



Enrollment Agreement

Dear Applicant,

Thank you for your interest in the Certified Nurse Assistant program. In this package you will find all the information you should need to be eligible for this program. Attached you will find:

- A student check list
- Course Descriptions and Upcoming Course Schedule
- Certified Nurse Assistant and Home Health Aide Application
- Frequently Asked Questions
- Physical Assessment Health Record
- Student Resource Information

Please review the information in this packet. If you have any questions, please contact me at (310) 404-6827 or email us at info@nurseassistantschoolyaya.com. We look forward to receiving your completed application and seeing you in class soon.

Sincerely,

Millicent Manyore, RN BSN

Program Director
YAYA Medical Training Institute

**Nurse Assistant
Student Application Check list**

Student Name: _____ Date _____

Students must have all of the following items present in their student file to be eligible to participate in the program.

- YAYA Medical Training Institute Student Application
- Cardiopulmonary Resuscitation (CPR) – Basic Life Support for Health Care Providers Card valid for two years (will be offered at YAYA free of charge to enrolled students). Please let us know if you would like us to enroll you for a CPR class at no extra cost if you do not have a current CPR card.
- Physical Examination. An original note, signed and dated by a physician, on his/her official letterhead (completed within the 6 months prior to the start of the program) that specifies that you can participate in the classroom and clinical internship portions of the program without any limitations.

Immunization proof or titer results confirming:

- Tetanus (within past 10 years)
- Hepatitis B (vaccination or signed waiver)
- MMR (Measles, Mumps, Rubella)
- Proof of Absence of Tuberculosis (negative skin test or negative chest x-ray within three months of start of program)
- Varicella (Chicken pox) (titer or proof of vaccination)
- Live Scan/Criminal Background Clearance

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Student file reviewed by: _____ Date: _____

If complete, provide:

- Live Scan/Criminal Background Clearance
- Nurse Assistant Application (can be done in class)
- Evidence of Understanding from Student Handbook (will be done in class)

Student approved for entrance into program by: _____ Date: _____

COURSE DESCRIPTIONS

The Need for Allied Health Professionals

The National Center for Workforce Analysis reports that more than 50% of states reported shortages of allied health personnel and California ranks 48th among states in per capital health services employment. This will get worse as the total population of California grows 39% through 2020 and the over 65 population grows 58%. The Nurse Assistant and Geriatric Care Technician Programs are designed to fill the employment gap of caregivers working with the elderly.

Certified Nurse Assistant/Nurse Aide Course

This course prepares the student to be a beginning health care worker in the long term care facility, acute care setting, and the home care setting. Emphasis is given to safety principles, infection control, methods for providing physical care, and emotional and social support. Our **5 weeks** Nurse Aide Program is a 16-unit module course that consists of theory and principles supplemented with clinical instruction and bedside patient care application under the guidelines of the federal and state requirements. Students will learn how to perform nursing roles and responsibilities, handle legal and ethical nursing issues, comprehend the healthcare delivery system, communicate effectively, be prepared for emergency situations, and build fundamental nursing skills. This course prepares the student to be a beginning health care worker in the long term care facility, acute care setting, and the home care setting. Emphasis is given to safety principles, infection control, methods for providing physical care, and emotional and social support. The course consists of lecture and clinical experiences. Upon successful completion of the course, the student is eligible to sit for the State of California certification Examination. The application for certification requires fingerprinting and a background check. Applicants who have been convicted of a criminal offense may not be eligible for certification. Please contact our office or visit the certification requirements online at <http://www.dhs.ca.gov/lnc/cert/Training.htm>.

Students must attend all sessions of clinical and classroom theories to be eligible for program completion and to sit for State certification examination.

(Total: 154 hours)

Upon meeting the clinical hours and academic requirements for the CNA program, students are eligible to sit for the State of California Certifying Examination. Students must have a valid photo identification (i.e. drivers license, state ID card or passport AND an original social security card), to sit for the examination.

