

Certified Nursing Assistant Course Application



We look forward to helping you start your exciting new career in the medical field. To apply, complete the application below and email it to Marty Olmeda, Student Services Coordinator at Registration@QualityCNATraining.com

Note: Applicants must be at least 15 years old by the first day of class. Applicants under age 18 must click the following link and have a parent complete the form. [Parent Consent Form](#)

Student Information

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

County: _____ Cell Phone: _____ Alternate Phone: _____

Personal Gmail Email (NOT work, school, or parent email): _____

Online classwork is required to be done through Google Classroom. You MUST have a "GMAIL" email address to access the assignments. Throughout the class, you MUST check this GMAIL daily for any class-related reminders, updates, or changes.

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Medical Form Requirement

The Quality CNA Training Medical Form must be completed by a physician by the dates indicated on the class schedule. This form is available on the Quality CNA Training website and will be emailed to students upon acceptance into the program.

TB TEST REQUIREMENTS

All students are required to provide proof of a TB test. A 2-step TB test takes a FULL 14 days and involves 4 visits to a clinic. A blood test or chest x-ray can be done in place of the 2-step TB test.

- I understand that I need to BRING a physical copy of my results showing proof that I am free of TB to my first in-person lab day.

FLU SHOT REQUIREMENTS

- I understand that I may be required to receive a flu vaccine if I attend a clinical between Oct 1-March 31. Please contact our office at 715-902-1746 for location-specific information.

COVID VACCINE REQUIREMENTS **May vary by location**

Students may be required to be current with COVID-19 vaccinations before attending the first in-person lab day. Requirements vary by healthcare facility and may change at any time. You must provide the information below for Quality CNA Training to be compliant with the requirements of local healthcare facilities.

- Yes, I have received the COVID-19 vaccine (including booster if eligible) and will attach a copy of my COVID-19 vaccination card or WIR (Wisconsin Immunization Registry) report.
- No, I have not received the COVID vaccine, but I would be willing to receive it if required.
- I am requesting a COVID vaccine waiver and will submit documentation with my application (acceptance of waivers is subject to clinical site approval)

Indicate waiver type: medical religious personal.

Preferred Class Location:

- Fitchburg
- Fond du Lac
- Kaukauna
- La Crosse
- Madison
- Manitowoc
- Milwaukee
- South Milwaukee
- Monroe
- New Berlin
- New Glarus
- New London
- Oconomowoc
- Sheboygan
- Waunakee
- Waupaca
- West Salem
- Wisconsin Rapids

Preferred Class Start Date: _____

Preferred Class Time: Full Day Evening

Payment Information

The Nurse Assistant Training course tuition cost is \$725, which includes 75 hours of combined online classroom, lab and clinical training, 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 or Cashier’s Check** *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 \$754)**
 Visit our [Nurse Assistant Training Course payment](#) page and select Credit Card or PayPal. You will be prompted to enter your credit card information or login to PayPal to complete the transaction.
- Voucher - UMOS, DWD, DVR, NEW CAP, W2-WIA, CAP Services, St Vincent De Paul, etc.**
 If an outside source is covering any class costs, a signed voucher must be included with the application.

- Employer/School**
 Name of Employer or School: _____
 Employer/School Representative Information:
A representative must provide approval to Quality CNA Training before you can be enrolled in a class.
 Name: _____
 Phone: _____
 Email: _____

How did you hear about us?

- Workforce/Employment Agency
- Social Media
- Google Monthly Ad
- Other: _____
- Referred by Former Student: _____

Medical Information

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*

List any allergies: _____

If you have any specific learning or physical accommodation needs or requests that we can potentially provide to help ensure your success in this program, please follow this link and complete the attached form. – [ADA FORM](#)

Applicant Statement (Check each box below to indicate you have read, understand, and agree to each statement):

