

NA020712-W



nebraska
health care learning center

An affiliate of the Nebraska Health Care Association
3900 NW 12th St Ste 100
Lincoln NE 68521-3037



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BASIC NURSING ASSISTANT TRAINING

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

Training Dates:

Multiple days beginning on February 7, 2012

**Training Location: Heritage Care Center
909 17th St, Fairbury, Nebraska 68352**

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



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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.

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 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.

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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

Belva Cassell, R.N.

PROGRAM OBJECTIVES

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

1. Identify the work setting and 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

Nursing assistants 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.

Attendance is required. There is mandatory attendance of the first 16 hours of class in order to continue in the class.

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 at nehca.org/nhclc.

PLEASE NOTE:

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

Class size is limited.

Please bring a sweater or jacket to ensure your comfort at the training.

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 or print this catalog at www.nehca.org/nhclc.

TUITION AND FEES

	On/Before January 27	After January 27
Registration Fee	-0-	\$25.00
Tuition	\$338.00	\$338.00
Training Manual (includes tax)	\$46.50	\$46.50
Total Tuition, Fees and Manual	\$384.50	\$409.50
Make-up Days	\$45.00	\$45.00

- Payment must be included with registration.
- Refer to the Absentee/Make-up Policy.
- Additional testing fees apply for eligibility to the Nurse Aide Registry: \$20 written, \$32 clinical skills.
- For information on testing, go to www.nebraskanurseaide.org and click on **Testing**.

Substitutions are accepted until the event begins.

Substitutions are not possible once the event has started.



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

For Training Manual: Prices include sales tax; a shipping and handling charge will be added if mailed.

The Basic Nursing Assistant Training Manual is required for those registering for the Basic Nursing Assistant Training program. The training manual is published by the Nebraska Health Care Association. **It must be purchased in advance or on the first day of the training program.**

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

TRAINING SCHEDULE

START DATE: FEBRUARY 7, 2012

February 7	4:00 pm - 10:30 pm
February 9	4:00 pm - 10:30 pm
February 11	8:00 am - 4:30 pm
February 12	8:00 am - 4:30 pm
February 14	4:00 pm - 10:30 pm
February 16	4:00 pm - 10:30 pm
February 18	8:00 am - 4:30 pm
February 19	8:00 am - 4:30 pm
February 21	4:00 pm - 10:30 pm
February 22	4:00 pm - 10:30 pm
February 23	4:00 pm - 10:30 pm
February 25	8:00 am - 10:00 am



Nebraska Health Care Learning Center Enrollment Form – Basic Nursing Assistant Training

Starting Date: February 7, 2012

Location: Fairbury, Nebraska

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

To enroll by mail: Complete this 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 enroll by fax: You must pay by credit card in order to enroll by fax. Complete this 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):

- Asian/Pacific Island Black/African American Hispanic/Latino
 Native American White/Non-Hispanic Other

Veteran Status or Dependant Using Military Benefits: Yes No

Resident Status: Resident of Nebraska Non-resident of Nebraska

Course Number: NA020712

Course Title: Basic Nursing Assistant Training

Credit: 6.5 Quarter Credits

Total Tuition, Fees and Manual On/Before January 27: \$384.50

Total Tuition, Fees and Manual After January 27: \$409.50

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

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.
NHC-LC is unable to bill.**

Billing Information: Check Cash Credit Card Money Order

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 # _____
Security Code on Card Back _____ Expiration Date _____
Cardholder's Billing Address, City, State, Zip _____
Cardholder's E-mail _____
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, NHC, 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 NHC-LC, 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 _____