



Nightingale Healthcare Professionals

743 El Cerrito Plaza, El Cerrito CA 94530

☎ : 510.553.1800

☎ : 510.553.1818

✉ : training.nhp@gmail.com

🌐 : 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 _____

"Supporting the Future of Healthcare!"



Nightingale Healthcare Professionals

743 El Cerrito Plaza, El Cerrito CA 94530

☎ : 510.553.1800

☎ : 510.553.1818

✉ : training.nhp@gmail.com

🌐 : www.nhp.training

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/transferrable)	\$	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: _____

"Supporting the Future of Healthcare!"



Nightingale Healthcare Professionals

743 El Cerrito Plaza, El Cerrito CA 94530

☎ : 510.553.1800

☎ : 510.553.1818

✉ : training.nhp@gmail.com

🌐 : www.nhp.training

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 paid before the end of the training. No refunds if 50% or more of program has been completed.

Other costs to student:

• Covid-19 Test dated within 7 days of start date (can be home 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)
• Proof of C19 Vaccination or Exemption	Free - \$32.00 (varies per location)
• Flu Shot (only during Flu season)	
• Student Clinical Log	
• 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>	\$81 (reflects enrolled student discount)
• State Competency Testing Fee	\$120

Requirements & Dates of Acceptance of Clearance forms for Program:

All students must obtain a negative COVID-19 test dated within 7 days of program start date, 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 taken within 1 year, skin TB test within 6 months, blood TB test within 1 year and X-Ray within 3 years of program start date. COVID-19 testing must be taken within 7 days of start date.

"Supporting the Future of Healthcare!"



Nightingale Healthcare Professionals

743 El Cerrito Plaza, El Cerrito CA 94530

☎ : 510.553.1800

☎ : 510.553.1818

✉ : training.nhp@gmail.com

🌐 : www.nhp.training

STUDENT CLINICAL LOG

The student has also successfully completed and submitted the following clearance documents

- Live Scan form BCIA 8016
- PPD dated within 3 months or a quantiferon blood test within 1 year or an X-ray completed in the past 3 years
- Physical completed within the past 6 months
- Flu shot during the time period, October 1st - March 31st

NAME _____

DOB (MM/DD/YYYY) _____

GENDER IDENTITY _____

COMPLETE ADDRESS _____

CELL PHONE _____

ETHNICITY

- Blackamerican
- Native American
- Native Hawaiian or Other Pacific Islander
- White
- Other (Include Ethnicity) _____

INSURANCE

Insurance Provider _____

Provider ID # _____

No Insurance

COVID VACCINATION STATUS

Brand _____

Dose Date _____

Dose Date _____

Dose Date _____

"Supporting the Future of Healthcare!"



Nightingale Healthcare Professionals

743 El Cerrito Plaza, El Cerrito CA 94530

☎ : 510.553.1800

☎ : 510.553.1818

✉ : training.nhp@gmail.com

🌐 : www.nhp.training

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:
LENS: RT EYE: _____ LEFT EYE: _____

VISUAL ACUITY WITH CORRECTIVE
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			

"Supporting the Future of Healthcare!"



Nightingale Healthcare Professionals

743 El Cerrito Plaza, El Cerrito CA 94530

☎ : 510.553.1800

☎ : 510.553.1818

✉ : training.nhp@gmail.com

🌐 : www.nhp.training

STUDENT EXAMINATION OUTCOME

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

S.S. # _____ DATE OF BIRTH: _____

Cleared without limitation Yes 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? _____

Physician's Printed Name: _____

Physician's Signature: _____

Address: _____

Telephone Number: _____

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

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

PHYSICIAN'S SIGNATURE: _____

"Supporting the Future of Healthcare!"



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A1226

ORI (Code assigned by DOJ)

Certified Nurse Assistant (CNA) or Home Health Aide (HHA)

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - If assigned by DOJ, use exact title assigned)

Contributing Agency Information:

California Department of Public Health (CDPH)

Agency Authorized to Receive Criminal Record Information

MS 3301, P.O. Box 997416

Street Address or P.O. Box

Sacramento

City

CA

State

95899-7416

Zip Code

Certification

Authorized Applicant Type

03314

Mail Code (five-digit code assigned by DOJ)

Contact Name (mandatory for all school submissions)

Contact Telephone Number

Applicant Information:

Last Name

Other Name

(AKA or Alias) Last

Date of Birth

Sex Male Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First Name

Suffix

Driver's License Number

Billing

Number (Agency Billing Number)

Misc.

Number (Other Identification Number)

City

State

Zip Code

Your Number:

(Social Security Agency Identification Number)
OCA Number

Level of Service:

DOJ

FBI

If re-submission, list ATI number:

(Must provide proof of Rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Nightingale Healthcare Professionals

Employer Name

Mail Code (five-digit code assigned by DOJ)

903 University Ave

Street Address or P.O. Box

Berkeley

City

CA

State

94710

Zip Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



Nightingale Healthcare Professionals

743 El Cerrito Plaza, El Cerrito CA 94530

☎ : 510.553.1800

☎ : 510.553.1818

✉ : training.nhp@gmail.com

🌐 : www.nhp.training

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

"Supporting the Future of Healthcare!"