

NHC-LC

Basic Nursing Assistant Training

*A 76-Hour Training Program (6.5 Quarter Credits)
Offered Through the Nebraska Health Care Learning Center (NHC-LC)*

Training Dates

May 1, 2, 4, 6, 8, 11, 12, 15, 17, 22, 23, 24

Training Location (All training will be held at the following location):

4640 Bair Avenue
Suite 216
Lincoln, NE 68504

Register by Mail, Fax, or Online at
www.nehca.org



The Nebraska Health Care Learning Center (NHC-LC)

An Affiliate of the Nebraska Health Care Association

Taping - Cellular Phones - Pagers

Material presented at this training program is the property of the Nebraska Health Care Learning Center. Therefore, taping of the program is not allowed. NHC-LC also asks that all cellular phones and pagers be turned off during training programs.

No Smoking Policy

A no-smoking policy has been implemented by the Nebraska Health Care Association Board of Directors. Smoking will not be allowed in the room where an educational program is being held.

TAX DEDUCTION FOR EDUCATIONAL EXPENSES

A tax deduction for educational expenses is permitted for registration fees, cost of travel, meals, and lodging undertaken to (1) maintain or improve skills required in one's employment or other trade or business or (2) meet express requirements of an employer or a law imposed as a condition to retention of employment, job status, or rate of compensation.

REFUND POLICIES

Students who withdraw from courses may receive a prorated tuition refund. Refunds shall be mailed within 30 days of official request. If the official request occurs within 72 hours of registration/enrollment, a full refund is appropriate. The request must be in writing and be postmarked within 72 hours of registration/enrollment. If official request occurs after 72 hours of registration/enrollment but before classes have begun, a \$150 registration fee is NOT refundable and all remaining tuition and fees will be refunded. After classes have begun, a \$150 registration fee is NOT refundable and remaining tuition and fees will be refunded as follows:

Day 1—50% refund of tuition and fees over \$150

Day 2—25% refund of tuition and fees over \$150

Day 3—no refund of tuition and fees

After classes have begun, costs associated with course materials are nonrefundable.

ABSENTEE/MAKE-UP POLICY

In order to receive credit, participants must attend all days of the training. If a day is missed, it must be made up by attending that day the next time the training is offered. It is the responsibility of the participant to make registration arrangements for make-up days. There will be a \$45 charge for each make-up day.

Program Content

This program is designed to train the beginning nursing assistant (NA) to provide safe, effective, and caring services to the patients of any health care setting. It is designed to meet the training requirements of both federal and Nebraska laws for nursing assistants working in a licensed nursing facility. The skills and knowledge contained in this material can be adapted for any health care or residential setting.

Faculty

Kami Brinkerhoff

Program Objectives

At the completion of the program, participants will be able to:

1. The participant will be able to identify the work setting and the job responsibilities of the nursing assistant. Concepts include communication, safety precautions, and emergency care.
2. Apply skills and principles used in the role of the nursing assistant to aid patients to meet their basic physical and safety needs.
3. Explore the nursing assistant's role in meeting love and belonging, self-esteem, and self-actualization needs of the patient.

Requirements for Successful Completion of the Basic Nursing Assistant Training Program

A nursing assistant must be 16 years old. They cannot have been convicted of a crime rationally related to their practice of moral turpitude. They must be able to speak and understand the English language or a language understood by a substantial portion of the facility's population without the use of an interpretive device. They must successfully complete the basic nursing assistant program and testing approved by the Nebraska Department of Health and Human Services Regulation and Licensure, Credentialing Division.

Credit

6.5 quarter credits will be awarded upon successful completion of the Basic Nursing Assistant Training program. Training may be taken as credit or non-credit. See the catalog for credit requirements.

All Training at

Nebraska Health Care Learning Center
4640 Bair Avenue Suite 216
Lincoln, NE 68504



Nebraska Health Care Learning Center Policies

The Nebraska Health Care Learning Center policies regarding admission, withdrawal, attendance, grades, transcripts, and refunds are located in the Nebraska Health Care Learning Center Catalog. View and/or print this catalog from the Nebraska Health Care Association Web site at www.nehca.org/nhclc.

Tuition and Fees

Tuition:.....	\$325.00
Training Manual (includes tax):	\$40.66
1-time Testing Fee:	\$45.00
Total Tuition, Fees, and Manual:	\$410.66

Make-up Days\$45.00

* Payment must be included with registration.

* Refer to the Absentee/Make-up Policy.



If a registrant has a disability that requires special needs, attach a written description of the needs to the registration form.

