

WCTC School of Health
800 Main Street
Pewaukee, WI 53072
262.691.5091 (Phone)

Nursing Assistant Program Application

Return completed packet along with \$20.00 check/money order payable to WCTC:

Waukesha County Technical College
Attn: Nursing Assistant Program, H-101
800 Main Street
Pewaukee, WI 53072

Student Name _____ Student ID Number _____

Phone Number _____ Email Address _____

Semester Attending _____

Check here if you **HAVE** completed a WCTC School of Health criminal background check within the past two years. Return only the first page of this application, without the \$20 fee.

Check here if you have **NOT** completed a WCTC School of Health CBC within the past two years. Submit the \$20 fee to complete this process.

Initial next to each as acknowledgment of program requirement:

_____ I am aware that attendance for all scheduled class times are mandatory and there are no make-up sessions. Missing a class will result in a withdrawal (and partial or no *refund of your tuition). In addition, I understand that if I fail to attend the first day of class, I will be dropped from the class.

_____ I am aware that the Nursing Assistant program is not eligible for financial aid.

_____ I am aware of the pre-requisites for the class and will submit them to WCTC's Admissions Department.

_____ I am aware of the health requirements, to be administered at a ProHealth Works location and documented on the NA Health Requirements form.

_____ I am aware the custom packaged textbooks and royal blue scrubs should be purchased through the WCTC Bookstore.

_____ I am aware that I will need mostly white non-slip shoes and a watch with a second hand as part of my required uniform for the skills and clinical portion of this course.

*In order to receive a 100% refund of your tuition, you must notify the Registration Department at 262.691.5578 before the first day of class. Refunds are subject to a \$3.00 processing fee.

Please allow 1-2 weeks for your application to be processed after submission. A confirmation email will be sent to the email account listed above, and you will be permitted to register. If you have additional questions please contact the info line at 262.691.5091 or cnainformation@wctc.edu.

Student Signature _____ Date _____

Office use only

CBC Date _____ Permit Issued By _____ Scanned _____



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Nursing Assistant Program Application Release of Information

I authorize the School of Health at Waukesha County Technical College to release information to practicum sites as required per contracts:

- Waukesha County Technical College's Personal History Health Forms;
- Background Information Disclosure Form, and/or
- Information received through the any of the following:
 - » Department of Justice (DOJ) Identification Record Request
 - » Department of Health Services (DHS) Caregiver Findings
 - » Office of the Inspector General (OIG) Exclusions Screening
 - » General Service Administration (GSA) Screening

I understand that historical findings from the above agencies may **adversely affect** my ability to proceed in my program area, find clinical placement or job placement upon graduation. I also understand that forgery or incorrect information in any documentation listed above is grounds for immediate dismissal from the program.

Name of student (print)

ID number

Student's signature

Date

Nursing Assistant

Program area

Phone number



Nursing Assistant Program Application Conditions of Criminal Background Check

Wisconsin Caregiver Law, §§ 48.685 and 50.065, Wis. Stats (as amended).
Waukesha County Technical College, School of Health

Statutory Restrictions

I understand that the Wisconsin Caregiver Law bars individuals with certain types and recency of criminal convictions and other misconduct from placement in certain field or clinical sites. The Waukesha County Technical College (WCTC) program(s) for which I have applied require at least one clinical / practicum placement assignment subject to the Wisconsin Caregiver Law.

Documentation

I agree to obtain any additional documentation necessary to complete my background check as required by clinical / practicum placement sites or the WCTC School of Health Office.

Disclosure

I understand that the Wisconsin Caregiver Law requires that I inform WCTC of any new charges or convictions that occur after I have signed this document and completed the State of Wisconsin "Background Information Disclosure" form (HFS-64).

Additional Restrictions

1. I also understand that the clinical / practicum placement sites that are affiliated with my program(s) at WCTC may have policies that can result in additional restrictions relating to criminal or misconduct backgrounds that exceed those required by the Wisconsin Caregiver Law. By contract, WCTC complies with these additional restrictions imposed by clinical or field sites.
2. I understand that if I have a criminal or misconduct background, there is a possibility that one or more of WCTC's clinical / practicum sites may deny me placement in their facility. If this occurs and despite due diligence WCTC cannot locate another site willing to accept me, I understand that I may not be able to complete my program nor graduate from that program.
3. I will at all times conduct myself in a professional manner consistent with the standards governing my chosen profession and in accordance with WCTC Student Handbook. Examples of inappropriate conduct include direct communication with clinical facilities to inquire regarding clinical placement processes, decisions or placement denials; attempts to make direct arrangements with clinical facilities for clinical placement.

WCTC Limitations

If I have a criminal or misconduct background, and I decide to continue to pursue a degree / diploma in a program requiring a background check; and later find that I am unable to complete my WCTC program due to inability to complete clinical / practicum placements because of my criminal or misconduct background, I understand that WCTC will not reimburse me for course fees, the cost of books, supplies, or other costs related to my enrollment.

Name of student (print)

ID number

Student's signature

Date

