

# Unity Nursing Institute

5715 Westpark Drive, Suite 202 Charlotte NC 28217

Telephone: 704-525-1448

Fax: 704-761-4705

Email: zkargbo@unitynursing institute.school

## APPLICATION FORM

### NURSE AIDE I PROGRAM

STUDENT NAME LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE  
INITIAL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE: (HM) \_\_\_\_\_

CELL \_\_\_\_\_

EMAIL \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

EMERGENCY

CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

CONTACT PHONE # \_\_\_\_\_

EDUCATION HISTORY: HIGH SCHOOL (Y/N) GRADE FINISH (Y/N)

PLEASE INDICATE NAME OF SCHOOL

ATTENDED \_\_\_\_\_  
\_\_\_\_\_

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ADDRESS OF  
SCHOOL \_\_\_\_\_

SCHOOL TELEPHONE NUMBER \_\_\_\_\_

PLEASE STATE ANY OTHER EDUCATION YOU MUST HAVE  
ATTENDED \_\_\_\_\_

## **PLEASE PROVIDE COPY OF EDUCATIONAL CERTIFICATE and TRANSCRIPT**

Student cannot be accepted into the program until the school receive copy of the transcript.

## **ALL APPLICANTS MUST COMPLETE AND SUBMIT A CRIMINAL BACKGROUND CHECK, DRUG SCREEN TEST AND TB SKIN TEST.**

I hereby certify that the information provided in this application for Unity Nursing Institute is true and to the best of my knowledge.

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

Date \_\_\_\_\_

PLEASE NOTE: There are four forms to complete the application process (Application form, Enrollment form, Interview form and permission form).

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## ENROLLMENT AGREEMENT

### NURSING ASSISTANT TRAINING PROGRAM

NAME OF STUDENT: (PRINT)

\_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ALTERNATE TELEPHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

PROGRAM START DATE: \_\_\_\_\_

PROGRAM COMPLETION DATE: \_\_\_\_\_

CLASS TIME: MORNING (\_\_\_) EVENING (\_\_\_)

The school will accept different payment choice—cash, credit cards, money order, personal check, company checks and cashier checks.

**Tuition fee: \$650.00 Registration fee: \$25.00(non-refundable)**

Only two installment payments: **first payment amount \$325.00** during registration, **Second payment \$325.00** due week two during the program.

**Refund policy:** The school shall maintain its policy related to refund of the unused portion of tuition, fee, and other charges if the student does not enter the program or withdraws. A full tuition refund if student withdraws before the program first day or the school cancel classes. **Refund of 75%** (payment of \$650

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refund to student is \$487.50) if student withdraws from day one to day seven during the program.

**Refund of 50%** (payment of \$650 refund to student is \$325.00) if student withdraws on day eight. **Refund of 25%** (payment of \$650 refund to student is \$162.50) if student withdraws on day nine. **No refund** after day nine. Student will receive their refund within seven to ten days from their last day.

Unity Nursing Institute Nurse Aide 1 Training Program duration is 155 clock hours(6WEEKS). Online lectures are from Mondays through Fridays,9 am to 1pm. In-person lab portion are from Mondays to Thursdays, 9am to 2pm.

There are three components in this program, (classroom, laboratory and clinical). Clinical rotation is back, students will have 52 clock hours of classroom/ online, 68 hours of laboratory hours, 35 hours of clinical.

**58** clock hours for our online portion(lectures), which consists of North Carolina curriculum modules. Students will have 3 multiple choice tests with clear answers (test one, two and three).

**NOTE: Student must score a minimum of 75% on all tests, failure to achieve this average score will cause the school to drop student from the program and a withdrawal certificate issue.**

Finally, laboratory portion is **68** clock hours which will include opportunity for students to see demonstration of expected skills and then practice with their instructor, prior to completing the required skills competency checklist.

Students must successfully complete the skills competency evaluation checklist, perform their skills without direct instructor supervision (practical tests) before being permitted to continue the program.

I have read and understand the enrollment and registration policies.Unity Nursing Institute staff member can also explain in detailed to me if I have any question.

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I understand it is my responsibility to follow all rules, policy, and procedure guidelines for the program. Violations of any rules or regulations will constitute grounds for my dismissal.

I understand that at no time may I be present at the training center or school facility while intoxicated or under the influence of a controlled substance.

I understand that all expenses incurred while travelling to and from the training are my responsibility.

I understand that certificate of completion will only be issued after the program is successfully completed, maintaining my scores above 75% on all components.

I understand that Unity Nursing Institute cannot guarantee employment or level of income or wage rate to any applicant or graduate.

I understand the financial obligations which I am accepting by entering this program and understand that if I fail to fulfill those obligations, I may be dismissed from the program.

Finally, if I decide to withdraw after day nine or expulsion before day nine, I will waive my right to recover any money from the school. I will be given a copy of this agreement if I request one.

APPLICANT NAME: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

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## **UNITY NURSING INSTITUTE INTERVIEW FORM**

### **INTERVIEW QUESTIONS /FORM FOR APPLICANTS**

STUDENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

- 1) Tell us why you want to be a CNA and be part of the health care system? \_\_\_\_\_
- 2) What are some of your hobbies and passion?  
\_\_\_\_\_
- 3) Do you have a strong support system if so, who?  
\_\_\_\_\_
- 4) If you see your classmate in clinical or classroom stealing, what would you do?  
\_\_\_\_\_
- 5) What would you do if you are running late for class or clinical?  
\_\_\_\_\_
- 6) When on clinical rotation, you notice the nurse at the facility is behaving unprofessional or abusing a resident, what would you do?  
\_\_\_\_\_
- 7) What are your personal strength and weakness?  
\_\_\_\_\_
- 8) What would you do if you have a conflict with any faculty staff?  
\_\_\_\_\_
- 9) What quality do you think a good nurse should possess?  
\_\_\_\_\_

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## UNITY NURSING INSTITUTE

### PERMISSION FORM FOR SCHOOL PICTURE

This permission form will grant Unity Nursing Institute permission to take student picture when in clinical for school website and school hallway.

YES, I \_\_\_\_\_ Give Unity Nursing Institute permission to take my picture during clinical for the school website and school hallway.

NO, I \_\_\_\_\_ Do not give Unity Nursing Institute permission to take my picture during clinical for the school website and school hallway.

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

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

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

Witness (Name of school representative): \_\_\_\_\_

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

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