Any questions a student may have regarding this Enrollment Agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833, www.bppe.ca.gov, toll-free telephone number (888) 370-7589 or by fax (916) 263-1897. A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (888) 370-7589 toll free or by completing a complaint form, which can be obtained on the bureau's internet web site www.bppe.ca.gov.

Approvals

YAYA Medical Training Institute is a private for profit institution located in Metro Los Angeles, and has submitted an application to the Bureau for Private Postsecondary Education. The school provides training and certification preparation for Certified Nurse Aide candidates. Students completing the Nurse Aide Program course are prepared to take the state examination for certification as a nurse aide.

What You Should Know About Our Approval from BPPE

Our institution's has been exempt by the Bureau for Private Postsecondary Education. For more information, call the Bureau for Private Postsecondary Education at (916) 574-7720, or toll free at (888) 370-7589, or visit its website at www.bppe.ca.gov

The Bureau for Private Postsecondary Education
2535 Capitol Oaks Drive, Suite 400
Sacramento California, 95833
Phone: (916) 431-6959
Toll Free: (888) 370-7589
Main Fax: (916) 263-1897
www.bppe.ca.gov

STATE APPROVAL

YAYA School Certified Nurse Assistant (CNA) program has been approved by the California Department of Public Health (CDPH).

Nurse Assistant/Home Health Aide Programs
Approved by the California Department of Health Services
Licensing and Certification Program (L&C)
Aide and Technician Certification Section (ATCS)
1615 Capitol Avenue, MS 3301
P.O. Box 997416
Sacramento, CA 95899-7416
Phone: (916) 327-2445
Web site: www.cdph.ca.gov
E-mail: cna@cdph.ca.gov

This Enrollment Agreement is legally binding when signed by the student and accepted by the institution. Any questions a student may have regarding this Enrollment Agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833, www.bppe.ca.gov, toll-free telephone number (888) 370-7589 or by fax (916) 263-1897. A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (888) 370-7589 toll- free or by completing a complaint form, which can be obtained on the bureau's internet web site www.bppe.ca.gov.



Nursing Assistant Training Program

Nursing Assistant Admissions Application

Give careful consideration to each question on this form. This form must be completed in its entirety for consideration for enrollment.

STUDENT ID _____ **SOCIAL SECURITY NUMBER:** _____

1. NAME _____
LAST FIRST MIDDLE MAIDEN OR FORMER

2. PERMANENT ADDRESS _____
NUMBER & STREET CITY STATE ZIP

3. EVENING PHONE _____ DAYTIME PHONE _____

4. E-MAIL ADDRESS _____

5. BIRTHDATE _____ AGE _____ SEX _____

6. DO YOU HAVE A BASIC LIFE SUPPORT CPR CARD? Expiration date _____

7. IF NOT, DO YOU WANT TO BE ENROLLED IN A CPR/BLS CLASS? YES _____ NO _____
(CPR/BLS Class is offered free of charge to YAYA students)

8. DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? **Y** _____ **N** _____ **WHAT YEAR?** _____

9. HAVE YOU TAKEN ANY COLLEGE MATH AND ENGLISH ASSESSMENT TEST?
YES _____ **NO** _____ **WHAT YEAR?** _____

10. **EXAMINATIONS/VACCINATIONS:** *Required before the start of the program. Immunization paperwork must be submitted to our office before the start of the program*

1. COMPLETE PHYSICAL EXAMINATION
2. TETANUS
3. HEP B (Vaccination or signed waiver)
4. MMR (titer or proof of vaccination)
5. TB SCREENING
6. Varicella (chicken pox) titer or proof of vaccination.

