

## Lane Community College Basic Nursing Assistant 1 (CNA1) Training Application Packet

Winter Term 2012

### TRAINING DESCRIPTION

#### **Basic Nursing Assistant 1 (CNA1)**

**1/9/12-3/23/12: TBA**

**Location: TBA**

#### **Class limited to 20 students**

Lane Community College's nursing assistant program provides the student with the skills to perform basic level nursing care. Content includes introduction to health care facilities, role of the nursing assistant, communication, medical terminology, basic body structure and function, patient needs, basic growth and development, preventing infection, body mechanics, and much more. This course is approved by the Oregon State Board of Nursing.

Upon successful completion of this non-credit class, students will sit for the Oregon State Board of Nursing certification exam for nursing assistants (CNA 1).

The one-term class consists of 158 contact hours, 83 hours of lecture and lab and 75 hours of clinical experience. Clinical hours begin about the fourth or fifth week of the term and are normally done at local nursing homes. Approximate length of the course is 11 weeks.

If you are selected to participate in this training, you will become an active member of a CNA1 cohort and assigned to a Career Navigator. The Career Navigator's role will be to assist the cohort in successfully completing the training and preparing for employment. This is designed to support you and your classmates as all of you progress through the training.

Lane Community College, in partnership with Lane Workforce, is providing this no-cost training as a part of the Healthcare Oregon Pathways to Employment (HOPE) Consortium Project. This state-wide consortium project, involving six other Oregon community colleges and many partners, is funded by a Community-Based Job Training (CBJT) grant through the U.S. Department of Labor. If you are selected to participate, the grant will provide you with the training, background checks, immunizations, uniforms, textbooks, supplies, fingerprinting, exam fees, and limited support services.

**This no-cost training is funded by a Community-Based Job Training (CBJT) grant through the U.S. Department of Labor.**

## ELIGIBILITY CRITERIA, PREREQUISITES, AND REQUIREMENTS

### Eligibility Criteria:

- ❖ Participants must find employment upon completion of training.
- ❖ Training is open to adults (18 or older), who are either low-income or dislocated (presently unemployed) as well as individuals who are in need of upgraded training.
- ❖ Priority is given to military veterans and their spouses.
- ❖ All applicants must demonstrate employment eligibility in the U.S. by providing acceptable documents (drivers license, passport, social security card, etc).
- ❖ All participants must have a clean criminal history. Upon acceptance into the CNA training, must be able to pass two background checks, one at the beginning of training and one at the end. A prior felony conviction of any type, or a misdemeanor for drugs, alcohol, or assault may disqualify you from working in the healthcare field.
- ❖ All participants must not have any “holds” on accounts at LCC, such as a balance due.

### Prerequisites To Be Completed Before Submitting Application:

- (1) Please register with WorkSource Lane at either:

Lane Community College  
4000 East 30<sup>th</sup> Avenue, Building 19, Room 266

OR

Oakmont Site  
2510 Oakmont Way

**Please remember to bring documents that validate your birth date and your eligibility to be employed (driver's license, passport, social security card, permanent resident card, etc.). Please see instructions in HOPE Consortium Project Registration Form for employment eligibility (Attachment B).**

- (2) Complete the Initial Skills Review. Scores of 4 or higher are required for this training.
- (3) Complete the iMatch Skills Summary (see WorkSource staff for assistance.)
- (4) Must participate in Career and Training Exploration to complete the Career Mapping Checklist. (See WorkSource Lane workshop calendar for orientation dates and times.)
- (5) Must complete the National Career Readiness Certificate. (See WorkSource Lane or Oakmont workshop calendars for orientation dates and times).
- (6) Must complete a 2-day Healthcare Professions Orientation. (See WorkSource Lane workshop calendar for dates and times.)

### Requirement:

The purpose of this training is to prepare individuals for jobs. You will be provided with job search instruction and support, with the expectation that you will find employment upon completion of training.

