Dear Student:

Thank you for your interest in applying for our Certified Nurse Aide Program. Completion of this program will enable you to apply for employment in one of the largest growing occupations in response to the increasing need for senior care. Opportunities exist in long-term care facilities, rehabilitation centers, senior housing, adult and pediatric medical day care and in some hospitals. This 90-hour course is approved by the New Jersey Department of Health and Senior Services and provides 50 hours of classroom and 40 hours of clinical instruction, to prepare you for the New Jersey State Certified Nursing Assistant Certification Exam.

The total cost of the course is $1,328 (which includes a non-refundable fee of $100) and must be paid in full at the time of registration. A textbook is required for this course and can be purchase at the college bookstore. Please note this fee is not included in the cost of the course. The student is also responsible for the cost of the uniform, student liability insurance and the state examinations fees. If for some unforeseen reason you wish to withdraw from the course, you will receive a refund in the amount of $1,228 ($1,328 minus the registration fee), if you withdraw at least 10 days before the start of the course. If you withdraw less than 10 days before the course begins, you will forfeit the entire fee for the course. Please note that applicants will be enrolled on a first come, first serve basis. Class size is limited by state regulation. Class schedules are available at www.mccc.edu/ces/healthcareers.

If you should have any questions or need assistance, please contact Martha Redondo at redondom@mccc.edu or send an e-mail to ComEd@mccc.edu. All application materials should be sent to:

Martha Redondo, Project Manager/Site Coordinator  
Center for Continuing Studies  
Mercer County Community College  
1200 Old Trenton Road  
West Windsor, NJ 08550  
redondom@mccc.edu

Thank you for your interest in MCCC’s Certified Nurse Aide Program and we look forward to have you enroll in our program.
Steps on How to Enroll in the Program

Step One:
- Attend one the **mandatory** information sessions. Please check our school website for updated dates. [www.mccc.edu/ccs/healthcareers](http://www.mccc.edu/ccs/healthcareers)
- Call (609) 570-3987 or e-mail [ComEd@mccc.edu](mailto:ComEd@mccc.edu) to reserve a space

Step Two:
- Complete and return Certified Nurse Aide application and required documentation:
  - Program Application
  - Student Agreement Form
  - Background Check Release Form
  - C.N.A Physician’s Report
  - Please ensure that all information is complete and accurate
- Submit proof of the following:
  - At least 18 years of age
    - Example: Driver’s license or state issued Id, birth certificate, passport, military id, etc.)
  - C.N.A Liability insurance
  - High school diploma or its equivalent (*recommended, but not required*)
  - Personal health insurance (*recommended, but not required*)
    - Copy of your insurance card, is acceptable

Step Three:
- Come in to the West Windsor campus to register and pay for the course.
  - You will be invited to register **ONLY** after all the paperwork is submitted and approved.
  - When you are invited to register, you will be required to make a full payment, in the amount of $1,328. This includes a non-refundable fee of $100, for application review and processing.
Important Information & Resources

Course Materials
The following materials are required for successful completion of this course:

- Textbook and supplies (can be purchased at college bookstore)
  - Name of Textbook: Mosby's Textbook for Long-Term Care Nursing Assistants, by Sorrentino
  - ISBN #: 9780323075831
- Scrubs
  - Suggested locations to purchase

<table>
<thead>
<tr>
<th>Bits &amp; Pieces</th>
<th>Hamilton Scrubs</th>
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</thead>
<tbody>
<tr>
<td>4 N. Broad St.</td>
<td>3800 Quakerbridge Rd.</td>
</tr>
<tr>
<td>Trenton, NJ 08608</td>
<td>Hamilton, NJ 08619</td>
</tr>
<tr>
<td>Phone: (609) 392-6500</td>
<td>Phone: (609) 838-2228</td>
</tr>
<tr>
<td>Scrubology</td>
<td>Walmart (Princeton)</td>
</tr>
<tr>
<td>Quakerbridge Mall</td>
<td>101 Nassau Park Blvd</td>
</tr>
<tr>
<td>Lawrenceville, NJ 08648</td>
<td>Princeton, NJ 08540</td>
</tr>
<tr>
<td>Phone: (855) 727-8265</td>
<td>Phone: (609) 987-0202</td>
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- Lightweight supportive, comfortable shoes with backs
  - Please wear to your first day of class & ALL clinical practice sessions
- Watch (with a second hand)

