

Information Packet

STATE TESTED NURSE AIDE (STNA)



Adult & Community Education Columbus City Schools

Additional copies of these forms are available at www.cpsadulted.org or in our Customer Services office at 2323 Lexington Avenue in Columbus, 614.365.6000, extension 241.

The Columbus City Schools' Department of Adult & Community Education is accredited by the North Central Association Commission on Accreditation and School Improvement (NCA CASI). The Nurse Aide program is approved by the Ohio Board of Health.



Adult & Community Education

Health Occupations

Web: cpsadulthood.org

**2323 Lexington Avenue
Columbus, Ohio 43211**

Adult Workforce Education

Phone: 614.365.6000

Fax: 614.365.6458

Computer Technology	x240
Customized Services	x242
Financial Aid	x244
Health Occupations	x234
Registration	x238
Trades	x240

Adult Basic and Literacy Education (ABLE)

GED and Adult Literacy

614.365.5245

English for Speakers
of Other Languages (ESOL)

614.365.6468

Project Connect

Education of Homeless

Children and Youth

614.365.5140



Columbus City Schools Mission
Statement:

Each student is highly educated,
prepared for leadership and
service, and empowered for
success as a citizen in a global
community.

Columbus City Schools does
not discriminate because of
race, color, national origin,
religion, sex or handicap with
regard to admission, access,
treatment or employment. This
policy is applicable in all district
programs and activities.

Dear Prospective Student:

Thank you for your interest in Columbus City Schools, Department of Adult and Community Education's State Tested Nurse Aide (STNA) Program!

It is our pleasure to provide you with the information you need to make informed choices about your education and career. If at any time during the application process you have questions or concerns, please call us. Our goal is to provide health occupations students with the highest quality customer service available in central Ohio and nationwide.

Columbus City Schools offers an excellent training program designed to prepare you to pass the Ohio Nurse Aide examination, which will then permit you to work as an STNA anywhere in the state of Ohio.

The tuition for this program is \$600.00 which must be paid BEFORE the first day of class. Columbus City Schools believes that when you choose our program, you will receive full value for your investment.

Your Program Fees covers:

- The cost of the course
- The cost of 2 textbooks worth in excess of \$42.00
- The cost of the Ohio Nurse Aide examination (normally \$96.00)
- Access to hands-on training in an actual care giving setting with senior adult patients
- Access to online practice assessments to give you the fullest preparation for the Ohio Nurse Aide examination
- A resume and reference page created specifically for you which will highlight your skills, abilities, and talents as a Nurse Aide
- Assistance with job search and employment opportunities after you graduate and pass the Ohio Nurse Aide examination

Enclosed in this packet, you will find documents which give you information about applying for class. Please read each page carefully.

Please call our Customer Services office at 614-365-6000, extension 241 should you have any questions about our STNA Program or how to apply.

Students that graduate from our STNA Program, will be exempt from the \$200.00 deposit fee for the Practical Nursing Program.

Revised 7/01/09

NURSE AIDE

(State Tested Nurse Aide)



Program Information and Summary

The Nurse Aide Program prepares the student to take the State Tested Nurse Aide examination. First Aid and CPR for Healthcare Providers certifications are included in the program and are required for passage of the course.

Our State Tested Nurse Aide (STNA) Program offers important distinctive qualities for prospective students to consider, such as:

- Outstanding clinical opportunities.
- Expert, personable faculty who provide outstanding individual support in small class settings.
- Access to online practice nurse aide tests.

The STNA Program consists of coursework relating to the following healthcare topics: Nurse aide roles, communication, interpersonal skills, basic nursing skills, mental health, social services, legal issues, safety & security, signs & symptoms of disease, aging, death & dying, hygiene, grooming, and mobility. In addition to classroom-based training, several days of clinical training and CPR training are included in the program. All students are expected to take and pass the state examination.

