

## Program Information: Certified Nurse Aide (CNA)



### Program Overview

Program teaches student the information and skills needed to work as a nurse aide in a variety of health care venues including long-term, home-care, hospice care, and acute care settings. Program prepares student to take the [Montana Certified Nurse Aide licensing exam](#).

### Program Provider

Program is provided by Bitterroot College UM and is approved by the Montana Department of Public Health and Human Services under its [Nurse Aide Registry](#) office. Violette Hengeveld, RN, is the state-approved Program Coordinator. Crystal Wetherald, LPN, is the Supplemental Didactic Instructor and the Clinical Instructor.

### Program Locations

[Bitterroot College](#), 103 South 9<sup>th</sup> Street, Hamilton

[The Living Centre](#), 63 Main Street, Stevensville

### Program Days and Times: *Saturday, September 30 through November 4, 2017*

- **Classroom Instruction (54 hours)** – Meets at Bitterroot College
  - 8:30am-3:00pm, Sat, Sept 30; Oct 7, 14, 21, 28 (*includes 30 minute lunch break*)
  - 5:00pm-7:00pm, Tues & Thurs, Oct 3, 5, 10, 12, 17, 19, 24, 26, 31; Nov 2
  - *First Aid & CPR class date: Wed, 4:00-8:00pm, Oct 4 (required even if already certified)*
- **Clinical Instruction (48 hours)** – Meets at The Living Centre
  - Clinical Group 1
    - 6:00am-10:00am, Sun & Mon, Oct 8, 9, 15, 16
    - 6:00am-2:30pm, Sun & Mon, Oct 22, 23, 29, 30 (*includes 30 minute lunch break*)
  - Clinical Group 2
    - 6:00am-10:00am, Tues & Wed, Oct 10, 11, 17, 18
    - 6:00am-2:30pm, Tues & Wed, Oct 24, 25, 31; Nov 1 (*includes 30 minute lunch break*)
- **State Licensing Exam**
  - 7:00am-3:00pm, Nov 4
    - Knowledge Exam held at Bitterroot College
    - Clinical Skills Exam held at The Living Centre

➔ *IMPORTANT: Attendance at all classroom & clinical hours is required*

### Program Fee

- Full payment of **\$1,200 due by Tues, Sept 26, 2017** (*see application for payment submission instructions*); **add \$11** if headphones are needed for the Knowledge Test Oral
- Fee includes tuition, textbook, CPR & First Aid class fee, and state licensing exam fee\*
- Student provides **steno notebook, pens/pencils, highlighters, scrubs, and a watch with a second hand**
- **Refund Policy:** 100% refund before payment due date; 75% refund between payment due date and course start date; no refund after course start date

*\*Tutoring may be scheduled according to Bitterroot College availability. Tutoring cost is \$12 per hour. If student does not pass the state licensing exam, then student is responsible for scheduling and payment of exam retake per headmaster website and a \$25/hr proctor fee.*

### Program Fee Assistance

➔ *IMPORTANT: Program Fee Assistance takes time to process; connect with assistance providers ASAP*

- Montana Pathways (*through Human Resource Council*)
  - Contact: (406) 363-6101 (ext. 237 or 239); 316 North 3<sup>rd</sup> Street, Hamilton
- Rural Employment Opportunities (REO)
  - Contact: Will Bodle, [william@reomontana.org](mailto:william@reomontana.org), (406) 274-4172; 274 Old Corvallis Rd, Hamilton
- Veterans Administration Educational Benefits – ***Bitterroot College CNA Program is GI Bill approved!***
  - Contact: Roch Turner, [roch.turner@umontana.edu](mailto:roch.turner@umontana.edu), (406) 375-0100

- Veterans Administration Vocational Rehabilitation Services Training Funds
  - Shak Emly, [shak.emly@va.gov](mailto:shak.emly@va.gov), (888) 279-7528; 2675 Palmer, Suite A, Missoula
- Vocational Rehabilitation Services Training Funds – **Disability Employment Assistance Program**
  - Contact: Sarah Seltzer, [sseltzer@mt.gov](mailto:sseltzer@mt.gov), (406) 375-0203; 274 Old Corvallis Road, Stes K/L, Hamilton
- Workforce Innovation & Opportunity Act (WIOA) Training Funding (*does NOT include help with application costs*)
  - For Ravalli County residents, contact Bitterroot Job Service WIOA Program Operators
    - Delynn Gardner, [dgardner@mt.gov](mailto:dgardner@mt.gov), (406) 375-6042; 274 Old Corvallis Rd, Hamilton
  - For non-Ravalli County residents, contact your local Job Service office
    - Montana Job Service office locations can be found at [jobservices.dli.mt.gov/](http://jobservices.dli.mt.gov/)
- Fee reimbursement by nursing facility
  - Federal regulations **REQUIRE** that nurse aides who become employed or who are offered employment within 12 months of earning their CNA license be reimbursed for their training and testing costs by their employing nursing facility. Visit [State Plan for Nurse Aide Training and Competency Testing Program](#) for details (*applies only if student pays for training and testing; does not apply if WIOA, VocRehab, or other government funding is used*)

