



Nightingale Healthcare Professionals

903 University Ave., Berkeley, CA 94710

☎ : 510.553.1800

✉ : training.nhp@gmail.com

☎ : 510.553.1818

🌐 : www.nhp.training

NURSING ASSISTANT TRAINING PROGRAM ADMISSION APPLICATION

Name: _____

Driver License or State ID Number: _____ State: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Pronoun (circle one) she/her he/him they/them

Date of Birth: _____ SS#: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: () _____ cell or home (circle one)

Email Address: _____ @ _____

Occupation: _____ Employer: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Tel: () _____ Alternate Phone: () _____

EDUCATIONAL BACKGROUND (HIGHEST EDUCATION ATTAINED):

____ PRIMARY/HIGH SCHOOL ____ VOCATIONAL CERTIFICATE _____

____ UNDERGRADUATE DEGREE ____ GRADUATE SCHOOL

LANGUAGE ACCESS

What language(s) do you speak at home? _____

If English is not your primary language have you taken ESL classes? (circle one) YES NO

Be advised the entire program is taught in English and completion of ESL level A2-B1 or better required.

How did you find out about *Nightingale Healthcare Professionals*?

- ☐ Personal Referral (name) _____
- ☐ Online Source (website) _____
- ☐ Other (please be specific) _____
- ☐ Facility Referral (Name) _____

I hereby certify all the above to be true and correct to the best of my knowledge

Today's Date: _____

Signature of Applicant _____

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NURSING ASSISTANT TRAINING PROGRAM ENROLLMENT AGREEMENT

Name: _____

Date of Birth: _____ SS#: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: C () _____ H: () _____

TOTAL CLOCK HOURS OF INSTRUCTION: 160 Hours (60 hours Theory & 100 hours Clinical)

SPECIFIC TIMES OF THEORY TRAINING

8:30 am – 5:00 pm

SPECIFIC TIMES OF CLINICAL TRAINING

7:00 am – 3:30 pm

EXACT DAYS AND TIMES CLARIFIED ON SPECIFIC PROGRAM CALENDAR

By signing this enrollment agreement, you agree to attend all hours on your specified program calendar and understand that any and all time missed will need to be made up before you are considered to have completed the program and additional fees may be incurred.

TYPE OF DOCUMENT AWARDED UPON COMPLETION:

Upon successfully completing all requirements of the course, the student will receive a **Certificate of Completion**.

Scheduled Start Date: _____ Scheduled Completion Date: _____

FEES AND CHARGES

Application Fee (non-refundable/transferable)	\$	350.00
Nursing Assistant Training Program Fee includes:	\$	1300.00
Total Nursing Assistant Training Program Fee		\$1,650.00

Additional Fees - Students Responsibility

- State Clearance Forms
 - COVID-19 test. TB, Physical, Live scan, Flu shot*
- State Examination Testing Fee
- Uniforms & White/Black Shoes with slip resistant sole
- Stethoscope & Gait Belt (optional)
- BLS/CPR Certification

I understand the content of this page, that the app fee is non-refundable and that I will be expected to submit all required clearance forms prior to any direct client contact.

Today's Date: _____

Signature of Applicant: _____

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CERTIFIED NURSING ASSISTANT TRAINING

Once you have successfully completed the Certified Nursing Assistant training program at Nightingale Healthcare Professionals and passed the NNAA (National Nurse Aide Assessment) competency exam, you will be perfectly positioned to begin working at the entry level in the health care field. You can literally be on your way to climb the career ladder that leads to heights in the medical field only limited by the students themselves. A firm healthcare training background provides the basis for a transition into other patient care areas including LVN, RN, nurse practitioner, PA, etc. CNA training is a truly viable option for all participants:

- The U.S. Bureau of Labor Statistics estimates that healthcare related occupations are and will continue to be the fastest growing area of employment for the next decade.
- The training period required is 160 hours; there are no pre-requisites, no requirements of a high school diploma or GED. The hours are broken down into 60 hours of theory and 100 hours of hands-on training. We train with residents who reside in skilled nursing facilities.
- The maximum student teacher ratio is 15:1 thereby allowing those students requiring special attention to receive it. We truly have a "no student left behind" philosophy.
- Employment is easily obtained immediately after passing the NNAA competency exam. We are available to connect interested students with job opportunities as soon as they begin the program.
- A CNA can literally work any given hour of the day or night. Many careers are restricted to either daytime or evening hours, which is not the case with the CNA. There are night shifts as well as overnight shifts. A lot of facilities are so short staffed that there can also be a lot of overtime available which is paid at a rate of time and a half for 9 to 12 hours and double time for 13 to 16 hours.
- The average starting salary for a CNA is around \$18 an hour with benefits for those who work a full-time schedule.

