

William Penn Care Center Student Nurse Aide Training

Application, Policies and Procedures Handbook

Please use this handbook to familiarize yourself with the policies and procedures for application into the William Penn Care Center Student Nurse Aide Training Program. Applications for the Long-Term Care Nurse Aide Program are accepted on a continuous basis with no specific application deadlines. It is recommended that interested students submit an application at least one month before the start of the nurse aide program in order to complete the necessary health requirements.

The Student Nurse Aide Program consists of 120 hours of lecture, lab and clinical, which provides the skills to function as a nurse aide in a long-term care facility and meets the mandates of the federal government (via OBRA). After successful completion of the program, you will be able to function at the entry level and be eligible to take the Pennsylvania Nurse Aide certification exam.



Dear Nurse Aide Candidate,

Thank you for your interest in our Pennsylvania Department of Education approved Nurse Aide Training Program. Please read this letter in its entirety before you proceed to the Nurse Aide Training Program handbook. The handbook contains a thorough review of the Nurse Aide Training Program along with *Frequently Asked Questions (page 4)*, and *Admission and Training Policies (page 5)*.

Classes are held 5 days per week for approximately 4 weeks: 17 eight-hour days are Monday through Friday from 7 am until 3:30pm.

William Penn Care Center offers the course at the Quest Building in Jeannette, PA. Clinical sessions are held at the East Nursing unit of William Penn Care Center.

In order to register students must:

- ☐ **Complete ALL requirements prior to an interview with the Program's Coordinator or Facility's Director of Nursing.**
 - Please refer to the "Registration Checklist" on the next page for details.
- ☐ At the conclusion of the Nurse Aide Training Program, students must pass the National Nurse Aide Assessment Program (NNAAP) to become a *State Registered Nurse Aide*.

There is a strict **attendance policy** due to the intense course schedule and PA Department of Education Requirements. If you have an event that requires missing class or clinical, please register for the next semester.

The **dress code** for CLASS and CLINICAL is nursing scrubs; you are required to have sturdy, non-slip, nonskid full shoe in white; a watch with a second hand. Your instructor will review all details on the first day of class

The **occupational responsibilities** of the Nurse Aide candidate require having full use of their hands, the ability to stand for extensive periods of time (approximately 5+ hours), and the ability to perform bending, pushing, pulling, and **lifting a minimum of 40 pounds** without restrictions.

A Nurse Aide career can be both rewarding and challenging. Please understand the commitment of providing compassionate and dignified care of the elderly, and the need for strong communication skills. As a student, you represent William Penn Care Center and are expected to abide by the rules and regulations of William Penn Care Center. Please call 724-327-3500 or email: hr@williampenncc.com if you have any questions.

Nurse Aide Admission Requirements Checklist

When completed, check boxes below

Students **must complete** the following admission requirements prior to the registration interview with the Assistant Director, Nurse Aide. Please use the checklist to organize your documentation and bring this copy to the interview.

- ☐ **Entrance Exam**
- ☐ **Nurse Aide Admission and Training Policies ~ Signature Page (page 19) – *original form***
- ☐ **Application for Enrollment (pages 20)) – *original form***
- ☐ **Criminal Background Check Notification (page 22) – *original form***
- ☐ **Pennsylvania Criminal Background Check Form – PA State Police (page 23)**
 - Fill out this form
 - Will be processed by the facility if selected
- ☐ **FBI Criminal Background Check**
 - If you lived in PA for MORE than two years, skip this step.
- ☐ **Verification of Pennsylvania Residency/Attestation of Compliance with Act 14 Form – *original form is required***
- ☐ **Two forms of identification (one photo ID is required) – *original IDs required* U.S. Citizenship–*original IDs required***
 - If you are not a U.S. Citizen, bring your Visa, I-94 or Green Card to the interview.
- ☐ **Two-Step Mantoux, QuantiFERON Gold TB Test or Chest X-Ray (if available)**
 - Will be completed by the facility if selected
 - The doctor/nurse must complete the entire form - *original form is required.*
- ☐ **Review Checklist, Gather/Organize Documents and Call to Schedule an Interview**
 - When the checklist is completed, call 724-327-3500 to schedule an interview

**Calls are returned in the order received; please do not leave multiple messages.
Walk-in appointments are not accepted.**

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Nurse Aide Training Program ~ Frequently Asked Questions

What is a Nurse Aide? (Nursing Assistant/NA or State Registered Nursing Assistant)

A Nurse Aide assists the nurse in providing basic patient care such as helping take vital signs (blood pressure, heart rate, temperature, etc.), assist with a bath, shower or meals, change bed linens, and other personal hygiene needs.

Where can a Nurse Aide work?

Nurse Aides usually work in a long-term care facility, under the direct supervision of a licensed nurse. With further training, it is possible for a Nurse Aide to move into advanced nursing, other Allied Health careers, or work in a hospital setting (may require training in CPR, EKG or Phlebotomy).

- For information about Nurse Aide jobs, you can research online or in the newspaper for positions in long-term care (nursing homes), hospitals, or home health care agencies.

What is the cost of the Nurse Aide Training Program?

Applicants selected to participate in the Nurse Aide Training Program are not charged a fee for the class. There may be outside costs if the student needs to purchase apparel or supplies for the class. Students may rent the textbook from the facility with the rental fee returned when the book is returned (see rental agreement for full details). If student chooses not to rent the book, they must purchase their own copy.

What are the requirements before I apply?

Step 1: Review and complete the requirements detailed in this handbook in the *Admission and Training Policies, Section A* starting on **page 5**. Please read this handbook in its entirety.

Step 2: Contact the Program Coordinator at 724-327-3500 or hr@williampenncc.com to schedule an interview appointment. Prepare to bring the documents and IDs to the appointment.

Step 3: Meet with the Program Coordinator and take an assessment test and complete the interview for the class.

Step 4: If you have all requirements and space in class is available, complete the physical exam process.

Step 5: If you pass all the requirements of the physical exam, register for the class

What is the Nurse Aide Training Program like?

The Nurse Aide Training Program, approved by the Pennsylvania Department of Education, is 5 days per week for 4 weeks. The classroom/skills component is topics ranging from vital signs, personal care, ethics, communication skills, infection control, feeding and body mechanics. Students will have hands-on clinical component at William Penn Care Center next door.

What is the Dress Code?

The dress code for CLASS and CLINICAL is nursing scrubs; you are required to have sturdy, non-slip, nonskid full shoe in white; a watch with a second hand. Your instructor will review all details on the first day of class.

What are the requirements after successful completion of the program?

After successfully completing the program, students must pass the **National Nurse Aide Assessment Program (NNAAP)** in order to enroll on the Pennsylvania Nurse Aide Registry. There is an additional cost of \$135 for the written and practical exam. This cost is to be covered by the facility if the student is employed in a Long-Term Care facility.

Nurse Aide Admission and Training Policies

A. Admission Policy

- William Penn Care Center NATCEP Training Program requires all Nurse Aide students to pass an entrance exam. The candidate must be able to understand basic concept skills in math, reading and writing in English. The exam is a 75-question basic skills test to determine your skill level in reading comprehension and math (add, subtract, multiply, divide). A facility representative will administer the exam before the interview appointment, and obtain a passing grade of 80%.
- All Nurse Aide students must submit required documentation and successfully interview with the primary instructor in addition to passing a criminal background check, FBI report (if required), two step ppd, physical exam, and urine drug screen to be admitted to the program.
- Read and understand the *Admission and Training Policies* outlined in this Nurse Aide applicant handbook. You must sign, date and bring the signature page (page 18) to the interview appointment. If you have any questions concerning the policies, please contact the Program Coordinator, at 724-327-3500 or via email hr@williampenncc.com

1. Criminal Background Check

Applicants must submit to a Criminal History Record Information (CHRI) report with a watermark seal from the Pennsylvania State Police during the year prior to beginning a nurse aide training program or submit to a CHRI by the facility. The CHRI report must be free of prohibitive offenses as cited in Act 14 of 1997 [63 P.S. §§ 675 (a) (1)-(3)]. This will be done by the facility.