- 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. This includes falsifying the Background Information Disclosure Form.
- 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 the 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, and share with clinical sites as needed. I understand that based on the results of this information, I may be denied entry into the clinical portion of the course. Denial of entry into clinicals does not entitle me to reimbursement of any of the course fees paid or invoiced to date.
- I agree to release and hold harmless Quality CNA Training LLC from 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.
- I understand that I must follow the Health Insurance Portability and Accountability Act (HIPPA). While working in a healthcare facility during clinical, I must keep all details regarding patients, staff, and situations within the healthcare facility confidential per HIPPA laws.
- I understand that to complete the online knowledge-based materials, **I must be able to read, write, and comprehend the English language at least at an eighth-grade level.** Completion of these materials makes you eligible to take the QCNAT Final Exam.
- I understand that I am required to complete a 2-step TB test (or blood test or chest x-ray) by the date indicated on the class schedule. I may be required to provide proof of COVID-19 vaccination before the first in-person lab day. I may also be required to provide proof of a flu shot if clinicals occur between October 1-March 31. Failure to provide proof of a 2-step TB test, COVID-19 vaccination, and flu shot, by the dates outlined on my schedule will result in failing the course. If a student fails the course, the student or sponsoring organization is not eligible for a tuition refund.

Print Name

Date

I understand that checking this box constitutes a legal signature.

Applicant Signature

NOTE: If an applicant is under age 18, a Parent/Guardian Consent Form must be submitted with this application

BACKGROUND INFORMATION DISCLOSURE (BID) FOR ENTITY EMPLOYEES AND CONTRACTORS

- **PENALTY:** A person who provides false information on this form may be subject to forfeiture and sanctions, as provided in Wis. Stat. § 50.065(6)(c) and Wis. Admin Code § DHS 12.05(4).
- Completion of this form to verify your eligibility for employment/service as a “caregiver” is required by Wis. Stat. § 50.065 and Wis. Admin Code ch. DHS 12. Failure to complete this form may result in denial or termination of your employment, contract or service agreement.

Refer to DQA form [F-82064A, Instructions](#), for additional information.

Check the box that applies to you.

- Applicant / Employee
 Student / Volunteer
 Contractor
 Other – Specify:

NOTE: This form should NOT be used by applicants for *entity operator approval* (license, certification, registration or other DHS approval) or by entities requesting approval for an individual to reside in entity facilities as a *non-client resident*. Applicants for *entity operator approval* or for a *non-client resident* background check must request an [entity background check](#) from the Division of Quality Assurance.

Full Legal Name – <i>First</i>	<i>Middle</i>	<i>Last</i>	
Other Names (including prior to marriage)		Social Security Number	
Position Title (applied for or existing)	Birth Date (<i>MM/DD/YYYY</i>)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address	City	State	Zip Code

Business Name and Address – Employer (Entity)

Answering “NO” to all questions does not guarantee employment, a contract, or service agreement.

If more space is required, attach additional documentation to this form and indicate “see attached” in your answer.

SECTION A – DISCLOSURES

- 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. Yes No
 You may be asked to supply additional information, including a copy of the criminal complaint or any other relevant court or police documents.
- 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. Yes No
 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.
- Please note that Wis. Stat. § 48.981, *Abused or neglected children and abused unborn children*, may apply to information concerning findings of child abuse and neglect.
 Has any government or regulatory agency (other than the police) ever found that you committed **child** abuse or neglect? Yes No
 Provide an explanation below, including when and where the incident(s) occurred.
- 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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|---|-----|----|
| <p>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?
If Yes, explain, including when and where it happened.</p> | Yes | No |
| <p>6. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person?
If Yes, explain, including when and where it happened.</p> | Yes | No |
| <p>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?
If Yes, explain, including credential name, limitations or restrictions, and time period.</p> | Yes | No |

SECTION B – OTHER REQUIRED INFORMATION

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|---|-----|----|
| <p>1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services?
If Yes, explain, including when and where it happened.</p> | Yes | No |
| <p>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?
If Yes, explain, including when and where it happened and the reason.</p> | Yes | No |
| <p>3. Have you been discharged from a branch of the US Armed Forces, including any reserve component?
If Yes, indicate the year of discharge:
Attach a copy of your DD214, if you were discharged within the last three (3) years.</p> | Yes | No |
| <p>4. Have you resided outside of Wisconsin in the last three (3) years?
If Yes, list each state and the dates you resided there.</p> | Yes | No |
| <p>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?
If Yes, list each state and the dates you resided there.</p> | Yes | No |
| <p>6. Have you had a caregiver background check done within the last four (4) years?
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.</p> | Yes | No |
| <p>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?
If Yes, list the review date and the review result. You may be asked to provide a copy of the review decision.</p> | Yes | No |

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.

