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 9th Street, Hamilton
The Living Centre, 63 Main Street, Stevensville

Program Days and Times: Saturday, January 27 through March 3, 2018
• Classroom Instruction (54 hours) – Meets at Bitterroot College
  o 8:30am-3:00pm, Sat, Jan 27, Feb 3, 10, 17, 24 (includes 30 minute lunch break)
  o 5:00pm-7:00pm, Tues & Thurs, Jan 30, Feb 1, 6, 8, 15, 20, 22, 27, Mar 1
  o First Aid & CPR: Tues, 4:00-8:00pm, Feb 13 (required even if already certified)
• Clinical Instruction (48 hours) – Meets at The Living Centre
  o Clinical Group 1
    ▪ 6:00am-10:00am, Sun & Mon, Feb 4, 5, 11, 12
    ▪ 6:00am-2:30pm, Sun & Mon, Feb 18, 19, 25, 26 (includes 30 minute lunch break)
  o Clinical Group 2
    ▪ 6:00am-10:00am, Tues & Wed, Feb 6, 7, 13, 14
    ▪ 6:00am-2:30pm, Tues & Wed, Feb 20, 21, 27, 28 (includes 30 minute lunch break)
• State Licensing Exam
  o 7:00am-3:00pm, March 3
    ▪ 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 Tues, Jan 23, 2018 (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
  o Lisa Kearns, (406) 363-6101 ext. 237 or Holly Montgomery, (406) 363-6101 ext. 239
• Rural Employment Opportunities (REO)
  o Will Bodle, william@reomontana.org, (406) 274-4172
• Veterans Administration Educational Benefits
  o Roch Turner, roch.turner@umontana.edu, (406) 375-0100, Bitterroot College, 103 S 9th, Hamilton
Program Fee Assistance (continued)

- Veterans Administration Vocational Rehabilitation Services Training Funds
  - Shak Emly, shak.emly@va.gov, (888) 279-7528; 2675 Palmer, Suite A, Missoula
- Vocational Rehabilitation Services Training Funds – Disability Employment Assistance Program
  - Sarah Seltzer, sseltzer@mt.gov, (406) 375-0203; Bitterroot College, 103 S 9th, Hamilton
- Workforce Innovation & Opportunity Act (WIOA), Job Service at Bitterroot College, 103 S 9th, Hamilton
  - DeLynn Gardner, dgardner@mt.gov, (406) 565-2243 or Fran Krieger, fkrieger@mt.gov, (406) 560-1689
  - For non-Ravalli County residents, contact local Job Service office listed at 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, ID, 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 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 3rd Street, Hamilton). Testing takes approximately 3 hours. Contact Literacy Bitterroot at 363-2900 or abc123@montana.com for more information
  - Must have a photo ID for proof of identity
  - 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/ 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 Roch Turner at roch.turner@umontana.edu
Program Application: Certified Nurse Aide (CNA)

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

1) Must meet age, ID, 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, Jan 23, 2018 for training starting on Sat, Jan 27, 2018

Submit completed application to:

*Bitterroot College UM*

103 South 9th Street, Hamilton, MT 59840

*Application questions? (406) 375-0100 or victoria.clark@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 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

Reviewer’s name: ___________________________

Reviewer’s comments:

Passed Exam (circle one): YES NO

Knowledge Test Score: ________ Skills Test Score: ________

Payment Type: Student ______ WIOA ______ Other (explain) ____________________

Photo ID: ID Type ______________________ ID No. ______________________ ID Checked By ____________

Application reviewed on ___________________ Accepted ____________ Denied ____________

Date ______________________