



Certified Nursing Assistant and Geriatric Nursing Assistant (CNA/GNA) Training Program

STUDENT RESPONSIBILITIES

In an effort to confirm your understanding of your responsibilities, and to assist with your successful entry into and completion of this program, please review the following points and confirm your understanding by signing below. There is no commitment until you have accepted enrollment and begun class. Please discuss any personal questions or concerns you may have regarding this information with a program representative.

1. You must have a current (a) pre-employment drug (urine toxicology) and (b) PPD (Purified Protein Derivative for tuberculosis) screens. The drug screen must be no less than 30 days old at the start of class, and the PPD must be no more than nine months old at the start of class. Both screens must be from a recognized, reputable testing center. If you do not have current drug and PPD screens, we will schedule our vendor to perform them in the class for \$50, which you will pay directly to the vendor. If you have a positive drug result, you will not be able to proceed, unless you believe this was a “false positive.” In that case, you may submit for a second drug screen. If you have a positive PPD result, an X-ray will be required at your sole expense, prior to the start of class. At any time during this program, you may be required to submit for another drug screen at your expense. If any such subsequent test results in a negative result, you will be reimbursed for the full cost of that test.
2. You must have a current “Healthcare Provider” Cardiopulmonary (CPR) that does not expire for at least 90 days following graduation. We will only accept certifications from American Heart Association or American Red Cross; no other certifying agencies are acceptable. If you do not yet have these certifications, we will schedule our vendor to perform them in the class for \$60, which you will pay directly to the vendor.
3. Prior to graduation, you will be responsible for paying the \$50.00 fee to Criminal Justice Information System (CJIS) for your State and FBI criminal background check. Your CJIS receipt will be submitted with your \$20.00 payment (\$40.00 for renewals) to the State of Maryland Board of Nursing for your Certified Nursing Assistant (CNA) license application. If you will be registering to take your state board Geriatric Nursing Assistant (GNA) examination, you must also provide your \$105.00 payment to American Red Cross for your GNA written exam and skills evaluation fee.
4. You must meet the attendance (including tardiness) policies as described by It Works Learning Center, Inc. or you may be dismissed from the program.
5. You must have an acceptable criminal background history, which you accurately disclosed on the application. After class begins, if you have any new arrests, cases, or legal matters, you must notify It Works immediately. Failure to do so may affect your ability to complete this program and to be licensed as a nursing assistant.
6. If you have any pre-existing conditions that may prevent you from performing any skills or activities required of students attending this program, written verification must be provided from your physician, prior to the start of the program, stating that there are “no activity restrictions.”
7. The positions which you will likely pursue following successful completion of this program may require working day (7a-3p), evening (3p-11p) and/or night shifts (11p-7a), as well as every other weekend and alternating holidays. The shifts are typically 8 hours long. Shift needs can change daily and are not guaranteed.

This information has been reviewed with me and all of my questions have been answered to my satisfaction.

Signature

Print Name

Date



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STUDENT AGREEMENT

1. I will attend all classes and arrive on time.
2. I understand that attendance will be taken at the beginning and end of each class, beginning on the first day of class.
3. I understand that if I am not present, I may be marked as absent.
4. This training program consists of two components. I understand that I am expected to attend 100% of the program and must meet the attendance requirements for both components in order to receive a certificate of completion program. The attendance guidelines are:
 - Classroom Theory: 100 hours
 - Clinical Rotation 40 hours

If a medical or other emergency should occur, verifiable documentation will be required to reenter the class. In order to receive a certificate of completion from the program, students must maintain an attendance rate of 90% or better.

5. I understand that I must call the instructor or program coordinator and talk to her/him directly or leave a message on her/his voicemail, if I will be absent or late to class.
6. I will cooperate fully with my instructor on all classroom assignments, homework assignments, and other activities.
7. I will conduct myself in a professional manner at all times, and will dress in an appropriate, professional manner whenever engaged in my course work at the training site.
8. I will not bring to class any electronic devices that may be disruptive during class, for example a mobile phone.
9. I understand that I must maintain an average score of 80% in the classroom/theory component to be eligible to attend the clinical component of the course. Classroom performance is based on attendance, participation, quizzes, and the final exam.
10. I understand that I must receive an 80% or higher on the final exam and must successfully complete the clinical experience to be eligible for a certificate of completion. Clinical performance is based on attendance and successful performance of the required competencies as verified by the instructor.
11. I understand that I am applying for admission into this nursing assistant program, the total tuition cost of \$1,800.00 of which I am solely responsible for paying.
12. I understand that I am personally responsible (not my employer) for making certain that I take the state GNA exam that I will be registered for within 120 days of class completion, and that I may take the exam up to 4 times and must pass the exam within 24 months of completion of the class.

13. I understand that it will be my responsibility to track my licenses and renewals through the State of Maryland Board of Nursing, and to inform them of any name or address changes.

14. I will notify It Works Learning Center, Inc. of any changes to my address, phone numbers or contact information during training.

15. I will maintain contact with It Works Learning Center, Inc. for 1 year after graduation to provide employer and wage information.

I have read the above policies, and acknowledge my understanding, by signing below.

Signature

Print Name

Date