

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 is not 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 -3:30pm 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 Health Professions Building 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 Clifton Campus 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 Student Code of Conduct is expected.
- See Cincinnati 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: _____ Cincinnati State Student _____ Facility-Sponsored Student

Print Information exactly 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

A 2-step PPD/TB Test, QuantiFERON TB Gold, or Chest X-ray is REQUIRED for this program. Please be sure to include results below or attach results to this form. Please make sure to read the below statement regarding the required time interval between the 1st and 2nd injections; if your 2-step does not follow this, it will be rejected.

Last Name	First	Middle	Date of Birth
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Street Address	City	State	Zip Code
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II. 2 Step Tuberculosis Test Results

<u>1st Step</u>	Date Applied	Arm	Lot#	Manufacturer	Signature & Title
	Date Read	Results (mm)			Signature & Title

If 1st step is negative, the 2nd injection should be administered **no earlier than 7 days** and **no later than 21 days** after the **READ DATE (not place date)** of the 1st injection.

<u>2nd Step</u>	Date Applied	Arm	Lot #	Manufacturer	Signature & Title
	Date Read	Results (mm)			Signature & Title

Chest X-Ray: is **only** permitted if you have had a prior +PPD. For previously known/new positive reactors please complete the following and **submit a copy of the chest x-ray report** completed within the last 3 years that states the results are clear from infectious or contagious diseases. ***This report must state that the reason for the CXR is due to a +PPD.***

Chest X-ray: Date: _____ Results: _____ **Other:** Date: _____ Results: _____