### Age, Education, Email, and Other Requirements for Program Application

- 16 to 17 years of age
  - Public high school student: Recommendation letter from high school counselor
  - Home school or private school student: Qualifying TABE scores (explained below) and interview with
  - CNA Program Coordinator – *to schedule an interview, email Victoria Clark at [victoria.clark@umontana.edu](mailto:victoria.clark@umontana.edu) or call Victoria Clark at (406) 375-0100*
- 18 years of age or over
  - High school diploma, high school equivalency diploma (GED or HiSET), **OR** qualifying Test of Adult Basic Education (TABE) scores
    - TABE is available free of charge every Monday at 9am at Literacy Bitterroot (303 North 3<sup>rd</sup> Street, Hamilton). Testing takes approximately 3 hours. Contact [Literacy Bitterroot](#) at (406) 363-2900 or [abc123@montana.com](mailto:abc123@montana.com) for more information
- Must have a personal email account which can be accessed daily
- Must demonstrate requisite emotional and mental maturity/health for placement in a clinical setting
- Must be able to lift 40 to 60 lbs.

### Background Check Required with Program Application

- Visit [app.mt.gov/choprs/](http://app.mt.gov/choprs/) and under **Public Users** click on **Start Service**
- Cost is \$14.50 pay online with eCheck, credit card, or debit card
- Print background check document and attach to program application

### Vaccination Records Required with Program Application

- Record of TB test results (*within past year*); contact your primary care provider or Ravalli County Public Health Department (RCPHD) at (406) 375-6670 for a current test; RCPHD TB testing is available 8:00am-4:30pm, Mon & Tues, cost is \$20.00 (cash or check only)
- Record of Tdap vaccination; contact your primary care provider or your public high school for your vaccination records; contact your primary care provider or Ravalli County Public Health Department at (406) 375-6670 if you need this vaccination
- Attach TB test results and Tdap vaccination records to program application

#### **Retain Program Information for Your Records**

**Questions?** Contact the Bitterroot College at (406) 375-0100 or email Victoria Clark at [victoria.clark@umontana.edu](mailto:victoria.clark@umontana.edu)

## Program Application: Certified Nurse Aide (CNA)



**Application Requirements** (see program information sheet for details)

- 1) Must meet **age, email, emotional/mental health, and physical requirements**
- 2) Must submit **HS transcript, GED or HiSET transcript, or TABE scores** with application
- 3) Must submit **cleared background check** with application
- 4) Must submit current **TB test** (within past year) and current **Tdap vaccination** records with application

**Application Deadline is Tues, Sept 26, 2017 for training starting on Sat, Sept 30, 2017**

**Submit completed application to:**

***Bitterroot College UM***

103 South 9<sup>th</sup> Street, Hamilton, MT 59840

Application questions? (406) 375-0100 or [victoria.clark@umontana.edu](mailto:victoria.clark@umontana.edu)

**Include with completed application:**

- Full program fee payment of \$1,200 (add \$11 if requesting Knowledge Test Oral)** — make checks payable to *UM* or pay in person at Bitterroot College with cash, credit card, or debit card (see accompanying information for payment assistance options)
- Cleared background check documentation** (see accompanying information for details)
- TB Test and Tdap Records** (see accompanying information for details)
- HS transcript, GED or HiSET transcript, or TABE scores** (see program information sheet for details)
- High School Counselor letter if applicable** (see information sheet for details)

Full Legal Name: \_\_\_\_\_  
*First Middle Last*

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number (required for exam registration): \_\_\_\_\_

Exam Preference (check one): \_\_\_\_\_ Questions read aloud (\$11 extra) \_\_\_\_\_ Read on own (no extra charge)

Telephone No: \_\_\_\_\_ Email Address (required): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (optional): Male \_\_\_\_\_ Female \_\_\_\_\_

Age at Start of Program: \_\_\_\_\_

- If 16 to 17 years of age (check one):
- Public High School (attach letter from high school counselor)
  - Private High School (attach TABE scores & schedule interview)
  - Home School (attach TABE scores & schedule interview)

*(application has two pages – continue to second page)*

List certifications currently held: \_\_\_\_\_

Summarize previous work experience: \_\_\_\_\_

Provide relevant life experiences: \_\_\_\_\_

List three qualities you have which will help you be a competent, compassionate Certified Nurse Aide:

**By signing this application, I certify that my application information is true and correct to the best of my knowledge, and I understand that falsification or omission of information may result in denial or rescinding of admission to Bitterroot College's Continuing Education Certified Nurse Aide Program.**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*For Office Use Only*

**Required Application Materials**

- \_\_\_\_ Complete Application
- \_\_\_\_ HS/HS Equiv/TABE
- \_\_\_\_ Background Check
- \_\_\_\_ TB Test
- \_\_\_\_ Tdap Records

<p><i>Reviewer's name:</i> _____</p> <p><i>Reviewer's comments:</i></p>
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<p><i>Passed Exam (circle one):</i>    YES    NO</p> <p><i>Knowledge Test Score:</i> _____      <i>Skills Test Score:</i> _____</p>
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**Payment Type:** Student \_\_\_\_\_ WIOA \_\_\_\_\_ Other (*explain*) \_\_\_\_\_

**Application reviewed on** \_\_\_\_\_ **Accepted** \_\_\_\_\_ **Denied** \_\_\_\_\_  
Date