Certified Nurse Aide (CNA)

Application Packet

Coordinator of Workforce and Economic Development

Cisco College
717 E. Industrial Blvd.
Abilene, TX 79602

workforce@cisco.edu

**The CNA Program fills on a first come first serve basis. You must have packet completed and turned in along with payment for position in the program to be held**

Program Information
**Program Description**

This is a 100-hour course that includes lecture, clinical components, and prepares students to take the State of Texas examination to become a Certified Nurse Aide. The class will provide the necessary information and skills to prepare students to become a Texas State Certified Nurse Aides and work in health care facilities where you will assist nurses in providing patient care. Nurse aides perform basic care functions such as; bathing, grooming, feeding patients, assisting nurses with medical equipment, and checking patients’ vital signs under the supervision of a Licensed Vocational Nurse (LVN) or a Registered Nurse (RN).

**Certificate**

Upon successful completion of the Texas Nurse Aide Training program and the state examination, students become Texas Certified Nurse Aides. Texas Certified Nurse Aides are under the jurisdiction of the Texas Departments of Aging and Disability Services (DADS) and take the National Nurse Aide Assessment Program Exam (NNAAP).

**Course Objectives**

This program provides students with a level of knowledge, skills, theory, concepts, and abilities essential to provide safe care to patients.

Upon completion of this program, students will be able to:

- Provide basic care to residents in long-term care facilities.
- Assist residents in maintaining maximum functional independence.
- Support and promote the rights of residents.
- Provide safety and preventive measures in the care of residence.
- Demonstrate skill in observing and reporting.
- Function effectively as a member of a health care team.
- Communicate effectively with residents and their families regarding the psychosocial needs of residents.

**Employment**

CNAs work in many types of health care facilities, including hospitals, long-term care facilities, home health agencies, community health clinics, hospice, and physicians’ offices.

Starting pay averages $10 an hour (U.S Department of Labor). Overall income will depend on the area of employment you choose.
Admissions Requirements

Individuals must meet the following requirements for admission into the Cisco College Certified Nurse Aide Program.

- Students MUST complete the Cisco College Enrollment Application
  - Go to www.cisco.edu
  - Select ADMISSIONS
  - Complete the online application

- Have earned a high school diploma, GED, or High School Equivalency Certificate
- Be a minimum of 18 years’ old
- Have a photo ID and Social Security card.
- Be willing to agree to have a criminal history background check ran (individuals with any infractions that would prohibit state certification will not be admitted into the program. If you are not sure, please contact the Workforce Team before applying to the program.)
- Be willing to provide copy of a 10-panel Drug Screen (preferred place: Any Lab Test Now)
- Be willing to provide evidence of require immunizations:
  - Hepatitis B (3 dose series vaccination: takes up to 6 months to complete)
  - Tetanus/Diphtheria/Pertussis (TDap: within the last 10 years)
  - Mumps/Measles/Rubella (MMR: 2 dose series vaccination)
  - Varicella (2 dose series vaccination: or proof that you have had the chickenpox)
  - Negative Tuberculosis Skin Test (TB Skin Test: must be within the last 12 months)
  - Annual Flu Vaccine
  - Meningococcal Vaccination (all students under 22 years of age must have this within the last 5 years)

  Note: some immunizations can take time to complete, please plan accordingly. You CANNOT be admitted to the program if your vaccinations are not completed or up to date.

- Cannot be listed on the Nurse Aide Registry (NAR) as unemployable
  (Cisco College is required to check the Nurse Aide Registry (NAR) prior to enrolling individuals in a training program to ensure that those persons are not listed on the registry as unemployable for a finding of abuse, neglect, or misappropriation of resident’s property. Also, to check if you are already a certified CNA.)
- Tuition for program paid in full (this program is not eligible for FAFSA, payment plans, or tuition waiver grants.)