## HOW TO APPLY

To apply for this CNA 1 training:

- (1) Please complete two application forms entitled: 1) CNA1 Application Form and 2) HOPE Consortium Registration Form.
- (2) Go to the WorkSource Lane, either at Lane Community College (4000 East 30<sup>th</sup> Avenue, Building 19, Room 266) or at the Oakmont Site (2510 Oakmont Way) to register and complete the following prerequisites:

- Initial Skills Review
- iMatch Skills Summary

Have WorkSource staff print out your Customer Status Screen and attach it to this application. The Status Screen provides us with your eligibility as a dislocated worker and/or low-income adult, Initial Skills Assessment scores, and iMatch skills summary.

- (3) Attach the Career Mapping Checklist from Brighter Futures, complete with all supporting materials.
- (4) Attach your National Career Readiness Certificate or letter of completion.
- (5) Sign and attach the Information Release form.
- (6) Sign and attach the Authorization For Background Check form.
- (7) Complete and attach the Scheduling Form.
- (8) Once you have completed your application packet, either mail or deliver to addresses below.

Please mail your application to:

OR

WorkSource Lane/ Lane Community College  
4000 East 30<sup>th</sup> Avenue  
Eugene, OR 97405

Attention: Juanita Kirkham

Deliver your application to:

WorkSource Lane/Lane Community College  
4000 East 30<sup>th</sup> Avenue  
Building 19, Room 266

Attention: Juanita Kirkham

For more information, contact:

Juanita Kirkham  
[kirkhamj@lanecc.edu](mailto:kirkhamj@lanecc.edu)  
Monday – Wednesday  
Open office hours Monday 1:00-3:00pm

WorkSource Lane Hours:

8:30 – 5:00 Monday through Friday

**Completed application packets may be submitted from 11/7/11 to 12/16/11. They will be approved on a first-qualified, first-accepted basis until the class has been filled.**

## CNA 1 APPLICATION FORM

Please complete this application form and attach the requested documents.  
Use a pen and write legibly.

Last 6 digits of your WorkSource Number (located on swipe card) \_\_\_\_\_

Name (First, Middle Initial, & Last) \_\_\_\_\_ Birthdate \_\_\_\_\_

Lane Community College L# (if you have one) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### SUPPLEMENTAL QUESTIONS

When did you attend the Healthcare Professions Orientation? \_\_\_\_\_

Do you have prior experience in the health care industry? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, please specify)

\_\_\_\_\_  
\_\_\_\_\_

Will you be able to commit approximately 40 hours a week to classes and studying? \_\_\_\_ Yes \_\_\_\_ No  
(Please indicate your availability by completing the attached scheduling form)

Upon completion of this training, will you be ready to find employment? \_\_\_\_ Yes \_\_\_\_ No

Upon completion of this training, do you have employment waiting for you? \_\_\_\_ Yes \_\_\_\_ No

Upon completion of this training, do you have plans for any additional training or education? \_\_\_\_ Yes \_\_\_\_ No

Please explain your responses to all questions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Continue on back if needed)

How did you hear about this opportunity? \_\_\_\_\_

\_\_\_\_\_

## SUPPORT SERVICES

In order for you to successfully complete this training, limited support services may be provided to you, such as childcare while you are in training, transportation costs, etc.

If you are in need of support services, please identify your need below and the anticipated cost.

Cost	Description of Needed Support Service

## ATTACHMENTS

Please make sure the following are attached to this application:

- (1) OED Customer Status Screen (ask WorkSource staff to print it out for you)
- (2) Brighter Futures Career Mapping Checklist with supporting documents
- (3) National Career Readiness Certificate **OR** letter of completion
- (4) Authorization To Conduct Background Check
- (5) Information Release Form
- (6) Completed Scheduling Form
- (7) Have WorkSource staff make a copy of your proof of eligibility and proof of employability, which they will date and initial.

