



# Nightingale Healthcare Professionals

743 El Cerrito Plaza, El Cerrito CA 94530

☎ : 510.553.1800

☎ : 510.553.1818

✉ : training.nhp@gmail.com

🌐 : www.nhp.training

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## NURSING ASSISTANT TRAINING PROGRAM

### ADMISSION APPLICATION

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

Driver License or State ID Number: \_\_\_\_\_ State: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Pronoun (circle one) she/her he/him they/them

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ cell or home (circle one)

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

#### EMERGENCY CONTACT:

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

Tel: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

#### EDUCATIONAL BACKGROUND (HIGHEST EDUCATION ATTAINED):

\_\_\_\_ PRIMARY/HIGH SCHOOL \_\_\_\_ VOCATIONAL CERTIFICATE \_\_\_\_\_

\_\_\_\_ UNDERGRADUATE DEGREE \_\_\_\_ GRADUATE SCHOOL

#### LANGUAGE ACCESS

What language(s) do you speak at home? \_\_\_\_\_

If English is not your primary language have you taken ESL classes? (circle one) YES NO

*Be advised the entire program is taught in English and completion of ESL level A2-B1 or better required.*

#### How did you find out about *Nightingale Healthcare Professionals*?

- Personal Referral (name) \_\_\_\_\_
- Online Source (website) \_\_\_\_\_
- Other (please be specific) \_\_\_\_\_
- Facility Referral (Name) \_\_\_\_\_

***I hereby certify all the above to be true and correct to the best of my knowledge***

***Today's Date:*** \_\_\_\_\_

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

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## NURSING ASSISTANT TRAINING PROGRAM ENROLLMENT AGREEMENT

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

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: C ( ) \_\_\_\_\_ H: ( ) \_\_\_\_\_

**TOTAL CLOCK HOURS OF INSTRUCTION:** 160 Hours (60 hours Theory & 100 hours Clinical)

**SPECIFIC TIMES OF THEORY TRAINING** 8:30 am – 5:00 pm

**SPECIFIC TIMES OF CLINICAL TRAINING** 7:00 am – 3:30 pm

### \*EXACT DAYS AND TIMES CLARIFIED ON SPECIFIC PROGRAM CALENDAR\*

By signing this enrollment agreement, you agree to attend all hours on your specified program calendar and understand that any and all time missed will need to be made up before you are considered to have completed the program and additional fees may be incurred.

### TYPE OF DOCUMENT AWARDED UPON COMPLETION:

Upon successfully completing all requirements of the course, the student will receive a **Certificate of Completion**.

Scheduled Start Date: \_\_\_\_\_ Scheduled Completion Date: \_\_\_\_\_

### FEES AND CHARGES

Application Fee (non-refundable/transferrable)	\$	350.00
Nursing Assistant Training Program Fee includes:	\$	1300.00
<b>Total Nursing Assistant Training Program Fee</b>		<b>\$1,650.00</b>

### Additional Fees - Students Responsibility

- State Clearance Forms
  - COVID-19 test, TB, Physical, Live scan, Flu shot\*
- State Examination Testing Fee
- Uniforms & White/Black Shoes with slip resistant sole
- Stethoscope & Gait Belt (optional)
- BLS/CPR Certification

***I understand the content of this page, that the app fee is non-refundable and that I will be expected to submit all required clearance forms prior to any direct client contact.***

Today's Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

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## CERTIFIED NURSING ASSISTANT TRAINING

Once you have successfully completed the Certified Nursing Assistant training program at Nightingale Healthcare Professionals and passed the NNAAP (National Nurse Aide Assessment) competency exam, you will be perfectly positioned to begin working at the entry level in the health care field. You can literally be on your way to climb the career ladder that leads to heights in the medical field only limited by the students themselves. A firm healthcare training background provides the basis for a transition into other patient care areas including LVN, RN, nurse practitioner, PA, etc. CNA training is a truly viable option for all participants:

- The U.S. Bureau of Labor Statistics estimates that healthcare related occupations are and will continue to be the fastest growing area of employment for the next decade.
- The training period required is 160 hours; there are no pre-requisites, no requirements of a high school diploma or GED. The hours are broken down into 60 hours of theory and 100 hours of hands-on training. We train with residents who reside in skilled nursing facilities.
- The maximum student teacher ratio is 15:1 thereby allowing those students requiring special attention to receive it. We truly have a "no student left behind" philosophy.
- Employment is easily obtained immediately after passing the NNAAP competency exam. We are available to connect interested students with job opportunities as soon as they begin the program.
- A CNA can literally work any given hour of the day or night. Many careers are restricted to either daytime or evening hours, which is not the case with the CNA. There are night shifts as well as overnight shifts. A lot of facilities are so short staffed that there can also be a lot of overtime available which is paid at a rate of time and a half for 9 to 12 hours and double time for 13 to 16 hours.
- The average starting salary for a CNA is around \$25 an hour with benefits for those who work a full-time schedule.

Additional Benefits to furthering your education with Nightingale:

1. The training location, at 903 University Ave, in Berkeley is on a major bus route for those traveling by public means. For those driving, there is plenty of free street parking
2. We offer job assistance by providing students with verified job leads, in the form of phone numbers, addresses and contact person(s) to over 50 nursing homes across the east, north and south Bay Area.
3. We can offer assistance with resume preparation and coaching, interview skills development and proper attire. Letters of recommendation are also available for students in good standing.

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## PAGE 2 CERTIFIED NURSING ASSISTANT TRAINING

4. The classes are small with 15:1 student/instructor ratios, and individualized attention.
5. We have excellent relationships with the Nursing Facilities where students receive their clinical training, and where some students have been placed in employment capacities.

For enrollment and training questions, contact our office at 510-553-1800.

Program Cost and Fee Breakdown:

\$350	Application & Registration Fee <b>NON-REFUNDABLE/TRANSFERABLE</b>
\$1300	Training & Instruction Fee
<hr/>	
Total Fees	\$1,650

The total of \$1,650 can be paid in full or a payment agreement can be set up. All fees must be completed before the end of the training. No refunds if 60% or more of program has been completed.

### Other costs to student:

- Covid-19 Test (can be home test) Free - \$60 (varies per location)
- Live Scan \$52.00 (varies per location)
- TB Test Free - \$25.00 (varies per location)
- Physical \$30 (varies per location)
- Flu Shot (only during Flu season) Free - \$32.00 (varies per location)
  
- Analog watch with second hand \$23.00
- Uniform/Scrubs (Wine/Burgundy colored) \$30.00
- White or Black shoes \$30.00
- Stethoscope - B/P cuff (combination) opt. \$40.00
- Gait Belt optional \$12.99
  
- BLS/CPR Certification optional \$81 (reflects enrolled student discount)
- State Competency Testing Fee \$120

### Requirements & Dates of Acceptance of Clearance forms for Program:

All students must obtain a negative COVID-19 test, pass a criminal background check through the Live Scan. Obtain TB test with clearance; obtain a physical with clearance and a flu shot during Flu Season (October 1<sup>st</sup> thru March 31<sup>st</sup>). **Previous fingerprinting is not transferable.** We will accept documentation of a physical taken within 1 year, skin TB test within 6 months, blood TB test within 1 year and X-Ray within 3 years of program start date. COVID-19 testing must be taken within 7 days of start date.

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## STUDENT EXAMINATION OUTCOME

I hereby certify we have examined \_\_\_\_\_ and found them  
(Student's Name)

S.S. # \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Cleared without limitation Yes  or No

Not cleared for this reason \_\_\_\_\_  
\_\_\_\_\_

Physician's Printed Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

### TB TEST Intradermal Skin Test (PPD Mantoux)

Date Tested \_\_\_\_\_  Negative  Positive

If Positive skin test, a medical physician must enter in the following information:

Date of Chest X-ray: \_\_\_\_\_ (Within the Past Year) Result : \_\_\_\_\_

Chest X-ray and Questionnaire must be done annually

Has this patient been prescribed any Chemotherapy to treat TB? \_\_\_\_\_

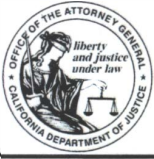
What medications are prescribed and what prescription/regimen? \_\_\_\_\_

### Flu Shot (Flu Season October 1st – March 31st)

I have given \_\_\_\_\_ the \_\_\_\_\_  
(Student's Name) (Flu shot Series)

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

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## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