2. Both the PA State Police CHRI and a FBI report must be completed before registering for the program by applicants residing in Pennsylvania for **LESS than two years**, prior to the date of admission, or applicants who are not certain whether a crime committed in another state is similar to those crimes listed on the Prohibitive Offenses Contained in 63 P.S. § 675.

- i. The FBI and CHRI (PA check) must be in compliance and not contain prohibitive offenses as cited in Act 14 (see #1)
- ii. For information about the FBI process, see the detailed chart on page 29

□ The designated NATCEP representative is responsible to;

- I. evaluate and determine eligibility for enrollment in NATCEP and in compliance with Act 14. The NATCEP representative will record their full signature and date as an attestation of compliance with Act 14. NATCEP must retain the signed and dated ORIGINAL or copy of the ORIGINAL FBI report that is stamped “original” in red ink in the student’s file.
- II. If a prospective nurse aide applicant is not currently employed in a long-term nursing facility prior to enrolling in a PDE-approved nurse aide class and plans to enroll in a PDE-approved nurse aide training program, the applicant must provide an FBI report secured through IDEMIA and Department of Education. The training program is responsible to evaluate the CHRI/FBI report for compliance with PA Act 14 of 1997. The prospective nurse aide applicant will receive a certified letter with their FBI report and stamped ORIGINAL in red ink.
- III. EXCEPTION: If the applicant is currently employed by a licensed long-term care facility and plans to enroll in a PDE-approved NATCEP, a PA CHRI, letter from the PDE, and when applicable and FBI RAP sheet from EDEMIA is acceptable. The nursing facility (employer) is responsible to evaluate the CHRI/FBI report to determine eligibility for employment in compliance with PA Act 13 of 1997. For NATCEP compliance, the employer must provide to the NATCEP prior to enrollment: (1) CHRI, and when applicable, a letter from PDE or an FBI report with a full signature and date on each document to

verify compliance with PA Act 13, and (2) written verification of the prospective student's employment (not impending hire) on nursing facility letterhead that includes initial hire date and job title of the employee/student. The NATCEP representative must record their full signature and date on each facility-signed document to confirm receipt prior to enroll enrollment in the NATCEP and retain in student file for compliance review.

- **Medical Assistance Bulletin 99-11-05; Exclusion from participation in Federal Health Care Programs**
 - Long-term care facilities are not permitted to hire an employee who is excluded from participation in Medicare, Medicaid or any other federal health care program.
 - All applicants will be screened to determine if they have been excluded from participation in Medicare/Medicaid, or any other federal program.
 - While your CHRI may be acceptable for nurse aide training, you should be aware that Pennsylvania maintains a database by Department of Health and Human services' Office of Inspector General that identifies individuals or entities that have been excluded nationwide from participation in any federal health care program.
 - If any applicant is excluded based on the information reviewed on these sites, the applicant will not be accepted into the program, and is possible that you will not be eligible for employment in a health care agency. (The Exclusion from Federal Health Care Plans information page is included with the program application).
 - To see if you are on the list, please go to the following website;
<http://oig.hhs.gov/fraud/exclusions.asp>.
- **Verification of Pennsylvania Residency Form/Attestation Form**
 - Complete the verification of Pennsylvania Residency form and Attestation of Compliance with Act 14 and submit two (2) forms of identification (one form of identification must have a photo) at the interview. Approved forms of ID include; Driver's license, Passport, State-issued Identification Card and Social Security Card.
 - If applicant is not a citizen of the U.S., the applicant must submit a copy of their Visa, I-94, or Resident Alien card (green card) at the time of registration.
- **Physical Exam**
 - A Physical exam and evidence that the applicant is free of communicable disease is required within one-year of admission to the Nurse Aide Training Program. The physical exam will be completed by the facility.
 - You will also need to pass a urine drug screen.
 - Must show documentation of a negative Two-step Mantoux, OR Negative QuantiFERON TB Gold test dated within a year of starting class, OR a negative chest x-ray report dated within five (5) years of admission.
 - Occupational responsibilities: Full use of hands, arms and legs; the ability to stand for lengthy periods of time (approximately 5+ hours); the ability to perform tasks that include bending, pushing, pulling, and lifting a minimum of 40 pounds without restrictions.

B. Attendance Policy

1. Students must complete the entire 120-hour program. The curriculum includes classroom lecture, skills laboratory and clinical hours at a long-term care facility.
2. In compliance with Regulation Section 483.152 of the Omnibus Budget Reconciliation Act (OBRA) and Section 3 of Act 14, a student must complete a minimum of 16 hours of instruction in the five (5) content areas listed below before any resident contact. Therefore, if the student is tardy or absent during a day when the following content is taught, they will be asked to enroll in a future class. The administration will determine if you are permitted to attend a future class.
 - The content areas are as follows:
 - a. Communication and interpersonal skills
 - b. Safety and emergency, including the abdominal thrust
 - c. Infection control
 - d. Resident rights
 - e. Resident independence
3. Attendance will be documented on a daily basis to reflect the number of classroom, lab and clinical hours as per the program calendar.
4. If a student needs to miss a scheduled class or clinical session, the student must contact the Program Coordinator's office at 724-327-3500 **and** the instructor to report the absence.
5. Any class or clinical time that is missed (due to an extenuating circumstance and **except for the 16 hours of instruction in the five content areas**) **MUST** be made up on a make-up day. The required 16 hours of instruction in the five content hours cannot be missed or made up. If a student would miss any of this time they will be required to retake the entire class.
 - i. Students **CANNOT** miss (call off, be late or leave early) for any reason **ANY** of the first 4 days of class. This is the time that the mandatory 16 hours of instruction is taught. Failure to attend the entirety of these days will result in dismissal from the program.
 - ii. Any excused absence related to a potential contagious disease will require a physician's statement permitting the student to return to class, i.e., pink eye.
 - iii. Absence from class without the program coordinators' authorization will result in immediate termination from the program.
 - iv. In the event an urgent situation occurs, the student will call the instructor. The student should note the time the call was made and the name of the "party" to whom the student spoke.
 - v. Attendance is mandatory. No absence will be permitted unless an extenuating circumstance, such as a death in the family or a court subpoena will be permitted.
 - vi. Students will sign a daily attendance sheet.
 - vii. Makeup time must be coordinated with the instructor. Depending on instructor availability the student may be required to attend a make-up day prior to resident contact.
 - viii. Students may only miss up to 7.5 hours of time on 2 days of class (excluding the first 4 days of class with mandatory instruction in the 5 content areas). Day missed will be reviewed to ensure that the student is able to proceed to resident contact. If they have not obtained required instruction for resident contact the student will be required to re-take the entire class,

6. Tardiness is validated by the use of a clock in the classroom. You should be in your seat and ready to begin class by 7am.

- i. Tardiness is also determined by the timely return to the classroom or clinical site after a break or lunch. Failure to return at the set time is considered a tardy.
- ii. The first offense of tardiness will receive a verbal warning; the second offense will receive a written warning and the third offense could result in termination from class.