## FOR STAFF ONLY

Date Application Received: \_\_\_\_\_

Staff Signature: \_\_\_\_\_



## HOPE CONSORTIUM PROJECT REGISTRATION FORM

Please print and complete using ink

<b>Last Name, First Name, Middle Initial</b>		<b>Date of Birth</b>	<b>Gender</b>
		____/____/____ Month Day Year	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Home Address</b>			
Street _____		County _____	
City, State _____		Zip Code _____	
<b>Telephone Number</b>			
Home (____)____-____ Message (____)____-____ Other (____)____-____			
<b>Email Address</b>			
<b>Ethnicity/Race</b>			
<input type="checkbox"/> African American		<input type="checkbox"/> Hawaiian Native or Other Pacific Islander	
<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Hispanic/Latino	
<input type="checkbox"/> Asian		<input type="checkbox"/> More than one race (and check all that apply)	
<input type="checkbox"/> Caucasian		<input type="checkbox"/> Not Disclosed	
<b>Veteran Status</b> <i>(select all that apply)</i>			
<input type="checkbox"/> No, I am not a Veteran		<input type="checkbox"/> Yes, served up to 180 days	
<input type="checkbox"/> Yes, Eligible Spouse			
<b>Legal to Work</b>		<b>Selective Service</b>	
<input type="checkbox"/> Yes, United States Citizen		<input type="checkbox"/> Registered <input type="checkbox"/> Not Registered	
<input type="checkbox"/> Yes, Non-Citizen legal to Work		<input type="checkbox"/> Not Required to Registered (Check one of the following)	
<input type="checkbox"/> Neither		<input type="checkbox"/> Female <input type="checkbox"/> Male born before 1/1/1960	
		<input type="checkbox"/> Entered the US after age 26	
<b>Employment Status</b>			
<input type="checkbox"/> Employed <input type="checkbox"/> Not Employed			
<b>Highest School Grade Completed</b>			
<input type="checkbox"/> Completed through grade: <i>(circle one)</i> 0 1 2 3 4 5 6 7 8 9 10 11			
<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED			
<input type="checkbox"/> Completed 1-3 years of college or a full time technical or vocational school			
<input type="checkbox"/> Completed 4 or more years of college			

### Employment Characteristics *(select all that apply)*

Place a check mark in the box next to any of the following that describe your current situation or may prevent you from getting and keeping a job. This information is confidential and will only be used to help us identify the services you need.

☐ Dropped out of high school

☐ Limited English proficient

☐ Disabled/handicapped

☐ Criminal Record

☐ None Apply

### Employment History

Employer Name \_\_\_\_\_ Job Title \_\_\_\_\_

Industry or Type of Business \_\_\_\_\_

Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_ Hourly Wage \$\_\_\_\_\_ Hours per week \_\_\_\_\_

☐ Benefits ☐ No Benefits Reason for Leaving: ☐ Quit ☐ Laid Off ☐ Fired ☐ Other \_\_\_\_\_

### Applicant/Parent or Guardian Statement

My signature below indicates that I certify the information on this application is true to the best of my knowledge. I understand this information may be reviewed and verified. I believe I am in need of updated training to help me enter or advance in occupations related to the healthcare industry. I agree to provide documentation to confirm the information being used to determine my eligibility status for Workforce Investment Act (WIA) and Community Based Job Training grant funded employment and training services. Providing false or inaccurate information could lead to removal from grant funded programs and deem me liable for all costs expended on my behalf.

I understand that if I am found ineligible after enrollment I will not be allowed to continue in the program and may be held responsible for the cost of services I received. By signing below, I further acknowledge that I have received and reviewed information about the use of my social security number and I have received and understand the Equal Opportunity statement and complaint procedures.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

### Social Security Number

Providing your SSN is voluntary; review the disclosure for details

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

☐ Consent to Disclose

☐ Do Not Consent to Disclose

The HOPE Consortium Project and WorkSource Portland Metro are equal opportunity employer/programs. Auxiliary aids and services are available upon request to individuals with disabilities. To place a free relay call in Oregon dial 711. This program funded in whole or in part with public funds from the US Department of Labor.