Cost of Program *prices are subject to change*

<table>
<thead>
<tr>
<th>Cost Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$750 (includes textbook, workbook, and background check)</td>
</tr>
<tr>
<td>Certification Exam</td>
<td>$104.50 (due when setting up exam date; the student is responsible for setting up the exam date)</td>
</tr>
<tr>
<td>Drug Screen Test</td>
<td>Price Varies (Cisco College prefers Any Lab Test Now)</td>
</tr>
<tr>
<td>Set of scrubs</td>
<td>Price Varies (must be royal or navy blue: we suggest 2 pair)</td>
</tr>
<tr>
<td>Shoes</td>
<td>Price Varies (must be white leather – no canvas or mesh)</td>
</tr>
<tr>
<td>Watch</td>
<td>Price Varies (must have a second hand capability)</td>
</tr>
</tbody>
</table>
Class Schedule

**Days and Time:** (the CNA program is 5 weeks; you cannot miss more than 8 hours or you will be dropped without a refund)

- Friday 2pm – 10pm
- Saturday 8am – 8pm

**Class Dates Offered:**

- September 13- October 11, 2019
- October 25- November 22, 2019
- January 10- February 7, 2020
- February 21- March 20, 2020
- April 3- May 1, 2020
- May 15- June 12, 2020
- June 26- July 24, 2020
- August 7- September 4, 2020

*dates and times are subject to change*

**Registration Deadline:**

- The class is limited to 20 students; registration closes when the limit is reached
- Or
- 5-7 days prior to the first day of the class

**REFUND & ABSENCE POLICY**

The following is the Refund and Absence Policy for Cisco College CNA Program:

- Once payment is received, there will be no FULL refund
- NO refund will be given on or after the first day of class
- A PARTIAL refund of $725 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 requests must come directly from the student to 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.
- Absence Policy: A student that misses 8 OR MORE HOURS of class will be dropped from the program with no refund.
How to Register

Email: Coordinator of Workforce and Economic Development:

workforce@cisco.edu

Where: Deliver Completed Packets to:
Cisco College
717 E. Industrial Blvd.
Abilene, TX 79602

When: Monday – Thursday 8am- 4pm
     Friday 8am- 12pm

What to bring: Application packet, payment, and all required documentation

**We will contact you once you have turned in your packet**

Please remember when registering

- Incomplete packets will NOT be taken
- You must have payment and complete packet for your spot to be saved
- You must not have any holds or outstanding balance on your Cisco College Student Account (this must be taken care of with the Business Office and Admissions Office)

Information for Drug Screen:

Drug Screen:
Any Lab Test Now

Address:
3351 Turner Plaza Dr.
Suite 108A
Abilene, TX 79606
REGISTRATION FORM

717 E. Industrial Blvd, Abilene, TX 79602  325-794-4400  www.cisco.edu/degrees-programs/workforce-continuing-education

Date: _________________________  E-Mail Address: ____________________________

Last Name       First Name       MI

Mailing Address     City          State           Zip Code

Primary Phone #             Alternate Phone #

Date of Birth      Driver’s License #     Social Security #

☐ Male       ☐ Hispanic/Latino          ☐ White         ☐ Asian, Oriental, Pacific Islander
☐ Female      ☐ Non-Hispanic/ Latino       ☐ Black/ African American  ☐ American Indian/ Alaskan Native
                                           ☐ International        ☐ Other

Gender       Select One       Ethnic Group

This information will be used in a non-discriminatory manner consistent with applicable civil rights laws
Cisco College is an Equal Opportunity Institution. Cisco College does not discriminate on the basis of gender, disability, race, color, age, religion, national origin, or veteran status.

COURSE TITLE    COURSE CODE    COURSE DATE    FEE    PAYMENT DATE

PHOTO RELEASE AUTHORIZATION
(Only in the event class-related pictures are taken)
I acknowledge and consent to the use of my photograph by Cisco College in any and all publications, advertising, or website and waive any rights to compensation in any form. Cisco College is not required to obtain my permission to reuse or republish this photograph in the future. I understand that the photo(s) if used will be for promotion purposes for Cisco College, and I waive any claim to financial remuneration for the use of these photo(s).

Student Signature: ______________________________________ Date: ________________________

EMERGENCY CONTACT INFORMATION

Name: ___________________________________________ Relationship: ______________________

Phone: ___________________ Alternate Phone: ______________________

Address: ____________________________________________________________
Dear Students,

Once you have completed and returned your packet, please have a member of Team Workforce sign this form. You MAY NOT pay for the CNA Program without presenting this form to the business office.

By signing this document, you agree to the CNA Program cost of $750 and understand that to have your position in the class held you must turn in your COMPLETED PACKET and PAYMENT. Making your payment before your packet is completed and turned in will NOT hold your spot in the program.

If, you have a third party payer helping you (Employer, Workforce, Scholarship) please fill in the appropriate information below.