7. Make-up days

- i. The student must supply the instructor with a make-up form to document attendance.
- ii. An *unexcused* absence will result in dismissal from the program.
- iii. If deemed necessary, the student may have to re-take the Nurse Aide Training course

8. A student who leaves the program – dismissed or “no call no show” – forfeits class / clinical hours. If a student would like to re-apply (if applicable), the student must: repeat the registration process and repeat the entire course. Class/clinical time are not “carried over” to a new semester.

C. Level of Achievement Policy

1. Students will be given a copy of their final grade, performance checklist and, if applicable, a Certificate of Completion.
2. To successfully complete the program, the student must fulfill the following requirements:
 - a. *Theory* ~ The student must have a final cumulative average of 80% that includes five (5) quizzes and a final exam (test may be given via the computer and/or paper).
 - i. If the student scores less than the specified pass rate a second attempt may be permitted. Make-up tests are at the discretion of the instructor.
 - a. No dictionary or other resource material will be permitted during the quiz.
 - b. If a student is absent on the day of a quiz, they will be required to take the quiz on the day they return to class if the absence is deemed acceptable.
 - ii. Students who receive a cumulative average below 80% will receive a failure of the Theory requirement.
 - b. *Skills Lab* ~ The student must satisfactorily demonstrate all the required skills and procedures as defined by the NATCEP.
 - i. All required skills and procedures must be performed at a satisfactory level.
 - ii. An “S” satisfactory level of achievement is attained if all steps are completed successfully as per skill.
 - iii. Missing steps will result in a “U” unsatisfactory level of achievement.
 - iv. Students have two (2) opportunities to achieve a satisfactory rating.
 - v. Students who do not receive a satisfactory rating after the two (2) additional opportunities will receive a failure of the Skills Lab requirement.
 - vi. After satisfactory demonstration of a procedure, the instructor will sign each procedure evaluation checklist.
 - c. *Clinical* ~ The student must satisfactorily demonstrate all the required skills/procedures as per the NATCEP during the clinical portion of the program.
 - i. **All procedures must be performed at a satisfactory level.**
 - ii. An “S” satisfactory level of achievement is attained when procedures are performed consistently as instructed in the classroom and lab with few to occasional reminders or with minor infractions.
 - iii. A “U” unsatisfactory level that will result in a failure of the procedure is also defined as:
 - frequent or major infractions
 - frequent cueing
 - unsafe or incorrect demonstration
 - violation of a client’s rights
 - iv. Students will receive support to bring the clinical skill to a satisfactory level. A student who does not improve or is not deemed competent by the instructor will receive a failure of the Clinical requirement.
 - a. If a student demonstrates unsatisfactory progress in any component of the nurse aide training program, the instructor may choose to provide counseling, remediation, issue a written warning or dismiss them from the program.
 - b. If the clinical site staff observes a student performing or behaving unsatisfactorily, the clinical site has the right to refuse the student to return to the clinical site.
 - v. A major infraction is defined as actual or the potential for actual harm, or immediate jeopardy
 - vi. A minor infraction is defined as no actual harm with the potential for minimal harm
 - vii. Students cannot perform any skill/procedure in which they have not been instructed and deemed competent by the instructor.
 - viii. A final clinical grade of either a “S” satisfactory level or “U” unsatisfactory level will be assigned.

3. If a student demonstrates unsatisfactory progress in any component of the nurse aide training program, the instructor may choose to provide counseling, remediation, issue a written warning or dismiss him/her from the program.

- The following areas must be satisfactorily demonstrated and evaluated on a daily basis:
 - Infection Control
 - Resident Care and safety
 - Communication
 - Resident rights
 - Professional Conduct
- Clinical performance parameters are specified on the Clinical Grade and Rubric documents and clinical anecdotal notes, these will be maintained by the instructor and will be reviewed with the student within one scheduled class day of the clinical experience. Clinical performance level will be documented on the Performance Checklist form as well as the Clinical Evaluation form. A rubric detailing the S or U criteria will be attached to the Clinical Evaluation form.

4. Established grading scale: A = 90–100; B = 80-89; C =70–79; D = 60-69; F = Below 60

- i. Points will be deducted from the final theory grade for the following reasons:
- ii. Violation of the standard of conduct policy
- iii. Noncompliance with attendance policy

D. Nondiscrimination Policy

1. William Penn Care Center NATCEP Training Program is committed to providing equal education and employment opportunities. This encompasses persons in legally protected classifications in regard to race, color, national origin, sex, handicap, sexual orientation, disability in accordance with the Americans with Disabilities Act (ADA).

2. The Education Amendments of 1972, Title IX, prohibits discrimination based on sex, the Rehabilitation Act of 1973, Section 504, prohibits discrimination based on handicap, and the Civil Rights Act of 1964, Title VI, and prohibits discrimination based on race in any educational program or activity sponsored by the Facility.

3. The Facility will not tolerate any behavior by staff or students that constitutes sexual harassment of a student.

4. If a student feels that his/her rights under the aforementioned laws and regulations have been violated, contact the Campus Coordinator for Equal Employment Opportunity (EEO) in advance to request or clarify accommodations or to address issues concerning equal opportunities contact the facility/school human resources at 724-327-3500.

E. Physical Examination/Health Condition Policy

1. The program requires that a physical exam be performed within one (1) year of admission indicating the student is free from communicable diseases and has no conditions that would affect the student's performance.
2. The student must have and submit documentation of a Two-Step Mantoux (TB) test prior to acceptance into the program. An applicant can submit documentation of a negative Two-Step Mantoux dated within one (1) year of admission. If the Two-Step Mantoux is documented as a positive result or history of a positive reaction, a negative chest x-ray less than five (5) years old must be submitted.
3. The **occupational responsibilities** of the candidate require having full use of their hands, the ability to stand for extensive periods of time, and the ability to perform tasks that include bending, pushing, pulling, and lifting a minimum of 40 pounds without restrictions.
4. The cost of the physical and testing will be the responsibility of the facility. The facility will also incur the cost of the 2-step Mantoux however, the cost of a chest x-ray is the responsibility of the applicant. Any student experiencing a change in their medical or physical condition must submit documentation of a physician's approval to participate in the NATCEP. Facility requires a urine drug screen and functional, capacity evaluation. This will be provided by the facility.

F. Standards of Conduct Policy

1. Students are to conduct themselves with a positive attitude and a willingness to learn.
2. Academic honesty is expected student behavior. Cheating at any time will not be tolerated and will result in the student being terminated from the program.
3. Students will perform only those tasks for which they have been supervised and deemed competent by the instructor.
4. Confidentiality with resident information is to be maintained at all times according to Health Insurance Portability and Accountability Act (HIPAA) regulations.
5. It is imperative to demonstrate care that is legally sound and to be held to high, ethical standards to ensure abuse-free communication and care delivery.
6. Professional and safe behavior is expected of all Nurse Aide students.
7. Dress code
 - Name badges must be worn at all times so that residents can identify you. The first name badge is provided by WPC and replacement name badges are to be supplied and paid for by the student. Please report all lost name badges to the instructor.
 - Students will wear scrubs for class and clinical. All clothing must be clean and in good condition.
 - Hair must be clean and conservatively styled. Beards and mustaches must be nearly trimmed.
 - Jewelry and makeup should be worn in moderation.
 - Excessive pierced jewelry is not permitted during class time.
 - Visible tattoos should be covered during working hours.
 - Undergarments must not be clearly visible through clothing.
 - No jeans, cut-offs, or midriff baring clothes. Tight fitting slacks, mini-skirts, halter tops, and t-shirts with inappropriate messages are unacceptable attire on the facility grounds.
 - Avoid excessive use of colognes and perfumes.
 - Jeans are permitted on designated days, as announced.
 - Lab coats, sweaters are permitted if clean and in good condition.