Additional Benefits to furthering your education with Nightingale:

1. The training location, at 903 University Ave, in Berkeley is on a major bus route for those traveling by public means. For those driving, there is plenty of free street parking
2. We offer job assistance by providing students with verified job leads, in the form of phone numbers, addresses and contact person(s) to over 50 nursing homes across the east, north and south Bay Area.
3. We can offer assistance with resume preparation and coaching, interview skills development and proper attire. Letters of recommendation are also available for students in good standing.

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PAGE 2 CERTIFIED NURSING ASSISTANT TRAINING

4. The classes are small with 15:1 student/instructor ratios, and individualized attention.
5. We have excellent relationships with the Nursing Facilities where students receive their clinical training, and where some students have been placed in employment capacities.

For enrollment and training questions, contact our office at 510-553-1800.

Program Cost and Fee Breakdown:

\$350	Application & Registration Fee NON-REFUNDABLE/TRANSFERABLE
\$1300	Training & Instruction Fee
<hr/>	
Total Fees	\$1,650

The total of \$1,650 can be paid in full or a payment agreement can be set up. All fees must be completed before the end of the training. No refunds if 60% or more of program has been completed.

Other costs to student:

• Covid-19 Test	Free - \$60 (varies per location)
• Live Scan	\$52.00 (varies per location)
• TB Test	Free - \$25.00 (varies per location)
• Physical	\$30 (varies per location)
• Flu Shot (only during Flu season)	Free - \$32.00 (varies per location)
• Analog watch with second hand	\$23.00
• Uniform/Scrubs (Wine/Burgundy colored)	\$30.00
• White or Black shoes	\$30.00
• Stethoscope - B/P cuff (combination) <u>opt.</u>	\$40.00
• Gait Belt <u>optional</u>	\$12.99
• BLS/CPR Certification <u>optional</u>	\$75 (reflects enrolled student discount)
• State Competency Testing Fee	\$120

Requirements for Program:

All students must obtain a negative COVID-19 test, pass a criminal background check through the Live Scan. Obtain TB test with clearance; obtain a physical with clearance and a flu shot during Flu Season (October 1st thru March 31st). **Previous fingerprinting is not transferable.** We will accept documentation of a physical, TB test, or flu shot taken with 6 months of program start date. COVID-19 testing accepted within 7 days of start date and every 7 days thereafter.

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MEDICAL EXAMINATION REPORT

STUDENT NAME: _____

S.S. # _____ DATE OF BIRTH: _____

Please have the examiner fill out the information requested in each area. In some cases, only a MD may verify treatment of medical clearance to participate in the Nursing Program. Turn in completed form to NHP administrative office on the first day of class.

Please Circle: MALE FEMALE

Date of Examination: _____

HEIGHT: _____ WEIGHT : _____

PULSE: _____/MIN RESP _____ BLOOD PRESSURE: _____

VISUAL ACUITY: VISUAL ACUITY WITH CORRECTIVE
LENS: RT EYE: _____ LEFT EYE: _____ RT EYE: _____ LEFT EYE: _____

CHECKLIST	NORMAL	ABNORMAL	DETAILED DESCRIPTION OF ABNORMAL FINDINGS
HANDS/SKIN			
HEAD EYES			
EAR/NOSE/THROAT/MOUTH			
NECK/NODES			
CHEST/LUNGS			
CARDIOVASCULAR			
ABDOMEN			
MUSCULOSKELETAL			
NERVOUS SYSTEM			

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STUDENT EXAMINATION OUTCOME

I hereby certify we have examined _____ and found them
(Student's Name)

S.S. # _____ DATE OF BIRTH: _____

Cleared without limitation Yes ☐ or No ☐

Not cleared for this reason _____

Physician's Printed Name: _____

Physician's Signature: _____

Address: _____

Telephone Number: _____

TB TEST Intradermal Skin Test (PPD Mantoux)

Date Tested _____ ☐ Negative ☐ Positive

If Positive skin test, a medical physician must enter in the following information:

Date of Chest X-ray: _____ (Within the Past Year) Result : _____

Chest X-ray and Questionnaire must be done annually ☐

Has this patient been prescribed any Chemotherapy to treat TB? _____

What medications are prescribed and what prescription/regimen? _____

Flu Shot (Flu Season October 1st – March 31st)

I have given _____ the _____
(Student's Name) (Flu shot Series)

PHYSICIAN'S SIGNATURE: _____

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REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