Nebraska Health Care Association
3900 NW 12th St Ste 100
Lincoln NE 68521-3037
Phone: (402) 435-3551 Fax: (402) 475-6289
E-mail: jeaninev@nehca.org

PLEASE NOTE:

Each participant should bring paper and pencil or pen to each day of the training program!

Training Schedule

Start Date: May 1, 2010

5/1.....	8am-4:30pm
5/2.....	8am-4:30pm
5/4.....	4pm-9pm
5/6.....	4pm-9pm
5/8.....	8am-4:30pm
5/11.....	4pm-9pm
5/12.....	4pm-9pm
5/15.....	8am-4:30pm
5/17.....	4pm-9pm
5/22.....	8am-4:30pm
5/23.....	8am-4:30pm
5/24.....	4pm-9pm





Nebraska Health Care Learning Center

Registration/Enrollment Form — Basic Nursing Assistant Training

Starting Date: May 1, 2010

Location: Lincoln, NE

Payment for tuition and fees must be included with this registration/enrollment form. Make a copy of this form for your records.

To register/enroll by mail: Complete this registration/enrollment form, include payment (use any of the payment methods listed below), and mail to: Nebraska Health Care Learning Center, 3900 NW 12th St Ste 100, Lincoln NE 68521-3037.

To register/enroll by fax: You must pay by credit card in order to register/enroll by fax. Complete this registration/enrollment form, check "Credit Card" as payment method, complete credit card information, and fax the completed form to (402) 475-6289.

A student's Social Security number is required as a condition of enrollment. A student's Social Security number constitutes an "educational record" under the Federal Educational Rights and Privacy Act (FERPA). That information will be disclosed only with the consent of the student or in those very limited circumstances when consent is not required by FERPA.

PLEASE PRINT

Social Security Number: _____

Student Name (Last): _____ (First): _____ (MI): _____

Home Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone (Day): _____ (Evening): _____

E-mail Address: _____

Birth Date: ____ / ____ / ____ Gender: M F

Race (used for statistical purposes only):

- | | | |
|-----------------------------------------------|-------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Asian/Pacific Island | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Native American | <input type="checkbox"/> White/Non-Hispanic | <input type="checkbox"/> Other |

Veteran Status or Dependant Using Military Benefits: Yes No

Resident Status: Resident of Nebraska Non-resident of Nebraska

Course Number: 91

Course Title: Basic Nursing Assistant Training

Credit: 6.5 Quarter Credits

Total Tuition and Fees: \$410.66

Make-Up Day(s) — \$45/Day Number of days _____

If you work for a NHCA/NALA facility, please provide facility name and city:

Facility Name: _____ City: _____

Check One Box (For Credit or Not For Credit):

- For Credit (If requesting credit hours, must have high school transcript or equivalent on file with the Learning Center)
- Not For Credit

Payment must be included.

Billing Information: Check Cash Credit Card Money Order

We are unable to bill.

If payment is by credit card, complete the credit card information in this box: ↴

Make checks and money orders payable to:
Nebraska Health Care Learning Center
3900 Northwest 12th Street, Suite 100
Lincoln, Nebraska 68521-3037
Phone: (402) 435-3551
Fax: (402) 475-6289
E-mail: nhca@nehca.org

Cardholder's Name (PRINT): _____
Credit Card #: _____
Expiration Date: _____
Cardholder's Billing Address, City State, Zip: _____
Signature: _____
↑ Your signature on the line above will authorize this transaction.

Submission of this form indicates that I understand the following: My registration is complete and that I am accountable for the tuition and fees and subject to a grade in the courses listed. Should I officially drop, withdraw, or cancel, any refund in tuition will be determined by the date I submit my request to the Learning Center. Failure to attend does not constitute an official drop/withdrawal. The personal information is correct as shown; changes in the personal information must include the appropriate documentation. Students enrolling in courses through the Nebraska Health Care Learning Center consent to being photographed and videotaped during educational sessions for the possible inclusion in educational materials published by the Learning Center, NHCF, NHCA, and NALA. It is the policy of the Nebraska Health Care Learning Center to provide equal opportunity and nondiscrimination in all admission, attendance, and employment matters to all persons without regard to race, color, gender, religion, national origin, or disability. Inquiries concerning the Nebraska Health Care Learning Center policies on equal opportunity and nondiscrimination should be directed to the Director of LTCWIN, 3900 Northwest 12th Street, Suite 100, Lincoln, Nebraska 68521, Phone: (402) 435-3551, Fax: (402) 475-6289, or E-mail: septembers@nehca.org.

Signature: _____ Date: _____