



WhidbeyHealth Nursing Assistant Training Program

Application:

Student Name: _____
Last Name First Name Middle Initial

Preferred Name: _____ Date of Birth: _____

Parent or Legal Guardian Name: _____
Last Name First Name

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Emergency Contact Name: _____
Last Name First Name

Emergency Contact Phone Number: _____

List 3 objectives for this experience:

How do you plan to use the knowledge gained from this experience?

I understand acceptance to the program is contingent on submission of all requested materials and meeting all eligibility requirements as determined by the program. The information given in or attached to this application is accurate and complete to the best of my knowledge, information, and belief. By placing my signature below, I understand that this Nursing Assistant training experience at WhidbeyHealth is intended to meet the requirements of the Washington State laws regarding education and licensure of the Nursing Assistant and Certification for Washington State.

Signature of Student Applicant _____ Date: _____

Graduates of this program will...

- Be prepared to work under the direction of LPNs, RNs, or other qualified health care workers to provide basic patient care.
- Demonstrate basic personal care skills.
- **Typical Tasks**
Specific tasks typically required of a nursing assistant include: performing routine tasks under the supervision of nursing and medical staff; answering patients' call bells, delivering messages, serving meals, making beds, and helping patients eat, dress, and bathe; providing skin care to patients, taking temperatures, pulse, respiration and blood pressure, and helping patients get in and out of bed and walk; escorting patients to operating and examining rooms, keeping patients' rooms neat, setting up equipment, and storing and moving supplies; and observing patients' physical, mental, and emotional conditions and reporting any change to the nursing or medical staff.
- Provide patient-centered care and perform nursing skills in a safe, competent, and therapeutic manner.
- Use communication skills effectively in order to function as a member of the nursing team.
- Use procedures and techniques to prevent the spread of micro-organisms.
- Demonstrate the ability to identify and implement safety/emergency procedures.
- Perform within the ethical and legal boundaries of the scope of practice.
- Display professionalism in appearance and job performance.
- Be eligible to take the WA State Certification Exam for Nursing Assistants.
- Be Utilizing the Common Curriculum Framework from Washington State and the lessons prepared by the Director and instructor of WhidbeyHealth's Nursing Assistant Training Program to meet Washington State requirements.
- The Course will be 130 hours and be broken down into Classroom hours of at least 42 hours, Skills lab hours of at least 33 hours and Clinical hours of at least 55 hours.



Admission Requirements – Nursing Assistant

- Nursing Assistant Students seeking admission to the Nursing Assistant (NA) program must first apply for acceptance in the WhidbeyHealth Nursing Assistant training Program.
- Applicants are admitted to the NA program on a selection process by a panel interview/s, letters of reference and Education/Human Resources/Employee Health Clearance. No wait list is maintained. Students must be 18 to take the state exam and receive NA certification. Students need to be aware they must attend all scheduled classes and clinical time to meet State certification requirements.
- Permission is required prior to enrollment.

Student Evaluation Methods will be based on the student obtaining a score of 80% passing in each of the following categories:

Class/Theory exams, Skills Lab (learning/performing skills) and WhidbeyHealth Clinicals (actual patient care).

Failure to meet the 80% minimum grade requirement will result in dismissal from the program. Any absence must be pre-approved and if authorized by the program director, made up at a date and time to be determined by the program director.

Signature of Student Applicant _____ Date: _____