Financial Assistance
Non-credit courses are not eligible for financial assistance or payment plans at MCCC. Students are encouraged to seek and research third-party vendors or agencies where they can apply and/or receive assistance to cover the cost of the course.

Physical Examination
The Physician’s Report located at the end of this document must be completed by your healthcare provider. The form must be submitted to the Center for Continuing Studies office prior to being invited to register. Many walk-in “minute clinics” do administer immunizations. PPD immunizations required for admission to this course are administered at the student’s own expense and must be done within the past 12 months. PPD immunizations must be current for the duration of time that the student is enrolled in class.

- Mantoux (PPD) (required)
  - A current two (2) state PPD is required for your initial health record. Copies of the PPD results must be submitted. For students who have received a BDG or have a positive PPD, a chest x-ray report must be submitted. If you have
already been tested for PPD, a single stage PPD or chest x-ray must be submitted annually while enrolled in the program.

○ Suggested locations to receive the required PPD immunizations:

<table>
<thead>
<tr>
<th>Doctors Express</th>
<th>Healthcare Express</th>
</tr>
</thead>
<tbody>
<tr>
<td>2222 Route 33</td>
<td>4065 Quakerbridge Road</td>
</tr>
<tr>
<td>Suite H</td>
<td>Suite 104</td>
</tr>
<tr>
<td>Hamilton, NJ 08690</td>
<td>West Windsor, NJ 08550</td>
</tr>
<tr>
<td><strong>Phone:</strong> (609) 297-7520</td>
<td><strong>Phone:</strong> (609) 297-0546</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hamilton Urgent Care Center</th>
<th>St. Francis Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Med Express</td>
<td>Outpatient Clinic</td>
</tr>
<tr>
<td>811 Route 33</td>
<td>601 Hamilton Ave</td>
</tr>
<tr>
<td>Hamilton, NJ 08619</td>
<td>Trenton, NJ 08629</td>
</tr>
<tr>
<td><strong>Phone:</strong> (609) 587-8298</td>
<td><strong>Phone:</strong> (609) 533-5050</td>
</tr>
</tbody>
</table>

**Student Liability Insurance**

*All students are required to purchase student liability insurance.*

A copy of your certificate of insurance must be submitted to the Center for Continuing Studies office prior to registration. You may purchase this insurance on-line at [www.nso.com](http://www.nso.com) or by calling them at (800)247-1500.

It is not required that students purchase student liability insurance from NSO. You may find a comparable company, as long as it has the appropriate coverage for a Nursing Assistant/Aide. You need to purchase insurance at the appropriate rate in the state that you reside. The average cost is approximately $35.00 for one year of coverage.
Date: ________________

**Personal Information**

Name: ___________________________________________  ___________________________
Last     First     M.I.

Address: _________________________________________________________________
Street     City  State  Zip

Contact Numbers:   (      )_______________________ Home
                              ( )_______________________ Work
                              ( )_______________________ Cell

E-Mail Address: __________________________________

Gender:   □Female   □Male

Are you over the age of 18?  □Yes  □No          Date of Birth: ________________

Emergency Contact: _____________________ _____________ _________________
Name    Relationship    Contact Number

**Education Background**

Do you have a high school diploma or its equivalent?  □Yes  □No
If yes: _________________________________________________________________
Name of High School    City, State

Date of Graduation: _________________________ (MM/YYYY)

Do you hold a college degree?  □Yes  □No
If yes, please indicate:

Name of College    City, State

_____________________________ □Associates  □Bachelors  □Masters  □Doctorate
Area of Study

Dates Attended (MM/YYYY to MM/YYYY)    Degree Confirmed (MM/YYYY)

Please indicate the campus you are interested in attending?  □West Windsor  □Trenton
Certified Nurse Aide (C.N.A.)
Student Agreement

I, ______________________________, understand that my admission to the Certified Nurse Aide program is provisional based upon the following:

<table>
<thead>
<tr>
<th>Initial</th>
<th>I am present at the mandatory C.N.A. orientation on ________________ or have attended a previous session.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I understand that it is recommended that personal health insurance be in force, while enrolled in this program.</td>
</tr>
<tr>
<td></td>
<td>I am required to have PPD shots and submit a medical release form signed by my physician or healthcare provider, before registering.</td>
</tr>
<tr>
<td></td>
<td>I am required to provide proof of liability insurance for Certified Nursing Assistants and it is recommended to submit proof of personal health insurance before registering.</td>
</tr>
<tr>
<td></td>
<td>I understand that I am responsible for purchasing the required uniform shoes, equipment and textbook/workbook, prior to the first day of class. I understand that I must obtain a MCCC student ID badge prior to the first day of clinical practice. Students who fail to purchase the required items will not be allowed to attend clinical and will not be allowed to attend clinical and will be dismissed from the program.</td>
</tr>
<tr>
<td></td>
<td>I am informed the NJ State requirement for a criminal background check and fingerprinting, needs to be completed, prior to certification. A positive criminal history may preclude a student’s ability to complete clinical education and/or obtain certification from the State of New Jersey.</td>
</tr>
<tr>
<td></td>
<td>I understand that I will be admitted to the program and pay my registration only after my application is completed and approved. The registration fee of $1328 includes a non-refundable $100 application review fee. If I withdraw from the program, I will forfeit the $100 fee. (See page 1, on the packet)</td>
</tr>
</tbody>
</table>

I have read and understand the requirements set within this document. I understand I will not be able to complete the C.N.A. program, unless the above requirements have been met.

__________________________________    ___________________
Student Signature           Date (MM/DD/YYYY)
Background Check Release Form

I understand that the State of NJ will require me to complete a background check prior to obtaining my C.N.A. license and I realize that if I do not pass the background check I may not receive my license.

I understand that if I fail my state background check I will not receive a refund for this course.

Signature: ____________________________________
Print:  ____________________________________        Date: ____________________

Submit this form along with your application.
The individual presenting this form has been accepted into a Allied Health Profession Program at Mercer County Community College. Nursing Assistant students are required to meet the same health requirements mandated by the New Jersey Department of Health and JCAHO as employees of any healthcare facility.

Name: ___________________________  Program: Certified Nurse Aide

Last   First   M.I.

MCCC Personal Identification Number: ________________

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RELEASE FORM

I hereby release the results of my PPD test to Mercer County Community College.

Student’s Signature ___________________________  Print Name ___________________________

Date ___________________________

*Results must be faxed to Mercer County Community College, at (609) 570-3883.

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TWO STEP MANTOUX (PPD)- REQUIRED

#1 Step Admin Date: ___________________________  #1 Step Results: ___________________________

#2 Step Admin Date: ___________________________  #2 Step Results: ___________________________

➢ Note: If positive or client received BCG, a chest x-ray must be taken at this time, unless one was performed within the past two months. The radiology report must be submitted.

*The tine or multiple puncture tests are not sufficient.

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PHYSICIAN’S STATEMENT

I have administered the required PPD and verified to the best of my knowledge that this student is able to perform all clinical activities without restrictions.

Physician’s Signature ___________________________  Date ___________________________

Print Name ___________________________  License Number ___________________________

Address ___________________________  City ___________________________  State ___________  Zip Code ___________

Telephone Number ___________________________