- Shoes must be clean and in good repair. Low-heeled, safety-soled shoes. Sandals and Crocs are not permitted.
- Hair should be pulled back off the face and collar.
- Nails must be short, clean, not broken.
- **Students may be sent home for non-compliance.**

8. **No cell phone use** (calls, text, surfing the web, taking photos, etc.) during class or clinical time.

9. Leaving the clinical area without permission or performing procedures without the instructor present could result in immediate dismissal from the program.

10. Destructive behavior (i.e. profane language, insubordination, lack of respect to classmates or staff, sleeping or talking in class) will result in disciplinary action.

11. Evidence of behavior related to drug or alcohol use will not be tolerated. The student will be sent home and dismissed from the program.

12. Possession of alcohol or deadly weapon (i.e., gun, knife) is prohibited

13. Noncompliance with established facility rules and regulations (i.e., parking, smoking, food in the classroom, use of facility telephone) will result in disciplinary action.

14. After graduation or “off hours,” a student cannot return to the clinical facility to visit the Residents without prior approval from the facility administrator.

15. Violations of these standards of conduct will result in disciplinary action, which may include being asked to leave the clinical facility or dismissed from the program.

16. Facility Discipline is a Progressive Discipline Policy - WPCC strives to ensure the highest quality of care to our residents and efficient and cost-effective operation of WPCC. To achieve this goal, we must abide by rules and standards of conduct that will enable all to participate in the smooth and harmonious operation of this facility. WPCC’s disciplinary policies are set forth to motivate or modify patterns of performance and behavior to assure the level of excellence to which we aspire. These policies provide the Supervisory Staff with tools to monitor the standards of care and behavior.

Group I Violations

- Behavior the student knows or should know is offensive to residents, visitors or fellow students or facility employees.
- Arguing or engaging in disruptive behavior with a fellow student or facility employee in resident care areas or in view or hearing range of a resident or visitor.
- Extending meal or rest breaks beyond the authorized time.
- Failure to keep workplace clean and orderly.
- Failure to take meal breaks and periods in designated locations.
- Violation of WPCC’s Dress Code Policy.
- Failure to follow instructions or to perform work according to procedure or policy.
- Horseplay and dangerous “practical jokes.”

Group II Violations

- Use of class time for personal matters.

- Use of computers/internet for personal matters, including social networking sites, i.e. Facebook, Twitter, etc.
- Discourteous, rude or unhelpful behavior toward residents, visitors and fellow student or facility employee.
- Eating food from a resident's tray or taking food from the kitchen for personal use.
- Use of foul or abusive language.
- Leaving Facility Property during working hours without authorization.
- Violation of WPCC's Time Card policy.
- Gambling on Facility property.
- Failure to attend a mandatory staff development session.
- Failure to follow smoking restrictions.
- Loss of, or damage to, Facility property through carelessness, neglect or indifference.
- Work performance not up to established professional standards.
- Minor breach of HIPAA Confidentiality (e.g. accidental release of information, by use of loud voices, not necessary for emergency care or treatment purposes).

Group III Violations

- Any deviation from a resident's course of treatment that does not create the risk of, or result in, serious or substantial harm to the resident including but not limited to discourteous treatment of residents.
- Failure to report a known safety hazard or violation of WPCC's Safe Working Environment policy.
- Creating or contributing to unsafe or unsanitary conditions within WPCC or on the premises.
- Failure through negligence to account properly for Facility funds.
- Neglecting duties, including leaving the duty station without authorization.
- Removing Facility equipment or supplies from the premises without proper authorization.
- Refusal to sign a Written Warning, Employee Counseling form, Employees Evaluation, or Action Plan.
- Improper use of authority.

Group IV Violations

- Any deviation from a resident's course of treatment that creates the risk of, or results in, serious or substantial harm to the resident
- Violation of WPCC's Resident Abuse Policy
- Violation of WPCC's Sexual Harassment Policy
- Violation of WPCC's Non-Discrimination Policy
- Harassment of a co-worker, resident or visitor based upon sex, race, national origin, color, religion, age or disability.
- Violation of WPCC's Confidential Information and Non-disclosure policy.
- Violation of WPCC's Solicitation/ Distribution/ Bulletin Board policy.
- One "no-call no-show" absence.
- Conviction of a felony offense.
- Conviction of two or more misdemeanors under Chapter 39 of the Pennsylvania Crimes Code
- Unauthorized use of Facility computer files.
- Sleeping on duty.
- Signing in or out for another student. Clocking in or out for an employee.
- Physical, verbal or sexual abuse of a visitor or a person conducting business on the premises.
- Willful or reckless inattention to the needs of a resident.
- Loss of, or damage to, Facility property through malicious intent.
- Theft, attempted theft or misuse of Facility, student, employee, resident or visitor property.
- Falsification of documents, records or concealment of material facts, including class and employment applications.
- Possession or use of a firearm or deadly weapon on Facility property.

- Threatening a fellow student or facility employee, resident or visitor.
- Instigating a physical confrontation with a fellow student or facility employee, resident or visitor.
- Possession, use, or being under the influence of drugs, intoxicants or other controlled substances on Facility premises or while working.
- Accepting loans, gifts, tips or gratuities of any kind from residents, resident friends and family members, or from visitors, except as allowed by Company policy.
- Failure to maintain professional licenses or certifications.
- Insubordination - deliberate refusal to comply with instructions issued by an authorized Supervisor or disrespect, or the use of abusive or insulting language toward a supervisor.
- Any act committed with the intention of disrupting the care of WPCC's residents or the operation or reputation of WPCC.
- Purposeful and egregious release of information about a resident, in violation of HIPAA Privacy rules.
- Using social networking sites in a manner which defames WPCC or adversely impacts the reputation of WPCC.

The preceding is a list of some conduct that warrants disciplinary action. It is by no means exhaustive.

STUDENTS MAY BE DISCIPLINED FOR ANY CONDUCT THAT A SUPERVISOR DETERMINES WARRANTS DISCIPLINARY ACTION. WPCC HAS THE SOLE DISCRETION IN DETERMINING WHETHER CONDUCT IS A GROUP I, II, III OR IV VIOLATION.

Progressive Disciplinary System

Should a supervisor or the Administrator determine that an act by any employee merits disciplinary action, appropriate action will be taken. Except as necessary to deal with unusual circumstances, the Progressive Discipline System should be followed whenever student commits conduct that is subject to disciplinary action.

First Offense Involving a Group I Violation

The student's Supervisor will issue a verbal warning, and a notation shall be made in the student's file.

Second Offense Involving a Group I or a First Offense Involving a Group II Violation

The student's Supervisor shall issue a written warning to the student and shall include a reference to any prior verbal warnings, where appropriate. The Administrator may institute a disciplinary probationary period and a notation shall be made in the student's file as well as a copy of the warning.

Third Offense Involving a Group I, Second Offense Involving a Group II Violation or First Offense Involving a Group III Violation

The Administrator or Supervisor shall issue a one-day suspension to the student and the hours must be made up by the student. The counseling should include a reference to the prior written and verbal warnings. A notation shall be made in the student's file on the suspension.