When you enroll in the Nurse Aide Program, you become part of an extended “family” of students, faculty, staff, and administrators who are dedicated to your academic and career success. Please consider visiting us soon to see first-hand why hundreds of central Ohio residents choose to join our family each year.

Employment Outlook

Nurse Aides work in a variety of settings, including hospitals, extended and long-term care, and private duty. Nurse Aides perform routine tasks under the supervision of nursing and medical staff. Nurse Aides are responsible for general patient care, vital signs, equipment/supply maintenance, and assisting medical staff. Nurse Aides can expect to earn between \$9 and \$12 per hour depending on the facility and work-related experience.

Admission Requirements

You must meet all pre-admission requirements:

1. Be at least 18 years of age.
2. Pass a three (3) part WorkKeys Assessment.
3. Complete all information in the Nurse Aide Information Packet.

Start Date	End Date	Day(s)	Time	Location	Course Cost
06/23/09	07/16/09	T,W,Th	8 am - 3:00 pm	Fort Hayes Career Center	\$600
07/28/09	08/20/09	T,W,Th	8 am - 3:00 pm	Fort Hayes Career Center	\$600
08/31/09	09/30/09	M,T,W,Th	5 - 9:30 pm	ACE @ Hudson	\$600
10/05/09	11/03/09	M,T,W,Th	5 - 9:30 pm	ACE @ Hudson	\$600
11/09/09	12/10/09	M,T,W,Th	5 - 9:30 pm	ACE @ Hudson	\$600



Adult & Community Education Columbus City Schools



*Columbus City Schools Mission Statement:
Each student is highly educated, prepared for leadership and service, and
empowered for success as a citizen in a global community.*

614.365.6000 ext. 241

2323 Lexington Avenue, Columbus, OH 43211

www.cpsadulthood.org



Adult & Community Education Columbus City Schools

Application Checklist - STNA

The following activities must be completed prior to being accepted and admitted into the program. This checklist will help you keep track of the requirements.

Take the ACT WorkKeys entrance exam: Achieve the following minimum scores: Reading (Level 4), Applied Math (Level 3), and Locating Information (Level 3).

Additional information about the WorkKeys Assessment series is included in this packet.

Program Application: Complete the Program Application included in this packet.

Proof of Eligibility: Show proof that you are a legal resident (Copy of your Birth Certificate, Social Security Card, or Green Card).

Photo Identification: Provide a copy of your Ohio Driver's license or Ohio Identification card. A photo ID is required to take any entrance exam and to apply to the program.

Obtain a criminal background check: Additional information about the Background Check is included in this packet. Results must be sent directly to us.

Criminal History Attestation: Fill out and sign the Criminal History Attestation form included in this packet.

Personal Medical History Form: Fill out the form and have your doctor review it.

Physical Examination Form: Your doctor must fill out the form and give you a 2-step Tuberculosis skin test.

Hepatitis B Immunization Form: You must read and sign the form.

Pay the Program Fees: Upon acceptance into the program. There are two payment options:

- A. Pay Program Fees in Full: Payable to Columbus City Schools (checks, money orders, and credit cards accepted) no later than the day BEFORE the class begins.
- B. Pay a deposit: \$100.00 payable to Columbus City Schools. The balance of your program fees is due NO LATER than the day before the start of the program.

Note: Your deposit is applied to your program fees once you start school, but it is neither refunded nor transferred if you fail to attend or withdraw early.



Adult & Community Education Columbus City Schools

WorkKeys® Tests Information

1. Reading for Information

The Reading for Information test measures the skills people use when they read and use written text in order to do a job. The written texts include memos, letters, directions, signs, notices, bulletins, policies, and regulations. It is often the case that workplace communications are not necessarily well-written or targeted to the appropriate audience. Reading for Information materials do not include information that is presented graphically, such as in charts, forms, or blueprints.

