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. Carol Hackney, 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 9th Street, Hamilton; The Living Centre, 63 Main Street, Stevensville

Program Days and Times: Saturday, April 20 through Saturday, May 25, 2019

- Classroom Instruction (54 hours) – Meets at Bitterroot College
  - 8:30am-3:00pm, Sat, Apr 20, & 27; May 4, 11, & 18 (includes 30 minute lunch break)
  - 5:00pm-7:00pm, Tues & Thurs, Apr 23, 25, & 30; May 2, 7, 9, 14, 16, 21, & 23
  - First Aid & CPR: 4:00pm-8:00pm, TBA (required even if already certified)

- Clinical Instruction (48 hours) – Meets at The Living Centre
  - Clinical Group 1 — 6:00am-2:30pm (includes 30-minute lunch break)
    - Sun, Apr 28 & May 12; Mon, May 6 & 12; Wed, May 15; Thu, May 23
  - Clinical Group 2 — 6:00am-2:30pm (includes 30-minute lunch break)
    - Mon, Apr 29 & May 13; Sun, May 5 & 19; Thu, May 16; Wed, May 22

- State Licensing Exam
  - 7:00am-3:00pm, Saturday, May 25
    - 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 $1,490 due by Wed, April 17, 2019 (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

- Pathways Programs Funding (formerly WoRC), Human Resource Council, 303 North 3rd Street, Hamilton
  - Lisa Kearns, (406) 363-6101 ext. 237 or Holly Montgomery, (406) 363-6101 ext. 239
- Rural Employment Opportunities (REO) (for eligibility, must have worked in agriculture within last 2 years)
  - Will Bodle, william@reomontana.org, (406) 274-4172
- Veterans Administration Educational Benefits, Valley Veterans Service Center, 217 N 3rd St, Suite L, Hamilton
  - Veterans and family members: check your benefits eligibility, call (406) 363-9838 for an appointment
- Veterans Administration Vocational Rehabilitation Services Training Funds
  - Debra Fleig, debra.fleig@va.gov, (406) 258-1084; 2681 Palmer Street, Suite N, Missoula
Program Fee Assistance (continued)

- Vocational Rehabilitation Services Training Funds – **Disability Employment Assistance Program**
  - Sarah Seltzer, sseltzer@mt.gov, (406) 375-0203, Bitterroot College, 103 S 9th Street, Hamilton
- Workforce Innovation & Opportunity Act (WIOA) Funding, Human Resource Council, 303 N 3rd Street, Hamilton
  - DeLynn Gardner, dgardner@mt.gov, (406) 560-1689 or Chelle Twist, mtwist@mt.gov, (406) 565-2243
- WIOA Youth Employment Program (*serves ages 14 to 24*), Human Resource Council, 303 N 3rd Street, Hamilton
  - Shane Kravik, sek@hrcxi.org, (406) 363-6101, ext. 236
- 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, ID, Email, and Other Requirements for Program Application

- **16 to 17 years of age**
  - Public or state-accredited private high school student: Recommendation letter from high school counselor or appropriate academic administrator
  - Home school student: Qualifying TABE scores (explained below) and interview with CNA Program Coordinator – to schedule an interview, contact Meri Telin at (406) 375-0100 or meri1.telin@umontana.edu
- **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 N 3rd Street, Hamilton). Testing takes approximately 3 hours. Contact Literacy Bitterroot at (406) 363-2900 or abc123@montana.com for more information
  - Must have a **photo ID** and **original social security card** for proof of identity and exam admittance
  - 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 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 primary care provider or public high school for vaccination records; contact primary care provider or Ravalli County Public Health Deptt at (406) 375-6670 if vaccine needed.**
- **Record of most recently available seasonal flu vaccination; contact primary care provider or local pharmacy if vaccine needed.**
- Attach TB test results and Tdap & flu vaccination records to program application.

Retain Program Information for Your Records

Questions? Contact the Bitterroot College at (406) 375-0100 or email Meri Telin at meri1.telin@umontana.edu
Program Application: Certified Nurse Aide (CNA)

Application Requirements (see program information sheet for details)

1) Must meet age, ID, SS card, email, emotional/mental health, and physical requirements
2) Must submit HS transcript, GED or HiSET transcript, or TAVE scores with application
3) Must submit cleared background check with application
4) Must submit current TB test (within past year) and current Tdap & seasonal flu vaccination records with application

Application Deadline is Wed, Apr 17, 2019 for training starting on Sat, Apr 20, 2019

Submit completed application to:
Bitterroot College UM
103 South 9th Street, Hamilton, MT 59840
Application questions? (406) 375-0100 or meri.telin@umontana.edu

Include with completed application:
☐ Full program fee payment of $1,490 (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 & Flu Vaccination Records (see accompanying information for details)
☐ HS transcript, GED or HiSET transcript, or TAVE scores (see program information sheet for details)
☐ High School Counselor/Academic Administrator 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 age 16 or 17 (check one): ☐ Public High School (attach letter from high school counselor)
☐ State-accredited Private High School (attach letter from academic administrator)
☐ 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/Letter
___ Photo ID & SS Card
___ Background Check
___ TB Test
___ Tdap & Flu Vaccines

Reviewer’s name: ________________________________

Review date: ________________________________

Reviewer’s comments:

Circle one: Accepted Denied

Photo ID: ID Type ___________________________ ID No. ___________________________ ID Checked By __________

Payment Type: ________________________________

Exam Results: ________________________________

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