Class Date: _________________________________

Class Cost: _________________________________

Third Party Payer Information:

<table>
<thead>
<tr>
<th>Payer Name:</th>
<th>____________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone #:</td>
<td>____________________________________________</td>
</tr>
<tr>
<td>Amount:</td>
<td>____________________________________________</td>
</tr>
<tr>
<td>Address:</td>
<td>____________________________________________</td>
</tr>
</tbody>
</table>

Student Name (printed): _________________________________________________

Student Signature: ___________________________________________ Date: __________

Team Workforce Rep: ___________________________________________ Date: __________
Cisco College
Liability Release Form

In consideration of being allowed to enroll in the Cisco College Nurse Aide Program clinical rotation courses, I hereby affirm that regardless of my immunization status, I do hereby release, discharge, and covenant not to sue Cisco College, its governing board, its employees, instructors, agents, and representatives (the “released parties”) from all liability whatsoever to me for personal injury, damage, wrong, or wrongful death caused by negligence or gross negligence or by any statutory violation, or caused by my contracting any contagious disease whatsoever, including injuries or diseases caused by “sharp” cuts, needle sticks, or exposure to patients or their bodily fluids or respirations. I expressly hereby discharge and release the said released parties above named from any claim, demand, cause or action or damage of any description in any way related to my contracting of infectious diseases and by my obtaining or failing to obtain immunizations against these diseases. This release will be applicable to damages sustained by me in any way related to my contracting infectious diseases and by my obtaining or failing to obtain immunizations against these diseases. This release will be applicable to damages sustained by me causes by the joint or concurrent negligence of the released parties, even if they are discharged or protected against their own negligence.

I further state that I am of lawful age and legally competent to sign this waiver and release of liability; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document of my own free act.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS WAIVER AND RELEASE OF LIABILITY BY READING IT BEFORE I SIGNED IT.

EXECUTED this ____________ day of ________________________, 20________.

Student Signature: ____________________________________________________

Printed Name: _______________________________________________________
Cisco College
Essential Requirements for Health Professions Programs

The following essential functions are the essential non-academic requirements that you must meet to successfully complete the clinical rotation and become employable. The following list provides the information you need to be able to assess your own health and ability to complete the course successfully. **You must be able to participate not only in classroom portion of the course, but also complete clinical rotations in healthcare settings in ways that will not endanger your safety or the safety of patients.**

- **Visual and Interpretative Skills:** You must be able to effectively read unassisted both written material and computer data correctly and perform procedures that require eye-hand coordination. You must also be able to discriminate colors.

- **Auditory Skills:** You must be able to hear alarms that are used to signal fire or other emergencies. You must be able to hear and understand to a level that allows you to effectively interact with other medical personnel and patients.

- **Communication Skills:** You must be able to effectively communicate with other medical personnel and patients in both written and oral format. You must be able to understand and apply standard operating procedures effectively during training, in clinical, and in the entire work environment.

- **Motor Skills:** You must be able to perform procedures that require eye-hand coordination. You must be able to sit, stand, and walk corridors for prolonged periods of time. You must be able to tolerate wearing protective gloves and other personal protective equipment such as masks and respirators. You must be able, without assistance, to write legibly and transcribe data correctly.

- **General Physical Health:** Your general health must be such that you can perform light to heavy physical activity and have a healthy enough immune system that will protect you from exposure to various disease processes.

- **General Mental and Emotional Health:** Your general mental health must be such that you can maintain attention to detail and interact effectively with other medical personnel and patients. You must be able to maintain self-control in stressful situations and retain a professional demeanor.

Cisco College is committed to providing accommodations for students with special needs in the didactic portion of the course, and all reasonable accommodations will be made to help you succeed. **In general, clinical affiliates will not allow students into clinical rotation if an individual cannot fulfill the essential requirements unaided.**

Student Signature: _______________________________________ Date: ____________________________

Your signature indicates that you have read these Essential Requirements and that you expect to be able to perform these functions.
CRIMINAL HISTORY

IMPORTANT DISCLOSURE, AGREEMENT, AND AUTHORIZATION

Student Name: ______________________________________________________________________________

Student Address: ___________________________________________________________________________

Field of Study/Course Title: ___________________________________________________________________

Have you been convicted of a crime other than minor traffic violation? Yes _____ No _____

Student has requested admission or has been admitted to Cisco College to seek a degree or certificate in the above field of study. A portion of the curriculum which the student must complete involves clinical rotation or observation at a hospital or health care facility. If student completes the field of study and obtains the degree or certificate sought, student might have to be licensed or certified by the State of Texas or other jurisdiction before student can be employed in his/her chosen field.