33 multiple choice questions; 45 minute time limit. Passing Score: 4/7

2. Applied Mathematics

The Applied Mathematics test measures the skills people use when they apply mathematical reasoning, critical thinking, and problem-solving techniques to work-related problems. The test questions require the examinee to set up and solve the types of problems and do the types of calculations that actually occur in the workplace. This test is designed to be taken with a calculator. A [formula sheet](#) that includes all formulas required for the assessment is provided. While individuals may use calculators and conversion tables to help with the problems, they still need to use math skills to think them through.

33 multiple choice questions; 45 minute time limit. Passing Score: 3/7

3. Locating Information

The Locating Information test measures the skills people use when they work with workplace graphics. Examinees are asked to find information in a graphic or insert information into a graphic. They also must compare, summarize, and analyze information found in related graphics.

38 multiple choice questions; 45 minute time limit. Passing Score: 3/6

WorkKeys Practice Test Information:

A person may take full-length WorkKeys® Practice Tests online to get an idea of what the tests look like, and to test current skill levels. The following practice tests are available:

Reading for Information	\$4.50
Applied Mathematics	\$4.50
Locating Information	\$4.50

To purchase WorkKeys® Practice Tests, visit the ACT's WorkKeys® webpage using the following link: <http://www.act.org/workkeys/practice/index.html>. You will also need to:

1. Log in or create an account.
2. Select which practice test titles to purchase.
3. Pay for the test. (Credit card required).

The Practice Test will look and feel like a real WorkKeys® test—which includes two sample questions at the beginning. You will receive an estimate of the level score you achieved at the end of the Practice Test. You may also review each question and see why the answer you chose was correct or not prior to selecting "Quit" to end your session. NOTE: Once you select "Quit," your session is over. If you want to take the practice test again, you must sign up and pay for a new test.



Adult & Community Education Columbus City Schools

WorkKeys Registration 2009 - 2010

Please complete this form thoroughly and print legibly. Forms with omissions will not be processed.

For a list of available test dates, call our Customer Services office at
614.365.6000 x241.

Today's Date: _____

Which subtests do you need?

TEST DATE: _____
(First choice from list) (Second choice from list)*

Reading for Information
Applied Mathematics
Locating Information

Last Name: _____ First Name: _____ MI: _____

Street: _____ City/State: _____ Zip: _____

Phone: () _____ - _____ Alternate Phone: () _____ - _____

E-mail: _____ Program of Interest: _____

*A second choice is required for all mail-in registrations. We will assign you to your second choice ONLY if your first choice is unavailable at the time your registration is processed. We will mail you a receipt confirming your official test date.

INSTRUCTIONS

1. Return this form with a check or money order for \$30 (payable to Columbus City Schools) to Adult & Community Education, Attn: Customer Services, 2323 Lexington Avenue, Columbus, OH 43211. The test fee is non-refundable and non-transferable.
2. Bring your receipt and your photo ID with you to the test. You will not be admitted to the test area without these documents.
3. Plan to arrive 15 minutes early for your test. Late arrivals will not be admitted to the test area.

For Office Use Only

Receipt #: _____ Date processed: _____ Staff: _____



Adult & Community Education Columbus City Schools

Program Application 2009 – 2010

Program: Practical Nursing STNA Office Systems Specialist
Auto Mechanics HVAC Stationary Engineering
Other: _____

Today's Date: _____ Program Start Date: _____
Last Name: _____ First Name: _____ M.I.: _____

Social Security Number: _____ E-mail: _____

Street: _____ City/State: _____ Zip: _____

Phone: () _____ - _____ Cell Phone: () _____ - _____

How did you hear about our programs?

Flyer Television Radio Newspaper COTA Bus Friend/Family
Franklin County Job & Family Services JOBLEaders Job Weekly Publication
Suburban News Employment Guide Job News Other source: _____

- If you are paying your deposit* by check or money order, a receipt will be issued immediately upon processing. If you are paying by credit card, a receipt will be issued immediately upon approval of the charge.
- We reserve the right to reschedule or cancel any course that does not meet our minimum enrollment requirements. If a course is cancelled or rescheduled, all fees paid are subject to reimbursement or transference, upon presentation of a receipt.
- If you are paying your deposit* by check or money order, a receipt will be issued immediately upon processing. If you are paying by credit card, a receipt will be issued immediately upon approval of the charge.
- The Columbus City Schools does not discriminate on the basis of race, color, national origin, religion, sex, or disability with regard to admission, access, treatment, or employment. This policy is applicable to all district programs and activities.