11. **REQUIRED ITEMS:**

- ✓ Watch with second hand
- ✓ Uniform- scrubs (Light blue)
- ✓ Textbooks
- ✓ Stethoscope
- ✓ Malpractice insurance
- ✓ Student Tuition
- ✓ Gait belt

14. ETHNIC BACKGROUND:

Check One:

- | | |
|--|---|
| 1. <input type="checkbox"/> Decline to State | 2. <input type="checkbox"/> Chicano/Hispanic-Mexican/American |
| 3. <input type="checkbox"/> White/Caucasian | 4. <input type="checkbox"/> Asian/Pacific Islander |
| 5. <input type="checkbox"/> American Indian/Alaskan Native | 6. <input type="checkbox"/> Filipino |
| 7. <input type="checkbox"/> Other _____ | 8. <input type="checkbox"/> Black/African-American |

Students successfully completing the Nursing Assistant course will be eligible for certification through the State of California. To participate in the clinical portion of the program the applicant will need to be fingerprinted and have a criminal background check completed. This is also required for certification. Applicants who have been convicted of a criminal offense may not be eligible for certification. Please contact our office at (310) 404-6827 or view the certification requirements online at <http://www.dhs.ca.gov/Inc/cert/Training.htm>

By signing this form you are verifying that you understand the prerequisites and the licensing requirements for the Nursing Assistant program. I understand that falsification or intent to withhold information under penalty of perjury shall constitute grounds for dismissal.

Prior to signing this Enrollment Agreement, you must be given a school catalog containing information regarding the School Performance Fact Sheet, which you are encouraged to review prior to signing this Agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement.

I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, salary or wage information, and the most recent three year cohort default rate, if applicable, included in the School Performance Fact Sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet.

SIGNATURE

DATE

"I understand that this is a legally binding contract. My signature below certifies that I have read, understood and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me."

I AGREE: To release and hold harmless the Health Care Facility/Agency, which provides my clinical experience, its employees and clients, and the YAYA Medical Training Institute, from my misconduct or accident that may occur as a result of my participation in the YAYA Medical Training Institute Nurse Assistant or Home Health Aide Training Course.

X _____
Signature of Student & Date

X _____
Parent/Guardian if student Is under 18 years of age

This Enrollment Agreement is legally binding when signed by the student and accepted by the institution. Any questions a student may have regarding this Enrollment Agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833, www.bppe.ca.gov, toll-free telephone number (888) 370-7589 or by fax (916) 263-1897. A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (888) 370-7589 toll-free or by completing a complaint form, which can be obtained on the bureau's internet web site www.bppe.ca.gov.

STUDENT TUITION RECOVERY FUND (STRF)

The State of California created the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic losses suffered by students in educational programs who are California residents, or are enrolled in a residency program attending certain Schools regulated by the Bureau for Private Postsecondary Education.

You may be eligible for STRF if you are a California resident or are enrolled in a residency program, prepaid tuition, paid the STRF assessment, and suffered an economic loss as a result of any of the following: 1) The School closed before the course of instruction was completed; 2) The School's failure to pay refunds or charges on behalf of a student to a third party for license fees or any other purpose, or to provide equipment or materials for which a charge was collected within 180 days before the closure of the School; 3) The School's failure to pay or reimburse loan proceeds under a federally guaranteed student loan programs required by law or to pay or reimburse proceeds received by the School prior to closure in excess of tuition and other costs; 4) There was a material failure to comply with the Act or the Division within 30 days before the School closed or, if the material failure began earlier than 30 days prior to closure, the period determined by the Bureau; 5) An inability after diligent efforts to prosecute, prove, and collect on a judgment against the institution for a violation of the Act.

You must pay the state-imposed assessment for the Student Tuition Recovery Fund (STRF) if all of the following applies to you: 1) You are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all of part of your tuition either by cash, guaranteed student loans, or personal loans; and 2) Your total charges are not paid by any third-party payer such as an employer, government program or other payer unless you have a separate agreement to repay the third party.