<u>A1226</u>	<u>Certification</u>
<u>ORI (Code assigned by DOJ)</u>	<u>Authorized Applicant Type</u>
<u>Certified Nurse Assistant (CNA) or Home Health Aide (HHA)</u>	
<u>Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)</u>	

<u>Contributing Agency Information:</u>		<u>03314</u>
<u>California Department of Public Health (CDPH)</u>		<u>Mail Code (five-digit code assigned by DOJ)</u>
<u>Agency Authorized to Receive Criminal Record Information</u>		<u>Contact Name (mandatory for all school submissions)</u>
<u>MS 3301, P.O. Box 997416</u>		<u>Contact Telephone Number</u>
<u>Street Address or P.O. Box</u>		
<u>Sacramento</u>	<u>CA</u>	<u>95899-7416</u>
<u>City</u>	<u>State</u>	<u>Zip Code</u>

Applicant Information:

<u>Last Name</u>	<u>First Name</u>	<u>Middle Initial</u>	<u>Suffix</u>
<u>Other Name</u>	<u>First Name</u>		<u>Suffix</u>
<u>(AKA or Alias) Last</u>			
<u>Date of Birth</u>	<u>Sex</u>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<u>Height</u>	<u>Weight</u>	<u>Eye Color</u>	<u>Hair Color</u>
<u>Place of Birth (State or Country)</u>	<u>Social Security Number</u>	<u>Driver's License Number</u>	
<u>Home</u>		<u>Billing</u>	
<u>Address</u>	<u>Street Address or P.O. Box</u>	<u>Number</u>	<u>(Agency Billing Number)</u>
		<u>Misc.</u>	
		<u>Number</u>	<u>(Other Identification Number)</u>
<u>Your Number:</u>	<u>Level of Service:</u>	<input type="checkbox"/> DOJ	<input type="checkbox"/> FBI
<u>(Social Security Agency Identification Number)</u>			
<u>OCA Number</u>			

<u>If re-submission, list ATI number:</u>	<u>Original ATI Number</u>
<u>(Must provide proof of Rejection)</u>	

Employer (Additional response for agencies specified by statute):

<u>Nightingale Healthcare Professionals</u>	<u>Mail Code (five-digit code assigned by DOJ)</u>	
<u>Employer Name</u>		
<u>903 University Ave</u>	<u>Telephone Number (optional)</u>	
<u>Street Address or P.O. Box</u>		
<u>Berkeley</u>	<u>CA</u>	<u>94710</u>
<u>City</u>	<u>State</u>	<u>Zip Code</u>

Live Scan Transaction Completed By:

<u>Name of Operator</u>	<u>Date</u>	
<u>Transmitting Agency</u>	<u>ATI Number</u>	<u>Amount Collected/Billed</u>
<u>LSID</u>		



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ALL CLEARANCE FORMS MUST BE COMPLETED BEFORE ANY DIRECT PATIENT CONTACT

Please make arrangements to complete these requirements before the first day of class. A COVID-19 Test, TB test, Livescan, Physical and Flu Shot (flu season: Oct 1st thru Mar 31st) are necessary to participate in clinical and will be required the first day of class. You cannot miss class hours to get tests completed. Please be advised these locations are here as an option, you may choose to accomplish these requirements at any location convenient and within your means.

COVID-19 TESTING

- www.curative.com

Multiple Bay Area locations based on zip code

Cost: Free self-collected test (24-48 hour turn around on results)

TB TESTS AVAILABLE AT THIS LOCATION:

- *Berkeley Free Clinic*: 2339 Durant Avenue Berkeley, CA 94704

Cost: Free To schedule an appointment call (510) 548-2570 at 5:45 pm

- *Roots Community Health Center*: 9925 International Blvd #5 Oakland Ca 94603

Cost: \$25 to schedule an appointment call 510.777.1177

COVID-19 Testing

Cost: Free To schedule an appointment visit <https://rootsclinic.org/covid-19-testing/>

LIVESCAN AND PHYSICALS AVAILABLE AT THIS LOCATION:

For a list of more local vendors visit <https://oag.ca.gov/fingerprints/locations>

(OCA Number is your Social Security Number)

Checkpoint OTC

1 Market St Oakland, Ca 94607

(510) 836-0448

No appointment needed

Livescan \$57 Open Monday – Friday

Physical \$70 Open Monday – Friday

PHYSICAL, TB TEST AND FLU SHOTS AVAILABLE AT THIS LOCATION:

Open Mon – Fri 8:30am - 3:30pm No appointment needed

Dr. Konstantin

2584 MacArthur Blvd.

Oakland, CA 94602

(510) 530-5400

\$40 instant COVID-19 Test

\$70 for all 3 (best value)

\$30 TB test only

\$50 Physical only

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