Signature: _____ Date: _____

For Office Use Only

Staff: _____ Date: _____ Amount received: \$ _____ Receipt #: _____ STID# _____

Check MO Credit Other: _____ Reference #: _____

TEAS: R _____ M _____ E _____ WorkKeys: RI _____ AM _____ LI _____

*Deposit Amounts:
PN: \$200
All others: \$100



Adult & Community Education

Columbus City Schools

Additional Costs for STNA Training Program

Service	Cost	Resource Options	Resource Location(s)
WorkKeys® Testing	\$30.00	Personal Resources (personal check or money order made out to: "Columbus City Schools")	Schedule a WorkKeys test examination with the ACE Customer Services office. 2323 Lexington Avenue Columbus, Ohio 43211 (614) 365-6000, ext. 241
Physical	Varies ----- \$60.00	Personal physician ----- - If you do not have a personal physician ○	----- Main Street Family Medicine 1336 East Main Street Columbus, Ohio 43205 614-253-8537
2 Step TB testing	Varies ----- \$20.00	Personal physician ----- - If you do not have a personal physician ○	----- Main Street Family Medicine 1336 East Main Street Columbus, Ohio 43205 614-253-8537
BCI/FBI Background Check	Varies ----- - \$60.00 ----- \$85.00	Personal Resources ----- ○ ----- ○	----- Franklin County Sheriff's Office Concealed Carry Permit Office 410 South High Street Columbus, Ohio 43215 614-462-5090 ----- National Background Check 1486 Bethel Road Columbus, Ohio 43220 614-457-8900
Scrub suit (top & bottom)	Varies ----- \$15.00 to 25.00 ----- \$30.00 – 40.00	Personal Resources ----- ○ ----- ○	----- Walmart, K-Mart, Target ----- Goodman Uniform Company 1390 West Broad Street Columbus, Ohio 43222 614-351-9800



Adult & Community Education Columbus City Schools

Background Check Information

Concealed Carry Permit Office, Franklin County Sheriff's Office

410 South High Street. Columbus, Ohio 43215. (614) 462-5090

Hours of Operation: Monday through Friday 9:00 am - 2:00 pm

Enter through the North side doors

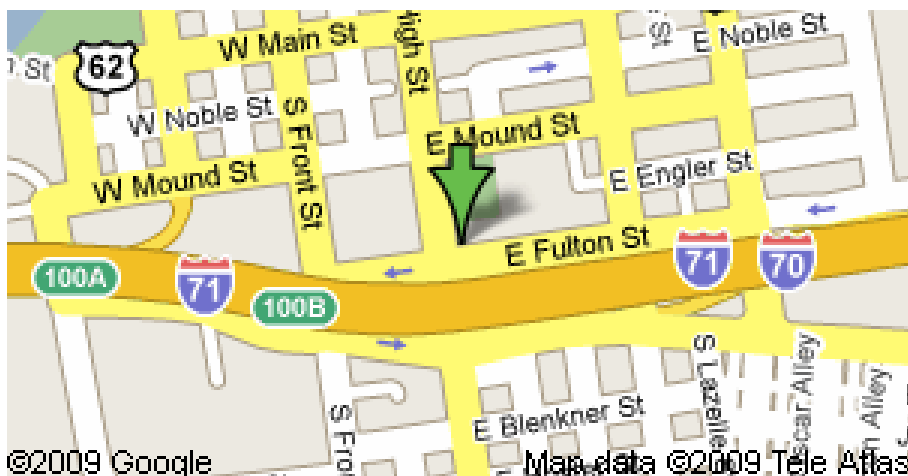
Closed Saturday, Sunday and all Legal Holidays

Visit the Concealed Carry Permit Office and request that they do a FBI/BCI background check. The fee is \$60.00 dollars. The Sheriff's Office accepts cash or money orders as payment. Please remember to bring your Ohio Driver's License or State of Ohio identification.

