

Unity Nursing Institute

5715 Westpark Drive, Suite 202 Charlotte NC 28217

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APPLICATION FORM

NURSE AIDE I PROGRAM

STUDENT LAST NAME _____

FIRST NAME _____ MIDDLE INITIAL _____ (Name MUST Match SSN & Photo ID)

SOCIAL SECURITY # _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE #: _____

EMAIL (School Communication): _____

EMERGENCY CONTACT _____

RELATIONSHIP _____ CONTACT PHONE # _____

EDUCATION HISTORY: HIGH SCHOOL (Y/N) COMPLETED (Y/N)

NAME OF LAST SCHOOL ATTENDED: _____

ADDRESS OF SCHOOL: _____ ST: _____

SCHOOL TELEPHONE NUMBER _____

PLEASE STATE ANY OTHER EDUCATION YOU HAVE ATTENDED OR CURRENTLY ATTENDING: _____

PLEASE PROVIDE A COPY OF THE **LAST COMPLETED** EDUCATIONAL TRANSCRIPT (OFFICAL or UNOFFICAL). Students will not be accepted into the program until the school receives a copy of the transcript.

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ALL APPLICANTS MUST COMPLETE AND SUBMIT A CRIMINAL BACKGROUND CHECK, DRUG SCREEN TEST AND TB TEST (Tuberculin, TB Gold, or Chest X-ray).

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: _____

PHONE #: _____

SOCIAL SECURITY NUMBER: _____

PROGRAM START DATE: _____

PROGRAM COMPLETION DATE: _____

CLASS TIME: MORNING () EVENING ()

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

Tuition Fee: \$750.00

Registration fee: \$50.00 (non-refundable)

Lab Fee: \$50 (Non-Refundable)

Tuition can be split into two installment payments: **First payment amount \$375.00** due during registration/enrollment, **Second payment amount \$375.00** due week two (2) during the program.

Refund policy: The school shall uphold the policy related to refund of the unused portion of tuition, fee, and other charges if the student does not enter the program or withdraws.

Refund Table for \$750 Tuition (for 25 days of training)

Days Attended	% REFUNDED	AMOUNT RETAINED	AMOUNT OF REFUND
0-1	100% Refund	\$0	\$750
2-5	75% Refund	\$187.50	\$562.50
6	50% Refund	\$375	\$375
7-9	25% Refund	\$562.50	\$187.50

No Refund on Day 10 or after. Students will receive their refund within seven to ten days of their last day.

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Unity Nursing Institute's Nurse Aide I Training Program is 155 clock hours or 6 weeks in duration.

Morning Program are from Mondays through Thursday, 9 am to 3 pm. Clinical portions are from Mondays to Friday, 7 am to 1 pm.

Evening Program are from Mondays through Thursday, 4 pm to 9pm. Clinical portions are from Mondays to Friday, 4 pm – 10 pm.

There are three components in this program, classroom, laboratory and clinical. Students will have 52 clock hours of classroom, 68 hours of laboratory hours, 35 hours of clinical. The student will need to pass each component to receive a certificate of completion ("pass" of the class).

Classroom Component:

The classroom portion is **52** clock hours which consists of North Carolina Nursing Board approved 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 the student from the program and a withdrawal certificate will be issued.

Laboratory Component:

The laboratory portion is **68** clock hours which will include an opportunity for students to see a demonstration of the expected skills and then practice with their instructor, prior to completing the required skills competency checklist. During the skills evaluation, students must perform their skills without direct instructor supervision (practical tests), and successfully complete the skills competency evaluation checklist with a satisfactory (S) score before being permitted to continue the program.

Clinical Component:

The clinical portion is **35** clock hours which will be completed at a skilled nursing facility and/or rehab facility. A clinical agreement will be provided to each student regarding rules, policies, and expectations for this component (including tardiness and absences). Failure to comply with the agreement will result in immediate dismissal and drop from the program.

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I have read and understand the enrollment and registration policies. Unity Nursing Institute staff members can also explain in detail to me if I have any questions.

I understand it is my responsibility to follow all rules, policy, and procedure guidelines for the program (which are explained in detail in the school catalog). The school catalog will be explained by the teacher on the first day of class, and questions will be answered accordingly. 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 school and clinical placement are my responsibility.

I understand that a certificate of completion will only be issued after the program is successfully completed, maintaining my scores above 75% on classroom portions and satisfactory scores from laboratory and clinical components.

I understand that Unity Nursing Institute cannot guarantee employment, 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 I am expelled from the school (at any point of the program), 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 (PRINT): _____

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/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?

- 10) What would you do if a family member of the resident you care of threaten you, or the resident spit or hit you?

- 11) Do you have a dependable transportation, or have a flexible bus route where you live and if so, does the bus stop by the school?

Official Use:

Interview Comments: _____

Faculty Signature: _____ Date: _____

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UNITY NURSING INSTITUTE

PERMISSION FORM FOR SCHOOL PICTURE

This permission form will grant Unity Nursing Institute permission to take student pictures when in clinical for the 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: _____