At his/her discretion, the Administrator, may impose a Disciplinary Probation Period.

Fourth Offense Involving a Group I, Third Offense Involving a Group II Violation, Second Offense Involving a Group III or First Offense Involving a Group IV Violation

The Administrator or the Department Director will terminate the student from the program. The Administrator or Program Coordinator will issue written notification of termination to the student via United States Mail. Documentation will be placed in the student's file as to the reason for removal.

The foregoing are guidelines; the Administrator retains the right to take such disciplinary action as he or she determines is appropriate.

Multiple Violations

A student who accumulates four (4) or more violations of any WPCC Policy within a class shall be reviewed by the Administrator for potential disciplinary action including dismissal.

Disciplinary Probation

Any student placed on a Disciplinary Probation Period may be terminated without regard to WPCC's Progressive Disciplinary System.

G. Student Grievance Policy

This procedure has been developed to allow the student to express a grievance, complaint, or dissatisfaction:

Step One

- Student submits the grievance/complaint in a written or verbal manner to the primary instructor.
- Primary instructor reviews and responds to the grievance within three days.
- The primary instructor documents, in writing, the grievance, the review and the resolution.
- Primary instructor meets with the student to share the resolution to the grievance. A copy of this documentation should be kept on file.
 - Note: The student is entitled to private and confidential counseling, however another instructor or staff member may be asked to witness the counseling.
- If the student and instructor are unable to resolve the issue, or if the grievance is against the instructor, the grievance should be brought to the attention of the director of nursing or human resources within 72 hours.

Step Two

- If the student and instructor are unable to resolve the grievance, a meeting between the director of nursing or human resources and student will take place within three days of the receipt of the complaint. The student should place the grievance in writing if it has not been done.
- The director of nursing or human resources will review the documentation submitted by the primary instructor and student then conduct an investigation, as needed. The director of nursing or human resources documents the review process and the resolution of the grievance.
- A meeting is scheduled with the director of nursing or human resources, primary instructor
 - and student to disclose the resolution.
- If the decision rendered by the director of nursing or human resources is not brought to a satisfactory conclusion, the student may appeal to the administrator or grievance committee within 48 hours.

Step Three

- All documentation is submitted to the administrator or grievance committee for their review and consideration.
- Notification of the administrator's or grievance committee's decision will be given in writing to the involved parties within 72 hours of the hearing.
- The decision of the administrator or grievance committee will be final.

H. Tuition Policy

Facility Sponsored:

- William Penn Care center is responsible for the costs of training and testing.

Note: Facility may not pay the student a salary while they attend nurse aide training.

There may be an additional fee for the state competency exam, National Nurse Aide Assessment Program (NNAAP). This is the responsibility of the student if they are not an employee of a long-term care facility at the time of testing. Long Term Care facilities are responsible to cover this cost if the student is employed by a long-term care facility, they can request reimbursement. The student may be eligible for reimbursement from a long-term care facility if they become employed within 12 months of completing the NATCEP.

I. Utilization of Students Policy

1. Nurse Aide students will not be utilized for any services or functions for which they have not been supervised or passed as competent by the instructor. Learning opportunities will be sought by program instructors to guide student learning.
2. Students will be supervised in the performance of resident care tasks, which have been taught in class and/or lab.

J. Admission and Student Policies Signature Page

1. The student is required to sign this document stating that they have read and understood the policies outlined in the Nurse Aide Training Program handbook. The student must sign, date and bring the signature page (page 23) with him/her when registering for the program. If there are any questions concerning the policies or handbook, please contact the Program Coordinator, Nurse Aide Training Program, at 724-327-3500 or via email hr@williampenncc.com.
2. The student will retain a copy of the Nurse Aide Training Program Handbook.
3. The signature portion of the document will be kept in the student's file for the length of the program.

K. Health Risk Waiver Policy

1. During participation in the classroom, lab or clinical rotation experience, the William Penn Care Center student must be aware of the actual and/or potential health risks.
2. The occupational responsibilities of the candidate require having full use of their hands, arms and legs; the ability to stand for extensive periods of time (approximately 5+ hours); the ability to perform tasks that include bending, pushing, pulling, and **lifting a minimum of 40 pounds** without restrictions.
3. While in the program, the student will be required to attend clinical practice in a long-term care facility. In case of accidents or illness during a clinical practice experience, if medical treatment should become necessary, the facility is willing to give **emergency care**. Payment for medical treatment, including emergencies, is the responsibility of the student or visitor.
4. At the clinical facility, the student may need to sign a required waiver stating, "I will accept the financial responsibility for any necessary emergency medical care while in clinical practice as a Nurse Aide trainee."

Criminal History Record Information Policy: Nurse Aide Program

In compliance with the **Act 14**, it is the policy of William Penn Care Center that each applicant completes a PA Criminal History Record Information (CHRI) report. The results must be within one year of admittance into the Nurse Aide Training Program.

1. If the applicant **has lived in the Commonwealth of Pennsylvania for TWO OR MORE YEARS**, prior to entering the Nurse Aide Training Program, the student must complete a **PA Criminal Background Check (CHRI) from the Pennsylvania State Police**. A form titled SP4 -164 can be obtained at a police station or online. The only acceptable **website** to process the CHRI electronically is <https://epatch.state.pa.us>. The electronic version has a state seal embedded in the final report.

a. Most results can be printed immediately

b. If your copy only has a control number but not a record determination i.e. "no record exists" or a printout of prior offenses, a new check may need to be run.

2. If the applicant has **NOT lived** in the Commonwealth of Pennsylvania for two or more years, or **is not certain whether a crime committed in another state is similar to those crimes listed on the Prohibitive Offenses contained in 63 P.S. § 675**, the applicant must complete both the CHRI from the Pennsylvania State Police (item #1 above) **and** an FBI check. The registration website is available on the **IDEMIA** website at <https://uenroll.identogo.com/>.

a. When registering online the applicant must use the appropriate agency specific service code **1KG6NX** to ensure fingerprints are processed for the correct agency (Pennsylvania PDE-AVTS)

b. Bring a copy of your confirmation/receipt when you go to the fingerprint location.

c. The Pennsylvania State Police (CHRI) and FBI reports are valid for one year.

3. The Program Coordinator is responsible to:

a. Receive the applicant's original CHRI report or copy the applicant's original CHRI report;

b. Review the CHRI report for prohibited offenses contained in 701.13 (relating to the non-acceptance of certain applicants);

c. Sign and date the original or a copy of the original and place it in a locked file cabinet;

d. Ensure that only those individuals who are designated in the "Right to Know" policy for NATCEP and state or federal employees involved in monitoring the program have access to these files;

e. Notify the applicant in writing whether the decision not to admit the applicant is based in whole, or in part, on the CHRI report.

4. William Penn Care Center will not enroll a Nurse Aide applicant whose CHRI report indicates that the applicant has been convicted of any of the offenses designated as

a. A felony under the Controlled Substance, Drug, Common Device, and Cosmetic Act (P.S. 780-101, 780-144); or

b. Any offense listed under Act 14; or

c. A Federal or out-of-State offense similar in nature to those crimes listed under a. or b. above.

5. PA CHRI checks and FBI reports will be maintained by the Program Coordinator, Nurse Aide Training Program in a secured location for three years.\

6. Individuals designated to review and approve application for enrollment into the program who willfully fail to comply with §701.12 (2) and (3), or 701.13 of Act 14, shall be subject to a civil penalty as provided for in §701.21.