Make arrangements so that the original copy of the BCI/FBI results are sent to:

Columbus City Schools, Department of Adult and Community Education
2323 Lexington Avenue, Columbus, OH 43211
Attention: Matthew Kramer, Customer Services Office

It takes between 3 and 30 days for them to complete the checks. If you have any questions on the status of the background check, please call them at 740-845-2000.



410 South High Street
Columbus, Ohio 43215
614-462-5090



Adult & Community Education Columbus City Schools

CRIMINAL HISTORY ATTESTATION

Student Name

Program of Enrollment

We are committed to your success and want to make you aware of some very important information that could impact your ability to graduate from the program. Please read this form carefully before signing it.

Please check ONE statement below:

- I have NEVER been convicted of a crime and have NEVER been charged with a criminal offense, as identified in the Violations Section of the Ohio Revised Code; or,
- I HAVE been charged, but NEVER convicted of a crime; or,
- I HAVE been charged and convicted of a crime.

Please be aware that you must complete your clinical/job shadowing experiences in order to obtain your certificate and graduate from our program. A clinical/job shadowing site may request that you provide your criminal history in order to participate at their site. Most sites have policies which prevent them from admitting students who have been convicted of certain criminal activities. Decisions about clinical/job shadowing site admissions are made by each site. These decisions are neither the responsibility of nor influenced by the Department of Adult & Community Education.

If you have a past, pending, or future criminal offense and are unable to gain admission to a site for clinical/job shadowing experiences, you will not be able to obtain your certificate nor graduate from the program. If this happens, you will be subject to immediate dismissal from the program and will forfeit all program costs and fees. The Department of Adult & Community Education will not assume any responsibility for the denial of access to a clinical/job shadowing site.

By signing this form, I acknowledge ALL of the following:

- I have neither withheld information from nor provided false information to the Department of Adult & Community Education;
- I have been informed regarding the requirement to complete clinical/job shadowing site experiences in order to obtain my certificate and graduate from the program;
- I have been informed that access to clinical/job shadowing sites may be denied to students with past, pending, or future criminal offenses;
- I understand that if I am unable to complete clinical/job shadowing experiences, I will be subject to immediate dismissal from the program and will forfeit all program costs and fees.

Student Signature

Date



Adult & Community Education Columbus City Schools

Personal Medical History

Directions: Complete this form prior to your physical examination and give it to the doctor for review.

Name: _____ Date of Birth: _____

Street: _____ City/State: _____ Zip: _____

Phone: () _____ - _____ E-mail: _____

Height: _____ Weight: _____ Gender: Male Female

Check the appropriate column for each body system or condition, based on your personal medical history:

	YES	NO		YES	NO		YES	NO		YES	NO
Neurological			Lymph nodes			Chest pains			Malaria		
Eyes			Genitals			Chest Palpitations			Rheumatic fever		
Ears			Dizziness			Shortness of breath			Paralysis		
Nose			Frequent headaches			High blood pressure			Cancer or tumors		
Throat			Deafness			Swollen ankles			Jaundice		
Heart			Runny nose			Poor appetite			Diabetes		
Lungs			Frequent sore throats			Chronic indigestion			Arthritis		
Stomach			Frequent colds			Recurrent nausea			Rheumatism		
Intestinal			Chronic cough			Recurrent vomiting			Depression		
Liver			Difficulty Breathing			Stomach ulcers			Nervous breakdown		
Spleen			Coughing up blood			Hernia			Seizures		
Gallbladder			Sinus			Chronic constipation			Major injuries		
Kidneys			Pneumonia			Black or bloody bowel movements			If so, what?		
Bladder			Asthma			Frequency or Painful urination			Allergies		
Bones			Hay fever			Bloody urine			List allergies:		
Joints			Pleurisy			Kidney stones			Operations		
Back			Tuberculosis			Nephritis			List operations:		
Skin			Bronchitis			Mental illness					



Adult & Community Education Columbus City Schools

Personal Medical History (continued)

Name: _____

List any serious conditions or illnesses that could affect your ability to perform as a health occupations student.

