



# **Certified Nurse Aide Application Packet**

**Application packet is due 10 days before the first day of class.**

# **Cisco College**

## **Certified Nurse Aide**

- **Students MUST complete the Cisco College Application**
  1. **Go to [www.cisco.edu](http://www.cisco.edu)**
  2. **Select ADMISSIONS**
  3. **Complete the online application.**
  
- **Complete application packet. Application is DUE 10 days before the first day of class.**
  
- **Cost: \$725.00**
  - **MUST be paid in full when turning application in.**
  
- **Certification Exam: \$104.50**
  - **Due when setting up exam date; the student is responsible for setting up exam date.**
  
- **Return applications and required documents to:**

**Cisco College Team Workforce**  
Dr. Kam Zinsser, Dean of Workforce & Economic Development  
Mychellya Shadle, Coordinator of Workforce & Economic Development

**Cisco-Abilene Campus**  
**717 East Industrial Blvd.**  
**Abilene, Texas 79602**

**\*no incomplete packets will be taken.**

# Cisco College

## Certified Nurse Aide

This is a 100-hour course that includes lecture and clinical components, and prepares students to take the State of Texas examination to become a Certified Nurse Aide by the Texas Department of Aging and Disability Services. This program provides students with a level of knowledge, skills, theory, concepts, and abilities essential to provide safe care to the residents of long term care facilities. You will be prepared for entry-level employment in long-term care facilities, doctor's offices, and hospitals. Income will depend on the area of employment chosen.

### Licensure/Certification

Successful completion of the Certified Nurse Aide certificate makes one eligible to take the State of Texas Certified Nurse Aide Certification Licensing Exam.

### Requirements

Students **MUST**:

- Be at least 18 years of age
  - Have a high school diploma or GED
  - Provide proof of the following immunizations
    - Hepatitis B (3 series; takes up to 6 months to complete)
    - Tetanus/Diphtheria/Pertussis (TDap; within the last 10 years)
    - Mumps/Measles/Rubella (MMR; 2 series)
    - Varicella (2 doses; or proof that you have had the chicken pox)
    - Negative Tuberculosis Skin Test (within the last 12 months)
    - Annual Flu Vaccine
    - Meningococcal (all students under 22 years of age; within the last 5 years)
- Note:** some immunizations can take up to 6 months to complete, so please plan ahead.
- Purchase uniform
    - Scrub top and bottom (royal or navy)
    - White shoes (leather; CANNOT be mesh or canvas)
    - Watch with a second hand
  - Have an original Social Security Card
  - Have a government issued photo ID; name on ID must match name on Social Security Card.
  - Pass a criminal background check (must be free of felony convictions/Class A Misdemeanor <http://apps.hhs.texas.gov/hiringbars/>)
  - Respect confidential nature of medical information

**Cisco College**  
**CNA Course Schedule**  
September 2018 – July 2019\*

- June 29-July 27, 2018
- September 7 – October 6, 2018
- October 19– November 17, 2018
- January 18 – February 16, 2019
- March 22-April 30, 2019
- May 3, June 1, 2019
- June 14-July 13, 2019

**Class Time and Location:**

This program is 5 weeks long. Classes are held Fridays and Saturdays. Friday from 2pm to 10pm, and Saturday 8am to 8pm at Cisco-Abilene Campus in Room #233 (upstairs).