7. Representatives from the Pennsylvania Department of Education, State or Federal Departments will be permitted to view all PA CHRI and FBI reports.

8. For more information, please see the *Admission and Training Policies, Section A*.

Nurse Aide Admission and Training Policies ~ Signature Page

This policy agreement has been developed and is given to all students on or before the first day of class. A signed agreement will be retained in the student's file.

William Penn Care Center NA Training Student Agreement

- A. Admissions Policy**
- B. Attendance Policy**
- C. Level of Achievement Policy**
- D. Nondiscrimination Policy**
- E. Advisement of Bulletin 99-11-05; Exclusion from Participation in Medicare, Medicaid or any other federal health care program**
- F. Physical Examination / Health Conditions Policy**
- G. Standards of Conduct Policy**
- H. Student Grievance Policy**
- I. Tuition Policy**
- J. Utilization of Students Policy**
- K. Student Signature Policy**
- L. Health Risk Waiver Policy**

I have received a copy of the Nurse Aide Training Program handbook. I have read, understand and agree to comply with the above policies that are necessary requirements for admittance into and successful completion of the Nurse Aide Training Program. I was given the opportunity to ask questions about the policies and agree to the conditions present in the aforementioned policies.

I am aware that the occupational responsibilities require having full use of hands, arms and legs; an ability to stand for extensive periods of time (approximately 5+ hours); an ability to perform tasks that include bending, pushing, pulling, and lifting a minimum of 40 pounds without restrictions.

In addition, I accept the financial responsibility for any medical treatment, including emergencies, while in clinical practice as a Nurse Aide Trainee.

Print Name: _____

Signature: _____

Date: _____



Application for Enrollment

(Please Print Clearly)

Confidential

William Penn Care Center

2020 Ader Road

Jeannette, PA 15644

PH: (724) 327-3500

FX: (724) 327-7320

Personal Information

Date of Application _____ Date Available _____

Email Address _____

Social

Security

Number _____

Name _____

Last

First

Middle

Present Address _____ PH Number _____

Street

City

State

Zip

Permanent Address _____ PH Number _____

Street

City

State

Zip

If you cannot be reached at above phone number, where may we contact you? Name & Number _____

Are You 18 Yrs. Of Age or Older? ☐ Yes ☐ No

Are You Employed Now? ☐ Yes ☐ No

May We Contact Your Present ☐ Yes ☐ No

Employer?

How Did You Learn Of This Class? _____

Education

Circle Highest 8 9 10 11 12

Scholastic Honors Received _____

Grade Completed 13 14 15 16

	Name of School	Location (City,State)	Courses Taken	Completed	Type of Degree or Cert.
Grammar or Grade School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
High School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
College				<input type="checkbox"/> No <input type="checkbox"/> Yes; ___/___/___ date	
Vocational or Business				<input type="checkbox"/> No <input type="checkbox"/> Yes; ___/___/___ date	
Professional Education				<input type="checkbox"/> No <input type="checkbox"/> Yes; ___/___/___ date	
Laboratory or X-Ray Trng				<input type="checkbox"/> No <input type="checkbox"/> Yes; ___/___/___ date	

Extracurricular Activities while in School _____

Member of Professional Organizations _____

Honors Received Volunteer or Community Service or Other qualifications You Have Which You Feel Are Related to the Position for Which You Are Applying: _____

Were you in the U.S. Armed Forces? ☐ Yes ☐ No If yes, what Branch? _____

Dates of Duty: From ___/___/___ TO ___/___/___ Rank at Discharge _____

Professional Licenses and/or Certifications

Verification

Type	Organization or State Issued	Date Issued	Number	Verification
Type	Organization or State Issued	Date Issued	Number	

Employment Record (list last or present position first)

Present and Former Employers	Dates Employed	Salary Range	Position & Duties
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____ _____ _____

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate below.

Last First Middle Initial

Have you ever been convicted of a crime? ☐ Yes ☐ No

If Yes, for what, when and where? _____

Conviction of a criminal offense will not necessarily preclude your employment.

Use this space to give us further information which will assist us in placing you, including at least two personal references not related to you, whom you have known at least one year. _____



Criminal Background Check Notification

I, _____, hereby swear/affirm that a Criminal history background clearance has been requested from the Pennsylvania State Police and possibly the FBI (if less than two years of continual residency in the state of Pennsylvania), and that I have never been convicted of a crime that would prohibit my employment at William Penn Care Center.

I also understand that my employment is provisional and continued enrollment is based upon information to be received from the criminal justice agency.

If the clearance requests indicated convictions for crimes that prohibit my employment under Act 169 (1996) or Act 13 (1997), I understand that my employment must be terminated in compliance with state laws.

Print Name: _____

Signature: _____

Date: _____

**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK**

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. *A response may take four weeks or longer.*
Warning: A person commits a misdemeanor of the third degree if he/she makes a written false statement, which he/she does not believe to be true.

TRY OUR WEBSITE FOR A QUICKER RESPONSE
<https://epatch.state.pa.us>

NAME/ REQUESTER	William Penn Care Center
ADDRESS	2020 Ader Road
CITY/STATE/ ZIP CODE	Jeannette PA 15644

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

			-					-						
--	--	--	---	--	--	--	--	---	--	--	--	--	--	--

NAME/SUBJECT OF RECORD CHECK (FIRST)	(MIDDLE)	(LAST)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only

REASON FOR REQUEST: All requests \$10.00
*****MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA *****
 ◀◀◀◀◀CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶

☐ **INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED.**

- | | | |
|---|--|--|
| <input type="checkbox"/> ADOPTION (DOMESTIC) | <input type="checkbox"/> EMPLOYMENT/SCREENING | <input type="checkbox"/> PASSPORT |
| <input type="checkbox"/> ATTORNEY | <input type="checkbox"/> FOSTER CARE | <input type="checkbox"/> PRIVATE INVESTIGATIONS |
| <input type="checkbox"/> BANKING | <input type="checkbox"/> HEALTHCARE | <input type="checkbox"/> SOCIAL SERVICES |
| <input type="checkbox"/> BAR ASSOCIATION | <input type="checkbox"/> HOUSING | <input type="checkbox"/> TENANT CHECK |
| <input type="checkbox"/> CHURCH | <input type="checkbox"/> INSURANCE LICENSE | <input type="checkbox"/> VISA |
| <input type="checkbox"/> CHILD CARE | <input type="checkbox"/> MENTAL HEALTH | <input type="checkbox"/> VOLUNTEER AMBULANCE/FIREFIGHTER |
| <input type="checkbox"/> EDUCATION | <input checked="" type="checkbox"/> NURSE AID TRAINING | <input type="checkbox"/> VOLUNTEER |
| <input type="checkbox"/> ELDER CARE | <input type="checkbox"/> OTHER _____ | |
| <input type="checkbox"/> EMERGENCY MANAGEMENT | | |

☐ **ACCESS & REVIEW** - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY.)

AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.

**FOR CENTRAL REPOSITORY USE ONLY
CONTROL NUMBER**

AFTER COMPLETION MAIL TO:

PENNSYLVANIA STATE POLICE
CENTRAL REPOSITORY – 164
1800 ELMERTON AVENUE
HARRISBURG, PA 17110-9758

Local Number 717-425-5546

1-888-QUERYP (1-888-783-7972)

**DO NOT SEND CASH OR PERSONAL
CHECK**

CHECK ONE BLOCK

☐ INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00, PAYABLE TO:
"COMMONWEALTH OF PENNSYLVANIA"
 THE FEE IS NONREFUNDABLE

☐ FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE



Verification of Residency for Enrollment into a Nurse Aide Training Program

Date of application _____ (MM/DD/YYYY) Class start date _____ (MM/DD/YYYY)

Printed name _____
Last First Middle initial

Current address _____
Street address

City State Zip code

☐ I lived at the above Pennsylvania address for 2 consecutive years or more.