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment if either of the following applies; 1) You are not a California resident, or are not enrolled in a residency program; or 2) Your total charges are paid by a third party, such as an employer, government program or other payer, and you have no separate agreement to repay the third party.

I have read and understood the above statement/Disclosure.

Student Name

State or Country of Residency

Signature

Date

FREQUENTLY ASKED QUESTIONS

When will it start?

- 1) The next CNA class dates will be announced on our website. We hold a class every six weeks with each class running for 5 weeks Monday-Thursday.
- 2) The Home Health Aide class will follow the CNA class and runs for one week.

How do I apply?

- 1) Applications are available on our website and can be submitted in person, by mail or scanned and emailed to us.

How are the candidates selected?

- 1) On a first-come, first-serve basis.
- 2) Subject to completion of all eligibility requirements listed in this package.

What are the steps that I need to take for the application process and prepare for enrollment in the program?

- 1) Submit a completed application form
- 2) Submit a non-refundable registration fee of \$100 that can be paid by credit cards, checks or cash.

What about the physical examination, drug screen and immunizations?

- 1) Prior to acceptance into the program, entering students must provide proof of a physical exam, negative drug screen and necessary immunizations including a TB test within the last 3 months. Students may get these services from their private physician or go to clinics listed on the student resource list in this packet.
- 2) Students are required to have this by a combination of the Department of Health Services and our clinical affiliates. This protects you from patients that may have a communicable disease and vice versa.

What about fingerprinting and background check?

- 1) All students must submit to fingerprinting as a requirement by the California Department for Public Health

What about the CPR card?

- 1) Students must submit a Basic Life Support CPR for the Healthcare provider completion card prior to starting the program.
- 2) For those who do not have a CPR Card, a CPR course is available for free to enrolled YAYA students.

What is the total cost of the program? (Estimate)

- 1) Registration \$100
- 2) Course Textbook , approx. \$30
- 3) Malpractice Insurance Approximately \$20
- 4) Tuition \$1200
- 5) Uniforms \$15
- 6) Stethoscope \$15
- 7) Drug screen, physical, and immunizations (prices varies)
- 8) Closed toe shoes (tennis shoes, clogs, no heels)
- 9) State examination administered by the American Red Cross is \$90
- 10) Fingerprints/Livescan \$approximately 55

How is the class scheduled?

- 1) The CNA class is formatted as follows:
 - a. 50 hours of lecture on Mondays and first Tuesday of the program from 8.00am-5pm And
 - b. 104 hours of clinical hours on Tuesday, Wednesdays and Thursdays from 7:00am-3.30pm

How do I become certified as a Nurse Assistant?

Upon meeting the clinical hours and academic requirements for the CNA program, students are eligible to sit for the State of California Certifying Examination. Students must have a valid photo identification (i.e. drivers license, state ID card or passport AND an original social security card to sit for the examination.

LAST NAME	FIRST NAME:	INITIAL:	MARITAL STATUS SINGLE DIVORCED MARRIED NO CHILDREN	HEALTH RECORD
ADDRESS: (STREET, CITY, ZIP)				
TELEPHONE:	WHAT ARE YOU STUDYING TO BE?			
NAME AND ADDRESS OF FAMILY DOCTOR/CLINIC:			MD Signature:	
DATE OF BIRTH:	LAST HIGH SCHOOL ATTENDED (NAME, CITY, STATE):			
UNDERLINE DISEASE YOU HAVE HAD: ANEMIA NERVOUS BREAKDOWN ASTHMA PLEURISY APPENDICITIS PNEUMONIA BLACKOUTS POLIO BRONCHITIS RHEUMATIC CHICKEN POX RHEUMATIC FEVER DIABETES SCARLET FEVER DIPHTHERIA SMALL POX EPILEPSY SICKLE CELL HAY FEVER SINUSITIS EAR PROBLEM TONSILITIS HEART TROUBLE TYPHOID FEVER JAUNDICE THYROID DISORDER KIDNEY PROBLEM TUBERCULOSIS LARYNGITIS ULCER MUMPS VARICOSE VEINS MEASLES WHOOPING COUGH		WHAT VACCINATIONS OR TESTS HAVE YOU HAD? WHAT YEARS? <input type="checkbox"/> SMALL POX _____ <input type="checkbox"/> TETANUS _____ <input type="checkbox"/> CHEST X-RAY _____ <input type="checkbox"/> POLIO _____		
FAMILY HISTORY: UNDERLINE AND NOTE RELATIVE TUBERCULOSIS NERVOUS BREAKDOWN DIABETES CANCER		SERIOUS ILLNESSES: OPERATIONS: LIST YOUR MAJOR INJURIES: ALLERGIES:		