**\*This schedule is subject to change due to lack of participation or other unforeseen circumstances.**

## **Cisco College**

### **CNA Refund Policy & Absence Policy**

- **Once payment is received, there will be no FULL refund.**
- **NO refund will be given on or after the first day of class.**
- **Absence Policy: A student that misses 8 or more hours of class will be dropped from the program with no refund.**
- **A PARTIAL refund of \$700 will be given if a withdraw request is received TWO WEEKS before the first day of class.**
  - **The above amount excludes expenses incurred for Cisco College: Background Check \$25**
- **After the TWO WEEK Deadline a PARTIAL refund of \$300 will be given.**
  - **Withdraw request must come directly from the student or his/her designee. A withdraw request form will be completed by the person making the request. The official receipt date is the day and time the request is received. All refunds are paid by check to the student regardless of the method or source of original registration payment. Please allow 4-6 weeks for the refund check to be processed and mailed to the address given at the time of registration. If there has been an address change, please provide the correct address with the withdraw request.**
- **A FULL refund will only be given if the college must cancel the class.**



## CNA Registration Form

717 East Industrial Blvd  
Abilene, Texas 79602  
(325) 794-4590

Please return to: Cisco College Team Workforce

**Certified Nurse Aide**  
**Course: NURA 1001**  
**Cisco-Abilene Campus**

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>	<b>Preferred Name:</b>	
<b>Mailing Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>County:</b>
<b>Contact Number:</b>	<b>Email:</b>			
<b>Social Security Number:</b>	<b>Driver's License Number &amp; State:</b>	<b>Gender</b>	<b>Birthday:</b>	
<b>Citizenship:</b> <input type="radio"/> United States <input type="radio"/> Other _____	<b>Ethnic Origin:</b> <input type="radio"/> Caucasian/White <input type="radio"/> African American <input type="radio"/> Hispanic <input type="radio"/> Asian <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Other			

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

NOTICE: If you had the Varicella vaccine, you DO NOT need to complete this form.

## Cisco College

### DOCUMENTING HISTORY OF ILLNESS: VARICELLA (CHICKENPOX)

#### Amendment to § 97.67

*A written statement from a physician or the child/student's parent or guardian must support all histories of Varicella illness. The statement must contain wording such as: "This is to verify that (name of student) had Varicella disease (chicken pox) on or about (date) and does not need Varicella vaccine" or by serologic confirmation of Varicella immunity. The school shall accurately record the existence of any statements attesting to previous Varicella illness or the results of any serologic tests supplies as proof of immunity. The originals should be returned to the child/student's parent or guardian. If a child or student is unable to submit such a statement or serologic evidence, Varicella vaccine is required.*

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#### Documentation of history of illness: Varicella (Chickepox)

1. A serologic confirmation of varicella immunity (positive varicella IgG result).
2. A written state from a physician, or a student's parent or guardian containing wording such as:

*This is to verify that \_\_\_\_\_ had Varicella  
(Child/Student Name)  
illness (chickenpox) on or about \_\_\_\_\_ and does not need  
(Month / Year)  
the Varicella vaccine.*

\_\_\_\_\_  
(Signature) (Relationship to child/student)

\_\_\_\_\_  
(Date)

## Cisco College - CNA Check List

Application, documents, receipt of payment, and proof of immunizations must be in hand prior to acceptance. Incomplete packets will be returned to the applicant, and may delay enrollment in the programs. A spot is saved for the applicant when the application is complete and payment is paid in full to Cisco College Business Office.

Student Name: \_\_\_\_\_

### Required Documents

Copy of Driver's License:	State/DL #/Expiration: _____
Copy of Social Security Card:	Social Security Number: _____
Receipt of Payment:	Date: _____

### Required Immunizations

Hepatitis B (3 doses)	Dose 1: _____ Dose 2: _____ Dose 3: _____ Titer: _____
Tetanus/Diphtheria/ Pertussis (TDap; within the last 10 years)	Date: _____
Measles/Mumps/ Rubella (MMR; 2 doses)	Dose 1: _____ Dose 2: _____ Titer: _____
Varicella (Chicken Pox)	Dose 1: _____ Dose 2: _____ Proof of having Chicken Pox Date: _____ Titer: _____
Tuberculosis Skin Test (TB; within the last 12 months)	Test Date: _____ Date Read: _____ Negative/Positive If positive result from skin test; result from Chest X-ray: _____
Annual Flu Shot	Date: _____
Meningococcal (Meningitis; required if under 22 years of age)	Date: _____