Describe the details of any prior injuries or operations that could affect your ability to complete the classroom, laboratory, and/or clinical components of the program.

What accommodations do you need in order to perform the functions of a health occupations student?

Do you have any sensitivity to rubber, latex, or powder? Yes No

Do you have medical insurance coverage? Yes No

By signing below, I hereby attest that I have answered the above questions thoroughly and truthfully, to the best of my knowledge.

Signature: _____ Date: _____



Adult & Community Education Columbus City Schools

Physical Examination Form

Page 1 of 2

Directions: This form must be completed by a qualified medical professional (M.D., D.O., or N.P.).
Please do not substitute other forms or formats.

Patient's Name: _____ Date: _____

Record of Physical Examination

Height		Weight	
Blood Pressure		Rate of Respiration	
Pulse		Visual Acuity	
Eyes/Pupils		Hearing	
Ears		Mouth/Dental	
Nose		Heart	
Neck		Abdomen	
Lungs		Back	
Extremities		Hips	

Tuberculosis: 2-step Mantoux Tuberculin Skin Test (Submit dates and results of both steps)

Directions for 2-step Mantoux Skin Test for Tuberculosis.

The law requires that individuals newly hired at a health care facility obtain an initial 2-step test followed by the annual test thereafter. Since health occupations students have clinical experiences in a variety of health care institutions during their education, this standard applies. Proof of a negative chest x-ray in the last year will be acceptable. Students who have had a 1-step Mantoux skin test will need to repeat the 2-step Mantoux skin test unless it was done within the last two weeks. In accordance with Ohio Law, individuals who have a documented history of a positive Mantoux skin test will show evidence of a chest x-ray within 90 days prior to the start of their first clinical experience. Thereafter, a chest x-ray need not be repeated unless there are symptoms of tuberculosis. For known positive reactors, instead of an annual skin test, students are required to complete the Tuberculosis Questionnaire for Positive Reactors, found in the Health Occupations office. Step #1: Inject Tuberculin and read in 48 to 72 hours. If negative, proceed with step #2. If positive, omit step #2, and obtain chest x-ray. Step #2: Repeat skin test within 14 days. If step #2 is positive, obtain chest x-ray.

Mantoux Step #1: Date given _____ Given by _____ Skin site _____
Date read _____ Read by _____ Results _____

Mantoux Step #2: Date given _____ Given by _____ Skin site _____
Date read _____ Read by _____ Results _____

Chest X-ray: Date given _____ Given by _____
Date read _____ Read by _____ Results _____



**Adult & Community Education
Columbus City Schools**

Physical Examination Form
Page 1 of 2

Patient's Name: _____ Date: _____

Physician's Certificate

This certifies that I have examined this patient with regard to his/her physical fitness to attend a health occupations education program. To the best of my knowledge, this individual is physically and mentally capable of pursuing a health occupations career as indicated below.

Endorsed without limitations.

Endorsed with the following limitations: _____

Not endorsed for the following reasons: _____

Physician's Signature: _____ Date: _____



Adult & Community Education **Columbus City Schools**

Hepatitis B Immunization Form

Directions: Print your name, sign your name, and date this form.

A highly contagious virus that infects the liver causes Hepatitis B. The virus is found in the blood and body fluids of infected people. Safe, effective Hepatitis B vaccines are recommended for health care professionals because of their exposure to blood and body fluids. The vaccination series, generally given as 3 doses over a 6-month period, protects those at risk and contributes to the elimination of Hepatitis B. The Hepatitis B vaccine is recognized as the first anti-cancer vaccine because it can prevent liver cancer caused by Hepatitis B infection.