☐ I lived in Pennsylvania for 2 consecutive years or more at my current address and previous addresses listed below:

1. Prior address _____
Street address

City State Zip code

I lived at this address from _____ (MM/DD/YYYY) Until _____ (MM/DD/YYYY)

2. Prior address _____
Street address

City State Zip code

I lived at this address from _____ (MM/DD/YYYY) Until _____ (MM/DD/YYYY)

☐ I have not lived in Pennsylvania for the past 2 or more consecutive years and must submit a Pennsylvania Criminal History Report and Federal Criminal History Report to the NATCEP.

By submitting this form, I certify all the information I provided on this application is complete, accurate, true and correct. I make this declaration subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Signature _____ Date _____ (MM/DD/YYYY)

(For NATCEP Staff)

I am the Authorized NATCEP Representative who received this completed form and verified the applicant by their physical comparison with an official State issued photo identification:

☐ I verified the applicants residency for the last 2 consecutive years or more.

Signature _____ Date _____ (MM/DD/YYYY)

Residency Listings for the past 2 years

This must be completed if you have not resided at the address listed on the previous page for atleast the past 2 years.

Name: _____

Dates of Residency	Street Address 1	Street Address 2	City	State	Zip Code



Attestation of Compliance with PA Act 14 Nurse Aide Resident Abuse Prevention Training Act, 63 P.S. § 671 et seq.

All candidates must submit an original or copy of an original PA CHRI obtained through the Pennsylvania State Police during the year prior to enrolling in a PA NATCEP as required by Act 14. If a candidate has not been a resident of Pennsylvania for the last two (2) consecutive years, a PA CHRI and a FBI criminal history report are required prior to enrollment.

As evidence you have not been convicted of any of the Prohibitive Offenses Contained in 63 P.S. § 675, check the box then sign and date the Attestation of Compliance with Act 14 below.

Candidates who were convicted of a Federal or out-of-State offense similar in nature to those crimes listed under paragraphs (1) and (2) of the Prohibitive Offenses Contained in 63 P.S. § 675 must provide a PA CHRI and an FBI report to determine eligibility for enrollment in a PA Nurse Aide Training Program.

Attestation

This form represents my request to enroll in a nurse aide training program and is verification of compliance with Act 14 – Nurse Aide Resident Abuse Prevention Training Act, 63 P.S. § 671 et seq.

I have reviewed the list of Prohibitive Offenses Contained in 63 P.S. § 675 and hereby testify that I have not been convicted of any of the criminal offenses set forth in 63 P.S. §§ 675(a)(1)-(3):

- (1) an offense designated as a felony under the act known as “The Controlled Substance, Drug, Device and Cosmetic Act”,
- (2) an offense under one or more of the following provisions of Title 18, and
- (3) a Federal or out-of-state offense similar in nature to those crimes listed under paragraphs (1) and (2).

☐ I check this box to confirm I have not been convicted of any Prohibitive Offense contained in Act 14 of 1997 (set forth in 63 P.S. § 675 and found on the following page).

I understand if a conviction for any of the criminal offenses set forth in 63 P.S. §§ 675(a)(1)-(3) is present, it is possible I will not be eligible for employment in a long-term care or other health care setting. A potential employer is responsible for reviewing my official Criminal History Record Information report.

By signing this form, I certify under penalty of law that the information I have provided on this application is true, correct and complete. I understand that false statements herein shall subject me to criminal prosecution under 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

Applicant's Signature: _____

Date: _____
(MM/DD/YYYY)

Prohibitive Offenses Contained in 63 P.S. § 675

In no case shall an applicant for enrollment in a State-approved nurse aide training program be admitted into a program if the applicant's criminal history record information indicates a conviction of any of the following offenses:

1. An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as "The Controlled Substance, Drug, Device and Cosmetic Act." (See 35 P.S. § 780-101 et seq.). These offenses may be designated as "CS" on a criminal rap sheet.
2. An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes below.
3. A Federal or out-of-State offense similar in nature to those crimes listed under paragraphs (1) and (2).

Offense Code	Prohibitive Offense Description	Type/Grading of Conviction
CC2501	Criminal Homicide	Any
CC2502	Murder	Any
CC2503	Voluntary Manslaughter	Any
CC2504	Involuntary Manslaughter	Any
CC2505	Causing or Aiding Suicide	Any
CC2506	Drug Delivery Resulting in Death	Any
CC2507	Criminal Homicide of Law Enforcement Officer	Any
CC2702	Aggravated Assault	Any
CC2901	Kidnapping	Any
CC2902	Unlawful Restraint	Any
CC3121	Rape	Any
CC3122.1	Statutory Sexual Assault	Any
CC3123	Involuntary Deviate Sexual Intercourse	Any
CC3124.1	Sexual Assault	Any
CC3125	Aggravated Indecent Assault	Any
CC3126	Indecent Assault	Any
CC3127	Indecent Exposure	Any
CC3301	Arson and Related Offenses	Any
CC3502	Burglary	Any
CC3701	Robbery	Any
CC3901	Theft	1 Felony or 2 Misdemeanors
CC3921	Theft by Unlawful Taking	1 Felony or 2 Misdemeanors
CC3922	Theft by Deception	1 Felony or 2 Misdemeanors
CC3923	Theft by Extortion	1 Felony or 2 Misdemeanors
CC3924	Theft by Property Lost	1 Felony or 2 Misdemeanors
CC3925	Receiving Stolen Property	1 Felony or 2 Misdemeanors
CC3926	Theft of Services	1 Felony or 2 Misdemeanors
CC3927	Theft by Failure to Deposit	1 Felony or 2 Misdemeanors
CC3928	Unauthorized Use of a Motor Vehicle	1 Felony or 2 Misdemeanors
CC3929	Retail Theft	1 Felony or 2 Misdemeanors
CC3929.1	Library Theft	1 Felony or 2 Misdemeanors
CC3929.2	Unlawful Possession of Retail or Library Theft Instruments	2 Misdemeanors
CC3929.3	Organized Retail Theft	1 Felony or 2 Misdemeanors
CC3930	Theft of Trade Secrets	1 Felony or 2 Misdemeanors
CC3931	Theft of Unpublished Dramas or Musicals	1 Felony or 2 Misdemeanors
CC3932	Theft of Leased Properties	1 Felony or 2 Misdemeanors
CC3934	Theft from a Motor Vehicle	1 Felony or 2 Misdemeanors
CC4101	Forgery	Any
CC4114	Securing Execution of Document by Deception	Any
CC4302	Incest	Any
CC4303	Concealing Death of a Child	Any
CC4304	Endangering Welfare of a Child	Any
CC4305	Dealing in Infant Children	Any
CC4952	Intimidation of Witnesses or Victims	Any
CC4953	Retaliation Against Witness or Victim	Any
CC5902B	Promoting Prostitution	Felony
CC5903C or D	Obscene and Other Sexual Materials and Performances	Any
CC6301	Corruption of Minors	Any
CC6312	Sexual Abuse of Children	Any

Any two Misdemeanor convictions for offenses CC3901 thru CC3934 in any combination is prohibited.