A complete physical examination including labs is required prior to any clinical rotation

PHYSICAL EXAM:	DATE:	ADDITIONAL DATA – SUMMARY - RECOMMENDATIONS
GENERAL APPEARANCE:	HEIGHT WEIGHT	
POSTURE		
SKIN:	BACK:	
EYES: PERLA:	RETINA:	
EARS: R L	HEARING:	
NOSE AND THROAT:		
TEETH: GUMS: DENTAL HYGIENE		<input type="checkbox"/> FREE OF COMMUNICABLE DISEASES – DOES NOT CREATE HAZARD TO SELF OR OTHERS
GLANDS: THYROID		<input type="checkbox"/> APPROVED AND RECOMMENDED FOR NURSING PROGRAM
LUNGS:		<input type="checkbox"/> NO APPROVED – SEE ABOVE
HEART:		<input type="checkbox"/> APPROVED PENDING AS ABOVE
PULSE:		EXAMINED BY: _____,MD
ABDOMEN:		NURSE PRACTITIONER

ENDOCRINE SYSTEM:	LICENSE NO:
NERVOUS SYSTEM:	ADDRESS & PHONE NO.
BLOOD PRESSURE:	

STUDENT'S NAME (Print) _____ Date of Birth _____

	Date	Results	Dr. Signature/Address/Phone Number
(*Required for NA Program)			
*Tuberculin Skin Test	_____	_____	_____
OR			_____
Chest X-ray			_____
Rubeola (Measles)	_____	_____	_____
(Titer/Vaccine)			_____
Varicella (Chicken Pox)	_____	_____	_____
(Titer/Vaccine)			_____
*Rubella	_____	_____	_____
(Titer/Vaccine)			_____
*Hepatitis B	_____	_____	_____
(Titer/Vaccine)			_____
*Mumps	_____	_____	_____
(Titer/Vaccine)			_____
*Polio (All students enrolled in health related courses are encouraged to ascertain that they are immune to poliomyelitis.)			
	_____	_____	_____
	_____	_____	_____
*Diphtheria/Tetanus (Series of two, one month apart. Booster in one year, then repeat in ten years. If you had series as a child, All you need is the booster).			
	_____	_____	_____
	_____	_____	_____
*Drug Screen	_____	_____	_____

COPIES OF ALL LABORATORY REPORTS ARE REQUIRED

STUDENT RESOURCE INFORMATION

Fingerprinting/Background Check

Live Scan Fingerprinting is a requirement and can be done for a fee at the Sheriff's department.

Malpractice Insurance

You can obtain malpractice insurance from Nurses Service Organization at https://www.nso.com/quick_quote2/. (800) 247-1500. Choose "California" as state of residence and select student to apply. The total annual premium is \$20.50. You will be required to submit Proof of Insurance.

Uniforms and Supplies

The required uniform is blue scrubs. No designs or other colors permitted. You can obtain this uniform and a stethoscope from Walmart or any other uniform stores.

Immunizations, Physical Examinations and Drug Screens

If you have an immunization card, this will have many of the required vaccinations listed. The physical examination, drug screen and remaining immunizations or titers can be obtained from your personal physician or by contacting any family clinic.