Hepatitis B vaccine is safe and effective. The potential risks associated with the Hepatitis disease far outweigh the potential risk associated with the Hepatitis B vaccine.

I understand that I have the opportunity to ask questions and that I understand the benefits and risks of the Hepatitis B immunization. I understand that I must have three (3) doses of the vaccine to develop immunity. However, as with any medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine.

I understand that, due to my occupational exposure as a health professional to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B. I may choose to be vaccinated with the Hepatitis B vaccine at my own personal expense. I will contact a private physician or health clinic in order to receive the vaccine.

Printed Name: _____

Signature: _____ Date: _____

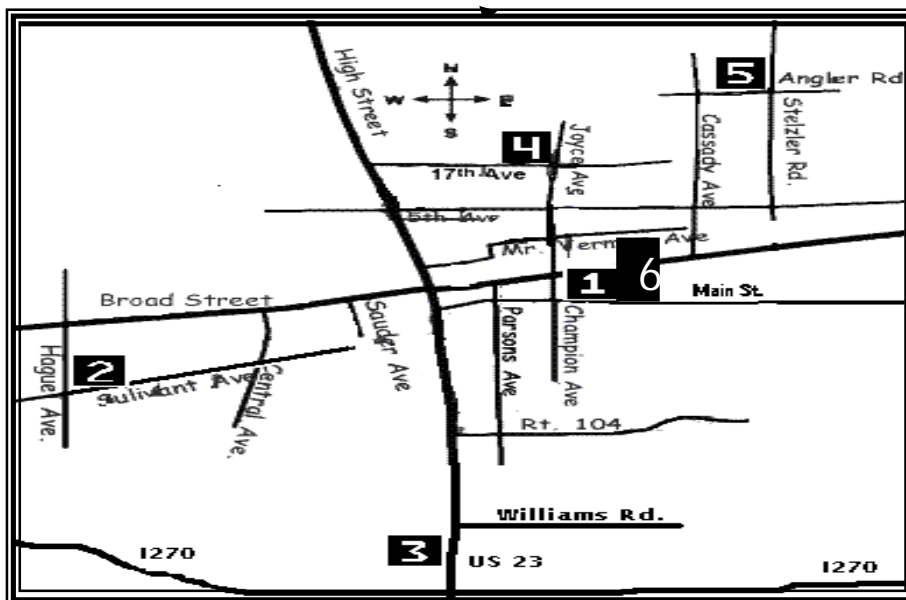


Adult & Community Education Columbus City Schools

Columbus Health Clinics

Listed below are health centers in the Columbus Area where physical examinations and TB testing can be conducted at a reasonable rate (usually \$60.00 for a physical and \$20.00 for the 2-step TB test). For low-income individuals, the costs may be less depending on one's income. If you're in this category, be sure to bring income verification with you. Examples of income verification include: pay stubs, County Job and Family Services cash assistance, food stamps, rental agreements, child support award letters, SSI.

These centers are usually very busy. Therefore, it is a good idea to call first and determine whether an appointment is necessary.



1.
East Central Health Center
1180 East Main Street
Columbus, Ohio 43205
(614) 645-5535
2.
Hilltop Health Center
2500 Sullivant Avenue
Columbus, Ohio 43204
(614) 645-2300
3.
John R. Maloney South Side Health Center
3781 South High Street
Columbus, Ohio 43207
(614) 645-3163
4.
Saint Stephen's Health Center
1500 East 17th Avenue
Columbus, Ohio 43219
(614) 645-2700
5.
Columbus Northeast Health Center
3433 Agler Road
Columbus, Ohio 43219
(614) 645-1600
6.
Main Street Medical Center
881 East Main Street
Columbus, Ohio 43205
(614) 253-8537