If **Yes**, explain, including when and where it happened and the reason.

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- 3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? Yes  No   
If **Yes**, indicate the year of discharge: \_\_\_\_\_  
Attach a copy of your DD214, if you were discharged within the last three (3) years.

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- 4. Have you resided outside of Wisconsin in the last three (3) years? Yes  No   
If **Yes**, list each state and the dates you resided there.

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- 5. If you are employed by or applying for the State of Wisconsin, have you resided outside of Wisconsin in the last seven (7) years? Yes  No   
If **Yes**, list each state and the dates you resided there.

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- 6. Have you had a caregiver background check done within the last four (4) years? Yes  No   
If **Yes**, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.

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- 7. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS-designated tribe? Yes  No   
If **Yes**, list the review date and the review result. You may be asked to provide a copy of the review decision.

**Read and initial the following statement.**

\_\_\_\_\_ I have completed and reviewed this form (F-82064, BID) and affirm that the information is true and correct as of today's date.

Name – Person Completing This Form	Date Submitted
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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).

**Medical Information:** I certify the answers and statements under the Medical Information section 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.

**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.

**Attendance:** Attendance and punctuality are required for all class and clinical sessions. Refunds will not be given for missing class or clinical time. Students are responsible for scheduling and participating in make-up time for any missed classroom time as indicated in the course schedule. Students scheduling make-up time will be required to pay an additional \$35 per hour needed to be made up. No PERSONAL checks accepted & all payments for must be made in advance. A maximum of one (1) classroom day is allowed to be made up in this manner. Zero hours may be missed from the clinical time. You WILL automatically fail if clinical time is missed.

**Conduct:** Professional, respectful, and safe behaviors are expected at all times, both in the classroom and clinical settings. 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.

**HIPPA Requirements:** I will reinforce the concepts my child will learn about the Health Insurance Portability and Accountability Act (HIPPA), which my child will need to follow while working in a healthcare facility during their required clinical times. I will encourage my child to keep all details regarding patients, staff, and situations within the healthcare facility confidential per HIPPA laws. While my child is participating in work experience during clinical times, I understand that, even as their parent, I am not allowed to know any information regarding patients, staff, and situations within the healthcare facility.

**Refunds:** I understand that if my child decides not to take a class and notifies Quality CNA Training less than fourteen (14) days before class begins, I will receive a refund of what has been paid less the \$250 enrollment fee. This refund also applies if my student decides to transfer into a different class and notifies Quality CNA Training less than fourteen (14) days before class begins. Occasionally there are significant life events (health issue, family emergency, etc.) that make them unable to attend or complete a course. I understand that my child 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. I understand that I will not receive a refund if they are dismissed from the course for cause or if they fail the course.

**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