Before beginning or continuing student’s field of study at Cisco College, student should be aware that a criminal record may have adverse consequences on student’s ability to reach student’s ultimate goal of certification/licensure and employment.

For instance, student may not be able to complete clinical rotations or observations if student has a criminal record. Likewise, such a record may prevent student from being licensed, certified, or employed. A criminal background check may and probably will be required in connection with student’s clinical rotation/observation, licensure/certification, and employment.

Cisco College and its faculty, officers, and employees cannot determine with certainty whether student’s criminal record, if any, will have any adverse effect on student’s ability to complete the field of study, obtain the degree sought, be licensed/certified, or be employed.

Student understands that the decision as to whether the student can attend clinical or observation at a hospital or health care facility, obtain certification, and be employed by a health care provider is the decision of the hospital, health care facility, or certifying agency.
Criminal Background and Drug Screen Information

Criminal background
Any of the listed offenses in Section 250.006 of the Texas Health and Safety Code will disqualify a student from the CNA/CMA/Phlebotomy Programs. These standards also align with Texas Department of Aging and Disability Services (DADS) Bars to employment.

1. Criminal homicide 11. Robbery
2. Kidnapping or unlawful restraint 12. Aggravated Robbery
3. Indecency with a child 13. Assault (Class A or Felony Level)
4. Sexual Assault 14. Burglary
5. Injury to a child, elderly individual, or disabled individual 15. Theft (Felony Level)
6. Abandoning or endangering a child 16. Misapplication of fiduciary property or property of a financial institution (Class A or Felony Level; or)
7. Aiding Suicide 17. Securing execution of a document by deception (Class A Felony Level)
8. Agreement to abduct a child from custody 18. Not listed on the Nurse Aide Registry (NAR)
9. Sale or purchase of a child
10. Arson

Drug Screen
Substances for the drug screen include, but are not limited to:

1. Amphetamines 7. Methaqualone
2. Barbiturates 8. Opiates
5. Marijuana 11. Propoxyphene
6. Methadone

By the student signing below, he/she acknowledges receipt of this document and understands its contents. Student covenants never to so sue or seek damages from Cisco College as a result of any adverse consequences described above which may be suffered by the student as a result of student’s criminal and drug record. Student acknowledges that Cisco College or a health care provider may have to obtain a report of student’s criminal record, drug screen, or other required information at some time in the future to place student in a clinical rotation or observation. Student must sign all forms necessary for the college or health care provider to obtain this criminal report, drug screen, or other required information in order to be admitted into a clinical rotation or observation.

Student Signature: __________________________________________ Date: ___________________________
**Required Background Check Information**
Clearly print all information. Provide all information requested. This information must be true and correct to the best of your knowledge. Falsification of an information will void your application for entrance into the Cisco College Certified Nurse Aide Program.

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: ______________

**AUTHORIZATION**
I hereby authorize Cisco College 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 Cisco College 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 Cisco College’s choice. I further understand that Cisco College 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 entrance into Cisco College’s Program. 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: ____________________________
Cisco College  
Certified Nurse Aide Registry Check

I, ________________________________________, understand that I must undergo a Nurse Aide Registry Check with the Department of Aging and Disability Services, prior to entrance into the Cisco College Certified Nurse Aide Program. I am furnishing my information and understand that if my Nurse Aide Registry Check returns with questionable findings, it can result in not being able to enroll in the Cisco College Nurse Aide Program.

Required Information

Print Full Name: _____________________________________________ Maiden Name: __________________

Other Names: ______________________________________________________________________________

Social Security Number: ____________________________________ Date of Birth: _____________________

Driver’s License Number: ___________________________________ State Issued: ______________________

By signing, the student acknowledges the above information is correct and that he/she has not been a Certified Nurse Aide previously. Falsifying information to gain entrance into the program will cause immediate removal of the student from the program and no refund will be made.