Revised 12/24/2019

Textbook Rental Terms

Textbook Rentals

Return due date: Graduation Day

1. I understand the book rented to me is the property of William Penn Care Center. In accepting the terms of this book Rental Agreement, I accept responsibility to use the book and return it to the bookstore in its original condition (no tears, no water damage, no writing/highlighting, etc.) or I will be required to pay for a book as a replacement.
2. I understand that I assume all liability for damage to my rental book while in my care.
3. I understand that my rental fee is refundable only if the book is returned to William Penn Care Center within the return deadline for the term. Any textbook rented/not returned after that date will be considered final; rental fees are non-refundable after this time.
4. I understand and accept responsibility to return my rental book and its accompanying parts, if applicable (CD's/DVD's, solution manuals, companion texts, etc.) by the last day of class. If my rental text is not returned by the last day of class, I understand that I will be charged for a copy of the book in addition to the rental fee I paid at the time of rental.
5. If my rental text is lost or stolen, I understand that I charged for a copy as a replacement.
6. I will return the rental book to the William Penn Care Center by the last day of class.
7. I authorize the William Penn Care Center keep mt rental fee for the book if the book is not returned by the deadline of the last day of the class, or if the book is returned damaged (water damage, writing/highlighting, torn pages, etc.)
8. I understand that rentals can be only be paid for by cash or money order.
9. I understand that if I do not wish to rent a book from William Penn Care Center I may purchase my own copy.
10. Text book rentals must be processed no later than Friday at 4pm before the first day of class with arrangements made through the program coordinator.

Current Book: Hartman's Nursing Assistant Care: Long-Term Care, 4th Edition

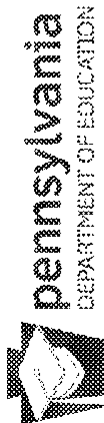
Rental Cost: \$50.00

By signing this for you are not bound to rent a textbook from William Penn Care Center.

Print Name:_____

Signature:_____

Date:_____



Procedural Process for Procuring an FBI Report and Letter of Approval for Nurse Aide Training

PROCEDURAL PROCESS

Step 1 - Applicant Registers with Cogent Systems

- 1-888-439-2486 Monday - Friday 8 a.m. - 6 p.m. EST
- www.pa.cogentid.com (available 24 hours/day) Select the Pennsylvania Department of Education (PDE) icon then select any item listed as the reason for fingerprinting.

PREPARATION

- Credit/debit card acceptable for online registration \$28.75 Money Order/Cashier's Checks ONLY
- Have demographic information available (i.e. name, address, Social Security number, etc.)
- Have a pen/pencil and a piece of paper available
- Request a copy for \$2.50 extra (The COPY is NOT AN OFFICIAL COPY. It is for the applicant's use only and cannot be used for admission into a state-approved nurse aide training program.)

Follow Steps #2, #3, #4, and #5

OUTCOME

- Registration ID Number will be given to applicant i.e. PAE123B456789000000
- FBI reports are not transferable between Departments. If another Department, such as Department of Public Welfare is accidentally selected, PDE cannot process the FBI report. The applicant will be required to complete a second registration process and fee.
- Students who are employed or offered employment by a long term care facility must access FBI reports through the Department of Aging at 717-265-7887.
- Report is available (online) within 2 days.

Step 2 - Applicant Goes to a Fingerprint Location

- www.pa.cogentid.com to view listings
- Location determined during phone call
- Applicant Livescan Operator (ALO) will identify the applicant and scan all 10 digits

- No scheduled appointments

- Have PAE registration number available
- Have photo identification available (driver's license)
- To see other types of ID go to www.pa.cogentid.com

- One reprinting is available, if needed. Cogent will contact applicant.
- If fingerprints are rejected or unreadable, reprinting can be applied one time only after which a name check would be performed through the FBI.

Step 3 - Cogent Forwards Fingerprints to FBI and Returns Report to Cogent

- Wait at least 2 days, then check "Proof of Transaction" at https://www.pa.cogentid.com/index_pde.htm

Step 4 - Applicant Contacts PDE Designated and Approved Staff

Arthur Richardson 717-772-0814 arichardso@pa.gov

- PDE reviews reports and then determines eligibility for enrollment into a state-approved nurse aide training program

Step 5 - PDE Mails Applicant an Official Letter of Approval or Denial on State Letterhead

- Applicant submits the official letter of approval on state letterhead to the state-approved nurse aide training program.

Revised April 2014

How to Conduct a Two-Step PPD / Mantoux Test

The Two-Step PPD* / Mantoux is used to detect individuals with past Tuberculosis (TB) infection who have diminished skin test reactivity. This procedure will reduce the likelihood that a boosted reaction is later interpreted as a new infection.

There are **four (4) required visits** when following the Two-Step Mantoux protocol:

Visit 1, Day 1

Place the 1st skin test and have the patient return to the doctor's office in 2 – 3 days (48 – 72 hours) to read the results.

Visit 2, Day 3 or 4

Read the 1st skin test results (48-72 hours of visit one). If the first test is positive, the patient may have (had) a TB infection. Refer the patient for a chest x-ray and physician evaluation. An asymptomatic patient, whose chest x-ray indicates no active disease, may begin work.

Visit 3, Day 8

Place a 2nd skin test on patients whose 1st test was negative at 48 – 72 hours. The 2nd test is given between eight (8) days from the initial test date. Have the Student return to the facility in 2 – 3 days (48 – 72 hours) to read the results.

Visit 4, Day 10 or 11

Read the 2nd skin test results (48–72 hours of visit three). A positive 2nd test indicates TB infection in the distant past. Refer the patient for a chest x-ray and physician evaluation. An asymptomatic patient, whose chest x-ray indicates no active disease, may begin work.

Important Information

- ☐ The test results for Test 1 and Test 2 must be read within 48-72 hours. If it is longer than 48-72 hours, the PPD test and results are invalid.
- ☐ The maximum time allowed between Test 1 and Test 2 is 2.5 weeks. If the patient receives Test 2 after 2.5 weeks, the Two-Step method and testing is invalid.

Sensitivity of this Method

The majority of significant PPD skin test reactions will remain “positive” 7 days after application. Those that have diminished or disappeared by Day 7 will be boosted back to positive by the 2nd skin test.

*PPD means “purified protein derivative.” It is the substance used in the Mantoux TB skin test, which is the accepted standard method of TB skin testing. TB skin tests are commonly referred to as a PPD.

Institution Consultation Services / effective TB solutions

Francis J. Curry, National Tuberculosis Center

<http://www.nationaltbcenter.edu>

Training Program Contact Information

Pennsylvania Department of Education

Telephone Number 717-772-0814

Fax Number 717-783-6672

Website www.education.state.pa.us

Mailing Address PA Department of Education

Nurse Aide Program

333 Market Street, 11th Floor

Harrisburg, PA 17126-0333

Pearson Vue and Credential Manager

Registry Services:	(800) 852-0518 Monday-Friday: 8:00 a.m. – 5:00 p.m. (Eastern Time Zone)
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Scheduling Reservations:	(800) 457-6752 Monday - Friday: 8:00 a.m. – 5:00 p.m. Saturday: 8:00 a.m. – 5:00 p.m. Sunday: 10:00 a.m. – 4:00 p.m. (Eastern Time Zone)
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Website: <http://www.pearsonvue.com/pa/nurseaiders/>

William Penn Care Center NATCEP Training Program

Nurse Aide Training Program

724-327-3500

Classroom and Lab Site

2030 Ader Road Jeannette PA 15644

Clinical Site

2020 Ader Road Jeannette PA 15644