By signing below, I read and understand Cisco College's refund policy, absence policy, and other information provided in the application. I understand no refund will be given on or after the first day of class. I understand partial refund will be given if a request to withdraw is given two weeks before the first day of class.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_



# Background Check Authorization

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## DISCLOSURE

Please note that in connection with your application for employment and/or ongoing employment with the Company, the Company may obtain a "consumer report", as defined in the Fair Credit Reporting Act (FCRA), from a consumer reporting agency. Consumer reports include, but are not limited to, criminal background checks, credit reports, and motor vehicle reports.

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## REQUIRED INFORMATION

*Clearly print all information. Provide all information requested. This information must be true and correct to the best of your knowledge. Falsification of any information will void your application for employment or any actions based on it.*

Print Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Current Address: \_\_\_\_\_ # of Years: \_\_\_\_\_

Previous Address: \_\_\_\_\_ # of Years: \_\_\_\_\_

Previous Address: \_\_\_\_\_ # of Years: \_\_\_\_\_

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## AUTHORIZATION:

I hereby authorize the Company to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that the Company will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the Company's choice.

I further understand that the Company will provide me a copy of the consumer report if the information in the report is used, in any way, to make decisions regarding my fitness for employment or ongoing employment with the Company. I understand that the report will be made available to me, along with a summary of my rights under the FCRA.

CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY: If you would like to request a copy of your Consumer Report in Investigative Consumer Report, please check the box.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Company Representative fills out below

Position Applied: \_\_\_\_\_ Date: \_\_\_\_\_

*Please select which consumer report(s):*

Criminal History	Sex Offender	Credit Check	SSN Verification
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*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escriba a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA.

**For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information, about your federal rights, contact:**

**TYPE OF BUSINESS:**

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates  
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

2. To the extent not included in item 1 above:

- a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks
- b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act
- c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations
- d. Federal Credit Unions

3. Air carriers

4. Creditors Subject to the Surface Transportation Board

5. Creditors Subject to the Packers and Stockyards Act, 1921

**CONTACT:**

a. Consumer Financial Protection Bureau  
1700 G Street, N.W. Washington, DC 20552  
b. Federal Trade Commission: Consumer Response Center – FCRA  
Washington, DC 20580  
(877) 382-4357

- a. Office of the Comptroller of the Currency  
Customer Assistance Group  
1301 McKinney Street, Suite 3450  
Houston, TX 77010-9050
- b. Federal Reserve Consumer Help Center  
P.O. Box. 1200  
Minneapolis, MN 55480
- c. FDIC Consumer Response Center  
1100 Walnut Street, Box #11  
Kansas City, MO 64106
- d. National Credit Union Administration  
Office of Consumer Protection (OCP)  
Division of Consumer Compliance and Outreach (DCCO)  
1775 Duke Street  
Alexandria, VA 22314

Asst. General Counsel for Aviation  
Enforcement & Proceedings  
Aviation Consumer Protection Division  
Department of Transportation  
1200 New Jersey Avenue, S.E. Washington,  
DC 20590

Office of Proceedings, Surface  
Transportation  
Board  
Department of Transportation  
395 E Street, S.W. Washington, DC 20423

Nearest Packers and Stockyards  
Administration area supervisor

- |  |   |
|--|---|
| 6. Small Business Investment Companies   | Associate Deputy Administrator for Capital Access<br>United States Small Business Administration<br>409 Third Street, S.W., 8th Floor<br>Washington, DC 20416     |
| 7. Brokers and Dealers   | Securities and Exchange Commission<br>100 F Street, N.E.<br>Washington, DC 20549  |
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations | Farm Credit Administration<br>1501 Farm Credit Drive<br>McLean, VA 22102-5090   |
| 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above  | FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA<br>Washington, DC 20580 (877) 382-4357 |