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 work 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 NJ 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.

Class schedules are available at www.mccc.edu/ccs/healthcareers. Total cost is $1328.00 and must be paid in full at time of registration. A $100 registration fee included is non-refundable. The last date to withdraw and receive a refund of the $1228.00 of tuition is ten (10) days before class begins. There is no refund of tuition after ten (10) days. A textbook is required and available in the college store. Cost of the uniform, student liability insurance, and state examination fees are additional.

STEPS TO ENROLL IN OUR PROGRAM

STEP 1-

Attend the information session posted on www.mccc.edu/ccs/healthcareers. While not required, this is strongly recommended. Please call 609-570-3311 or email ComEd@mccc.edu to reserve a space or check on the next information session date.

STEP 2-

- Fill out the required Continuing Studies Application Form (page 5) completely and accurately.
- Initial and sign the Contract (page 6) stating that you understand all course requirements.
• Sign the last page of the CNA Handbook stating that you read and understand it.
• Submit proof that you are at least 18 years of age (ie. Copy of driver’s license, birth certificate, passport, military ID.)
• Submit proof of high school diploma (recommended)
• Submit proof of personal health insurance; a copy of your insurance ID card is acceptable.
• Submit the Physician’s Report (page 7) signed by your physician along with proof that you have had your PPD two step Mantoux immunizations. *Immunizations must be given within one year from the end date of the class.*
• Submit proof that you have purchased CNA liability insurance.

Applicants will be enrolled in the program on a first come, first serve basis. Class size is limited by state regulation.

REGISTRATION

You will be invited to register ONLY after all paperwork is submitted and approved. When you are invited to register you will be required to make payment in full of $1328. This includes a **non-refundable fee of $100** for application review and processing.

APPLICATION AND REGISTRATION IS NOW COMPLETE

Please purchase your shoes, scrubs, textbook and supplies (see Student Handbook for details). The textbook is available at the college bookstore. It is strongly encouraged that you begin reviewing the study materials before beginning class. You must have your book and wear your scrubs the first day of class.

You will need:

• Lightweight supportive, comfortable shoes **with backs** (please wear to your first class and to ALL clinical practice sessions.)
• A watch with a second hand.
FINANCIAL ASSISTANCE

Non-credit courses are not eligible for financial assistance or payment plans at MCCC.

The following list represents a small number of lending institutions that may offer alternative loans. There are many other lending institutions that may offer similar or better loan programs. Our college does not endorse any specific lending institution. This list is provided for quick reference only and students are encouraged to shop and secure the best terms from any lending institution on their own.

- Chase 866-661-3877
- Citibank 800-967-2400
- Nelnet 800-922-6352
- Sallie Mae 888-272-5543
- Wells Fargo 800-658-3567

WITHDRAWAL FROM THE COURSE

If you decide to withdraw from this course you may do so ten (10) days before the class begins in writing (email is acceptable) to avoid forfeiting your tuition. If you withdraw from the class, you will forfeit the $100 application fee and you will be reimbursed the balance of $1228 via a check mailed to you 2-4 weeks after refunds are processed. If you withdraw from the class after the ten (10) day window, you will not receive a refund.

If you have questions or need assistance, please contact Carol Clark at clarkc@mccc.edu or email ComEd@mccc.edu. All application materials should be sent to:

Carol Desmond Clark  
Director, Continuing Studies  
Mercer County Community College  
1200 Old Trenton Road  
West Windsor, NJ 08857  
clarkc@mccc.edu
CERTIFIED NURSE AIDE STUDENT APPLICATION
DETAILED INSTRUCTIONS

PHYSICAL EXAMINATION REPORT INSTRUCTIONS

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.

STUDENT LIABILITY INSURANCE INSTRUCTIONS

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 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.
CENTER FOR CONTINUING STUDIES
MERCER COUNTY COMMUNITY COLLEGE
C.N.A. PROGRAM APPLICATION – TRENTON

NAME _________________________________ MCC ID NUMBER: _________________________________

ADDRESS ____________________________________________________________

STREET ______________ CITY ______________ STATE ______________ ZIP ______________

HOME PHONE ( ) _______________ WORK PHONE ( ) _______________

CELL PHONE ( ) _______________ E-MAIL ________________________________

DO YOU HOLD A COLLEGE DEGREE? NO YES IF YES, AS BS MS PhD

COLLEGE ________________________________________________________________

NAME ______________ ADDRESS ______________________________ CITY/STATE ______________

PROGRAM OF STUDY ___________________ DATE OF GRADUATION _______/ DATES ATTENDED _________________

HIGH SCHOOL ____________________________________________________________

NAME ______________ ADDRESS ______________________________ CITY/STATE ______________

DATE OF GRADUATION _________ ARE YOU OVER 18 _________ MALE FEMALE

EMERGENCY CONTACT _______________________________________________________

NAME ______________ RELATIONSHIP ______________ PHONE NUMBER _______________

WORK EXPERIENCE (LIST MOST RECENT FIRST OR ATTACH RESUME)

DATES EMPLOYED ______________ NAME OF EMPLOYER ___________________ POSITION HELD ______________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

IF YOU NEED ADDITIONAL SPACE TO ANSWER ANY QUESTIONS, PLEASE USE THE BACK OF THIS FORM.

WHICH CAMPUS ARE YOU INTERESTED IN REGISTERING AT: WEST WINDSOR TRENTON
CERTIFIED NURSE AIDE

Student Agreement

I, __________________________, understand that my admission to the Certified Nurse Aide program is provisional based upon the completion of the following.

<table>
<thead>
<tr>
<th>Initial</th>
<th>I am present at the recommended CNA orientation on date: __________________________ at the conference Center at MCCC or have attended a previous session (optional)</th>
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</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>
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<tr>
<td></td>
<td>I am required to have PPD shots and submit a medical release form signed by my physician before registering.</td>
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<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>
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<tr>
<td></td>
<td>I understand that I am responsible to purchase the required uniform, shoes, equipment and textbook and workbook prior to the first day of the 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 be dismissed from the program.</td>
</tr>
<tr>
<td></td>
<td>I am informed of the NJ State requirement for a criminal background checks and fingerprinting 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 NJ.</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. (p.1)</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
The individual presenting this form has been accepted into a Health Professions Program at Mercer County Community College. Nursing assistant students are required to meet the same health requirements mandated by the NJ Department of Health and JCAHO as employees of any health care facility.

NAME: ___________________________  PROGRAM: Certified Nurse Aide

MCCC PERSONAL IDENTIFICATION NUMBER: __________________

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**RELEASE FORM**

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

Signature of Student: ___________________________

Print Name: ___________________________

Date: ___________________________

Results must be faxed to Mercer County Community College, 609-570-3883

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**TWO STEP MANTOUX (PPD) (REQUIRED)**

<table>
<thead>
<tr>
<th>#1 STEP ADMIN DATE</th>
<th>#1 STEP RESULTS</th>
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<table>
<thead>
<tr>
<th>#2 STEP ADMIN DATE</th>
<th>#2 STEP RESULTS</th>
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<tbody>
<tr>
<td>___________________</td>
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</tbody>
</table>

➢ **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.

MD/NP Signature: ___________________________  Date: ____________

Print Name: ___________________________  License # _________

Address: ___________________________

Telephone # ___________________________