

MCH-130 Cincinnati State Nurse Aide Training Application

Frequently Asked Questions

*Is there financial aid for the class?

- If you are a **degree seeking student** in a program that requires Nurse Aide Training (NAT), you may be able to use your financial aid for this course.
- If you are a **non-degree seeking student**, financial aid isn't available.

*How long is the class?

- Classes run 80-86 hours, exceeding the state minimum of 75 hours. A variety of schedules and sites are offered including:
 - 4.5 hours, days or evenings, for 10 weeks
 - Monday-Friday, 8am-330pm for 12 days
 - Sites include: Main campus, Evendale at WDC, and Middletown

*When do classes start?

- Check our website for the most current schedules.
- If a class is full, you can show up the first day and see if a seat opens up.

*How do I obtain Instructor Consent?

- Turn in your completed application to HPB, room 312, or fax to 513-569-1659. The Program Director will give approval in the system, and you'll receive an email stating you can register for the class.

PROGRAM EXPECTATIONS

Program expectations will be covered on the first day of class. Bring a current state ID or driver's license and Social security card on the first day. The required textbook and workbook can be purchased at the bookstore, or at WDC Evendale on the first day of class. Hunter green scrubs will be worn for clinical days, but you can wear regular clothes to class.

Admission and Attendance:

- A completed application form, including: negative 2-step TB test, QuantiFERON TB Gold or chest x-ray. These must be current for the term.
- If you have a significant change in health, a new physician consent may be required.
- Minimum age 16.
- Attendance for class and clinical is mandatory.
- A grade of 80% is needed to go to clinical and to receive a certificate of completion.
- Appropriate behavior consistent with the Code of Conduct is expected.
- See Cinti State refund policy if needed.

Signature

Date

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I plan to enroll in the _____ Semester Today's Date _____

Check one of the following: _____ Cinti State Student _____ Facility-Sponsored Student

Print Information as it Appears on your Driver's License

Last	First	Middle	

Address	_____		
Street	City, State	Zip Code	

Phone Number	_____	Social Security Number	_____
_____			_____
Emergency Contact	_____	Phone Number	_____
_____			_____
Cinti State email	_____	Date of Birth	_____

Male or Female (Circle)			

Last School Attended (including Nurse Aide Training)			

I declare the above information is correct.

Signed _____ Date _____

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Nurse Aide Training Health Information

Full name

Last

First

Middle

Address _____

Street

City, State

Zip Code

Date of Birth _____

Two-Step TB Test, QuantiFERON TB Gold, or Chest X-Ray is REQUIRED for this program. Please include results below or attach results to this form.

Date of 1st Step: _____ **Date 1st Step Read:** _____ **Results in mm:** _____ **Initials:** _____

Date of 2nd Step: _____ **Date 2nd Step Read:** _____ **Results in mm:** _____ **Initials:** _____

If positive, Chest x-ray results: _____ **Attach report**

Results of QuantiFERON _____ **Attach results**

Signature of Healthcare provider: _____ Initials: _____ Date: _____

Name of Practice: _____ Address: _____

Phone and Fax number: _____