Photocopy of any one item from List A **or**  
a photocopy of any one item from List B **and** any one item from List C

<b>List A</b> Documents that Establish Both Identity and Employment Eligibility	<b>List B</b> Documents that Establish Identity	<b>List C</b> Documents that Establish Employment Eligibility
<b>OR</b> <b>AND</b>		
<b>1.</b> US Passport (unexpired or expired)	<b>1.</b> Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	<b>1.</b> US Social Security card issued by the Social Security Administration ( <i>other than a card stating it is not valid for employment</i> )
<b>2.</b> Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	<b>2.</b> ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address.	<b>2.</b> Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
<b>3.</b> An unexpired foreign passport with a temporary I-551 stamp	<b>3.</b> School ID card with a photograph	<b>3.</b> Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
	<b>4.</b> Voter's registration card	
<b>4.</b> An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)	<b>5.</b> US Military card or draft record	<b>4.</b> Native American tribal document
	<b>6.</b> Military dependent's ID card	<b>5.</b> US Citizen ID Card (Form I-197)
<b>5.</b> An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer.	<b>7.</b> US Coast Guard Merchant Mariner Card	<b>6.</b> ID Card for use of Resident Citizen in the United States (Form I-179)
	<b>8.</b> Native American tribal document	<b>7.</b> Unexpired employment authorization document issued by DHS (other than those listed under List A)
	<b>9.</b> Driver's license issued by a Canadian government authority	
	<b>For persons under age 18 who are unable to present a document listed above:</b> <ul style="list-style-type: none"> <li>• School record or report card</li> <li>• Clinic, doctor or hospital record</li> <li>• Day-care or nursery school record</li> </ul>	





## Social Security Number Disclosure

Providing your Social Security Number is voluntary. If you provide it, your number will be used for keeping records, doing research, and planning. Your Social Security Number will be not given to the general public. If you choose not to provide your Social Security Number you will not be denied any services provided solely under Title 1B of the Workforce Investment Act (WIA). Providing your Social Security Number means that you consent to use of the number in the manner described below.

### How Your Social Security Number will be Used

State and Federal law protects the privacy of your records. The WIA is a federal law that creates a One Stop system for training and employment services. By combining employment and training services at one site, you receive better service.

State rules [OAR 151-020-0065] authorize Worksystems, Inc. and its subcontractors (a WIA Title 1B provider) to request that you voluntarily provide your Social Security Number to be used for the following purposes: 1) As an identification number in maintaining records; and 2) as an identification number for gathering information to be used for program evaluation and planning, as required under State and Federal law.

The Social Security Number you provide could be shared and used by Worksystems, Inc., its subcontractors and other organizations authorized to use such information for the purposes stated above as allowed by the following Federal and State laws: 1) WIA sections 136, 185 and 188 [29 USC 2871, 2935 and 2938]; and 2) ORS 285A.455 and 285A.461. When you allow Worksystems, Inc. and its subcontractors to use your Social Security Number, other documents we have with your Social Security Number on them may be used for the same purposes as stated above.

### Your Rights

Failure to provide your Social Security Number will not be used as a basis to deny you any service provided under WIA Title 1B. Other programs may request or require you to give your Social Security Number as a condition of obtaining services. They will separately advise you of this if you apply for their program.

When you check the Consent to Use box on the Services Registration form, you are consenting to our use of your Social Security Number as described above. Your signature on the Registration form and/or the Eligibility Determination Report acknowledges this understanding.



## Selective Service Registration Applicant Statement

I \_\_\_\_\_ hereby certify that I am now 26 years of age or older, was born after December 31, 1959, and I do not have a selective service number for one of the following reasons:

- I did register but the Selective Service website was unable to provide my registration number.
- I was unaware of the requirements to register – I did not knowingly or willfully fail to register.
- I entered the United States or became a nationalized citizen after my 26<sup>th</sup> birthday.
- I have non-immigrant alien status and so am not required to register.
- During the time I was required to register for Selective Service I was incarcerated, institutionalized hospitalized or confined to home.
- I changed my gender, affecting my eligibility for Selective Service registration.

I attest that this information is true and accurate, and understand that if misrepresented may be grounds for immediate termination of services and/or penalties as specified by law.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

# Authorization to Release Records

I understand and agree that the information provided below was submitted by me and that all information is true and correct, to the best of my knowledge. I understand that false or misleading information given in my application and/or interview(s) will be considered as cause for possible dismissal and/or discharge from this training. SentryLink LLC has my authorization to thoroughly investigate my criminal history. I understand that the information supplied by me, regarding my criminal history, will be utilized as part of the processing procedures. A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics.