Student Signature: _________________________________________ Date: ____________________________

Cisco Rep Signature: _______________________________________ Date: ____________________________

Date Checked: ____________________________ Cleared: Yes or No
## Cisco College
### Immunization Requirement Check List

<table>
<thead>
<tr>
<th>Student Name: ____________________________________________________________________________</th>
</tr>
</thead>
</table>
| **Hepatitis B**  
(3 dose series) | **Dose 1:** _______ **Dose 2:** _______ **Dose 3:** _______  
**Titer:** _______ |
| **Tetanus/Diphtheria/Pertussis**  
(TDap: within the last 10 years) | **Date:** |
| **Measles/Mumps/Rubella**  
(MMR: 2 dose series) | **Dose 1:** _______ **Dose 2:** _______  
**Titer:** _______ |
| **Varicella**  
(Chickenpox: 2 dose series/had the chickenpox) | **Dose 1:** _______ **Dose 2:** _______  
**Titer:** _______  
**Proof of having Chickenpox Date:** ___________ |
| **Tuberculosis Skin Test**  
(TB: within the last 12 months) | **Test Date:** _______ **Date Read:** _______  
**Test Results:**          **Negative**          **Positive**  
If positive result from skin test; Date and results from Chest X-ray:  
**Date:** _______ **Results:** _______ |
| **Annual Flu Shot** | **Date:** |
| **Meningococcal**  
(Meningitis: required if under 22 years of age) | **Date:** |

### Please Note:
- Some vaccinations can take up to six months to finish, again please plan according. You must have all vaccinations to be accepted into the program. Vaccinations that have an expiration date (TDap, TB Test, and Flu Shot) must fall within the program dates. If the vaccinations time expires before or during the class, the student will be asked to update their vaccination records. Failure to do so can cause delay of clinical rotations or the student being dropped from the program.
- If for some reason you cannot have vaccinations (allergies, religion, etc.) you must have the proper required documentation turned in with your application packet or you will not be allowed entrance into the program.
- If you have positive finding on any of the above vaccinations, you must have proof that you are under current physician care and have been cleared to enter into healthcare programs and employment. Without proper documentation you will not be allowed entrance into the program.
Cisco College

DOCUMENTING HISTORY OF ILLNESS: VARICELLA (CHICKENPOX)

Amendment to δ97.67

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.

Notice: If you had the Varicella Vaccination, you DO NOT need to complete this form. You must have a Physician’s signature to verify that you have had the Chickenpox.

Documentation of history of illness: Varicella (Chickenpox)

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 the Varicella
Illness (chickenpox) on or about ________________________ and does not need the Varicella vaccination.

(Person/Student Name)

(Month/Year)

Physician’s Signature: _______________________________ Date: _______________

Student or Guardian Signature: ____________________________ Date: _______________

(Student/Student Guardian)

**If the student cannot provide proof of having Chickenpox or the Varicella Vaccination then the student needs to provide proof of a titer shot for Varicella (Chickenpox).**
Please read the following carefully. By signing below, you acknowledge that you understand the following procedures of Cisco College and the Cisco College Certified Nurse Aide Program.

**Please initial beside each statement after you have read and understand them**

___ - I have read and understand the Refund and Absence Policy for Cisco College and Cisco College Certified Nurse Aide Program.

___ - I have read and understand the Cisco College CNA Program Admission Requirements and agree to release the necessary information to be considered eligible for admission into the program.

___ - I understand that my position in the Certified Nurse Aide Program can only be obtained and kept by having a completed packet and payment turned into the Cisco College Workforce Team.

___ - I understand that it is my responsibility to acquire and turn in all the necessary information for the Cisco College CNA Program and if I do not then I am not allowed to enter into the program.

___ - I have read and understand the Criminal Background Check. I understand that if I have any of the offenses listed in Section 25.006 of the Texas Health and Safety Code I will not be allowed into the Cisco College CNA program or any other health program.

___ - I have read and understand the Essential Requirements for Health Professions and acknowledge that I am able to perform all the tasks required by a Certified Nurse Aide or other health professional.

I, ____________________________________, acknowledge that I have read and understand that the above statements are true.

Signature: ____________________________________________ Date: ___________________________
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 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 for additional information.

• You have the right to ask for a credit score. Credit scores are numerical summaries of your creditworthiness 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 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.

• **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.
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
   Washington, DC 20580
   (877) 382-4357

c. Office of the Comptroller of the Currency
   Customer Assistance Group
   1301 McKinney Street, Suite 3450
   Houston, TX 77010-9050

d. Federal Reserve Consumer Help Center
   P.O. Box. 1200
   Minneapolis, MN 55480

e. FDIC Consumer Response Center
   1100 Walnut Street, Box #11
   Kansas City, MO 64106

f. 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
   United States Small Business Administration
   409 Third Street, S.W., 8th Floor
   Washington, DC 20416

7. Brokers and Dealers
   Securities and Exchange Commission
   100 F Street, N.E.
   Washington, DC 20549

   Farm Credit Administration
   1501 Farm Credit Drive
   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
   Washington, DC 20580 (877) 382-4357