<p>NAME – Person Completing This Form</p>	<p>Date Submitted</p>
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Nursing Assistant Training Program Information and Policies



Please read each policy and guideline carefully.

Check each box below to indicate that you have read, understand, and agree to comply with the guidelines and policies.

- Attendance Policy:** 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 \$40 per hour needed to be made up. This fee covers additional instructor hours. No PERSONAL checks are accepted & all payments 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. This includes being 1 minute late.
- Punctuality:** You are expected to arrive for each course session at least 5 minutes before 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. A 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 above.
- Hygiene:** Personal hygiene is important. Daily bathing and use of deodorant are required. The use of aftershave, cologne, or perfume use is not allowed during the classroom and clinical portion of the training. Outside of wedding rings, engagement bands, and small post earrings in earlobes, jewelry is not permitted. Facial piercings must be removed or covered. Fingernails must be short (no longer than 1/4 inch long), well-kept (filed, no jagged edges), and clean. Hair should be clean and neat and should be tied back and away from the face.
- Substance Policy:** Smoking and vaping is prohibited during all class, clinical, and break times. The consumption of alcohol and/or drugs is prohibited before and during all class, clinical, and break times. Violation of this policy may result in immediate termination from the program.
- 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 may be dismissed at any time for inappropriate behavior and will fail the course. If a student is dismissed from the course or officially fails the course, the student or sponsoring organization is not eligible for a tuition refund.
- 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.
- Course Completion:** Payment of the course fee and attendance does not entitle the student to a course certificate, licensure, or employment. Completion certificates must be earned by attending and participating, demonstrating the knowledge, attitudes, and skills that meet the course exit requirements. Students are expected to complete online assignments, properly demonstrate skills, and have a test score of at least 80% to be successful in the course.
- Registration Fee:** QCNAT registration closes 2 weeks prior to the class start date. Once we receive and process a student's application, an email confirmation will be sent that the student has been "registered and placed on the roster." Once this email confirmation is sent, \$100.00 of the total student tuition is non-refundable.

- Cancellation and Refund Policy:** Students must notify Marty Olmeda, Student Services Coordinator, at Registration@QualityCNATraining.com to withdraw from the program. Students who have withdrawn ten (10) business days or more before the class start date will receive a full refund minus a \$100 registration fee. A student who withdraws five (5) to nine (9) business days before the class start date will receive a total refund of \$362.50. A student who withdraws less than five (5) business days before the class start date will not receive a refund. If QCNAT is NOT notified of a student withdrawal or a student is a “No Show,” the student or sponsoring organization is not eligible for a refund. Students do not receive a refund if they are dismissed from the course for cause or if they fail the course.
- Transfers:** The Cancellation and Refunds Policy above also applies if a student requests to transfer into a different class. In the event of extenuating circumstances, students must provide proper documentation to be eligible for a waiver of the fees to be transferred into a future class.
- Dismissed/Failed:** If a student is dismissed from the course or officially fails the course, the student or sponsoring organization is not eligible for a tuition refund. All testing fees will be credited to the account or will be refunded.
- QCNAT Final Exam:** The final exam is a proctored exam that begins promptly at the scheduled start time. Students arriving late will not be allowed to test. They will need to reschedule their test date and pay fees accordingly to do so. Students are required to follow the dress code for the final exam (see Dress Code requirements above). Students must score at least 80% on the final exam to pass the course. Students do not receive a refund if they fail the course.
- State Exam:** The State Exam fee is not part of the training program. **The State Exam Testing fee is \$131.25 (or \$136.25 if the audio/oral knowledge test is requested instead of the written test) and DUE BEFORE the class graduation date (see course schedule)** to participate in “in-facility” testing at the Quality CNA Training site. The Quality CNA Training Center is an approved “in-facility” testing site. If either the knowledge 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 may schedule at a Regional Testing location of their choice.
- Media/Photo Information Release:** Periodically throughout the training program instructors will take pictures of the students practicing skills. These photos are highlighted on our Facebook page and website and are occasionally used for marketing purposes. Students can tag themselves or share the photos on their personal pages with their friends and families. 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, Founder/CEO, at Paulene@QualityCNATraining.com or (715) 281-5064 between 8:00 am 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

I understand that checking this box constitutes a legal signature.

Applicant Signature

NOTE: If an applicant is under age 18, a Parent/Guardian Consent Form must be submitted with this application