I will hold no person liable for giving or receiving information in this investigation.

I release from liability all persons, companies, and corporations supplying that information.

I release and indemnify Workforce Lane and SentryLink LLC against any liability that might result from making such background checks. A copy of this form is as valid as the original.

## APPLICANT

_____ Last Name	_____ First Name	_____ Middle	_____-_____-_____ Social Security Number	____/____/____ Date of Birth mm/dd/yy
_____ Other Name(s) Maiden/Married		_____ Driver's License Number		_____ State

## RESIDENCES (Starting with current)

_____ Street Address	_____ City/State Zip	How Long? _____
_____ Previous Address	_____ City/State Zip	How Long? _____

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed



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

### **Release Form**

I authorize Lane Community College to use my name, statements and likeness, without charge, for promotional purposes in college publications, advertising, video, web, new media, or other formats.

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

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

E-mail: \_\_\_\_\_

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

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

\_\_\_\_\_

If under 18, parent name and signature also required:

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

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

# Scheduling Form

Please make a schedule of all your activities including class time and study time.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:00 am							
:30							
8:00 am							
:30							
9:00 am							
:30							
10:00 am							
:30							
11:00 am							
:30							
12:00 am							
:30							
1:00 pm							
:30							
2:00 pm							
:30							
3:00 pm							
:30							
4:00 pm							
:30							
5:00 pm							
:30							
6:00 pm							
:30							
7:00 pm							
:30							

**EQUAL OPPORTUNITY IS THE LAW!**

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: Against any individual in the United States, on the basis of **race, color, religion, sex, national origin, age, disability, political affiliation or belief**; and Against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA) on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title I financially assisted program or activity. The recipient must not discriminate in any of the following areas: Deciding who will be admitted, or have access to, any WIA Title I financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such program or activity.

**WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION**

If you think that you have been subjected to discrimination under a WIA Title I financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: the recipient's Equal Opportunity Officer whose contact information is listed below (or the person whom the recipient has designated for this purpose); or The Director, Civil Rights Center, (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210. If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

**COMPLAINTS INVOLVING VIOLATIONS OF WIA REGULATIONS**

You must file the complaint within one year of the problem unless you are complaining about fraud or criminal activity for which there is no time limit. We will work with you to resolve the problem to your satisfaction. If resolution has not been reached within 30 days, you may request a formal hearing by contacting Worksystems Inc. at 503.478.7300. Worksystems, Inc. will notify you in writing of what steps to take next and the date, time, and location for a hearing to take place within 30 calendar days from the date you made the request. If a violation of the Workforce Investment Act (WIA) has occurred, you can change your complaint any time until 10 days before the date of your hearing. A final written determination will be made within 60 calendar days from the date you filed your complaint. The decision of Worksystems, Inc. is final.

If you are not satisfied with the resolution decision, you can appeal to the State of Oregon. This appeal must be submitted to Commissioner, Oregon Department of Community Colleges and Workforce Development (CCWD), 255 Capitol St. NE, Salem, OR 97310. It must be submitted in writing within 10 days of Worksystems, Inc. decision or within 15 days of the date you should have received the decision. Timelines can be extended if both you and the respondent agree in writing. You may also withdraw the complaint in writing any time during the complaint process.

**TO FILE A COMPLAINT**

If you decide to file a complaint, complete the Workforce Investment Act Complaint form or provide the following information in writing:

- 1) Your full name, address, social security number, phone number or message number
- 2) The name and address of person or organization that the complaint is against
- 3) A clear statement of your complaint, what happened, and the date that the problem occurred
- 4) Provision of the Act (WIA), regulations, grant, agreement, or Equal Opportunity is the Law statement which you believe was violated
- 5) What satisfaction or resolution you are seeking
- 6) Your complaint must be signed. Anonymous complaints cannot be processed

**FOR ADDITIONAL INFORMATION OR TO FILE A COMPLAINT, CONTACT:**

EOC Name: Kristina Payne  
Organization: Lane Workforce Partnership  
Address: 1500 Valley River Dr. Ste. 150 Eugene, OR 97402  
Phone: 541-682-3800