A1226 \_\_\_\_\_ Certification \_\_\_\_\_  
 ORI (Code assigned by DOJ) \_\_\_\_\_ Authorized Applicant Type \_\_\_\_\_  
 Certified Nurse Assistant (CNA) or Home Health Aide (HHA) \_\_\_\_\_  
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) \_\_\_\_\_

### Contributing Agency Information:

California Department of Public Health (CDPH) \_\_\_\_\_ 03314 \_\_\_\_\_  
 Agency Authorized to Receive Criminal Record Information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ) \_\_\_\_\_  
 ms 3301, P.O. Box 997416 \_\_\_\_\_  
 Street Address or P.O. Box \_\_\_\_\_ Contact Name (mandatory for all school submissions) \_\_\_\_\_  
 Sacramento \_\_\_\_\_ CA \_\_\_\_\_ 95899 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Contact Telephone Number \_\_\_\_\_

### Applicant Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_  
 Other Name: (AKA or Alias) \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Suffix \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Sex  Male  Female  Nonbinary/Unspecified \_\_\_\_\_ Driver's License Number \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Billing Number \_\_\_\_\_  
 (Agency Billing Number) \_\_\_\_\_  
 Place of Birth (State or Country) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Misc. Number \_\_\_\_\_  
 (Other Identification Number) \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Street Address or P.O. Box \_\_\_\_\_

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

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

Date \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA Number (Social Security Administration Identifying Number)

Level of Service:  DOJ  FBI  
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: \_\_\_\_\_ Original ATI Number \_\_\_\_\_  
(Must provide proof of rejection)

Employer (Additional response for agencies specified by statute):

Nightingale Healthcare Professionals \_\_\_\_\_  
 Employer Name \_\_\_\_\_  
 743 El Cerrito Plaza \_\_\_\_\_ +1 (510) 553-1800 \_\_\_\_\_  
 Street Address or P.O. Box \_\_\_\_\_ Telephone Number (optional) \_\_\_\_\_  
 El Cerrito \_\_\_\_\_ CA \_\_\_\_\_ 94530 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_

### Live Scan Transaction Completed By:

Name of Operator \_\_\_\_\_ Date \_\_\_\_\_  
 Transmitting Agency \_\_\_\_\_ LSID \_\_\_\_\_ ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_



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## **ALL CLEARANCE FORMS MUST BE COMPLETED BEFORE ANY DIRECT PATIENT CONTACT**

Please make arrangements to complete these requirements before the first day of class. A COVID-19 Test, TB test, Livescan, Physical and Flu Shot (flu season: Oct 1<sup>st</sup> thru Mar 31<sup>st</sup>) are necessary to participate in clinical and will be required the first day of class. You cannot miss class hours to get tests completed. Please be advised these locations are here as an option, you may choose to accomplish these requirements at any location convenient and within your means.

### **COVID-19 TESTING**

- [www.curative.com](http://www.curative.com)

Multiple Bay Area locations based on zip code

**Cost: Free** self-collected test (24-48 hour turn around on results)

### **TB TESTS AVAILABLE AT THIS LOCATION:**

- *Berkeley Free Clinic*: 2339 Durant Avenue Berkeley, CA 94704

**Cost: Free** To schedule an appointment call (510) 548-2570 at 5:45 pm

- *Roots Community Health Center*: 9925 International Blvd #5 Oakland Ca 94603

**Cost: \$25** to schedule an appointment call 510.777.1177

#### **COVID-19 Testing**

**Cost: Free** To schedule an appointment visit <https://rootsclinic.org/covid-19-testing/>

### **LIVESCAN AND PHYSICALS AVAILABLE AT THIS LOCATION:**

For a list of more local vendors visit <https://oag.ca.gov/fingerprints/locations>

**(OCA Number is your Social Security Number)**

Checkpoint OTC

1 Market St Oakland, Ca 94607

(510) 836-0448

**No appointment needed**

Livescan \$57 Open Monday – Friday

Physical \$70 Open Monday – Friday

### **PHYSICAL, TB TEST AND FLU SHOTS AVAILABLE AT THIS LOCATION:**

**Open Mon – Fri 8:30am - 3:30pm No appointment needed**

Dr. Konstantin

2584 MacArthur Blvd.

Oakland, CA 94602

(510) 530-5400

\$40 instant COVID-19 Test

\$70 for all 3 (best value)

\$30 TB test only

\$50 Physical only

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