

Nursing Assistant Training Program Application

| Last Name | | st Name | Middle Initial |
|--------------------------------|--------------------|----------------------|----------------|
| Preferred Name: | | Date of Birth: | |
| Parent or Legal Guardian N | ame: 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 exp | perience: | | |
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| How do you plan to use the | knowledge gained f | rom this experience? | |
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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.



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 broken down into Classroom hours of at least 42 hours, Skills lab hours of at least 40 hours and Clinical hours of at least 48 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 based 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 an overall score of 80% in order to obtain a certificate of completion and be eligible to take the Washington State NA-C exam. The student will be evaluated on class/theory, skills lab and clinical practicum performance.

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: |
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Nursing Assistant Training Experience Confidentiality Agreement

Health Insurance Portability and Accountability Act (HIPAA) is a federal law that was passed in August 1996. WhidbeyHealth must comply with HIPAA, and as a Student who may be exposed to patient information you are responsible for understanding and upholding this law. If you have questions or are unsure of the appropriate way to proceed, ask the instructor of the Nursing Assistant program at WhidbeyHealth.

Protected Health Information (PHI): Information that relates to the past, present or future physical or behavioral condition, care, or payment of a patient and which identifies or could be used to identify a patient. It includes information in any form or media, including oral, written, or electronic.

You are not permitted to share any information about any patient while you are in a student or employee status at WhidbeyHealth or after you leave our facility. You are not allowed to tell anyone that a person is or is not a patient at the hospital, or that you saw them at the hospital. When a patient is your neighbor or friend, you should be particularly careful not to reveal any information to mutual friends.

What You Need to Do or Not Do:

- Be aware of how you handle PHI in the course of your student role.
- Be aware of who can hear your conversations.
- Dispose of paper PHI by shredding it or by placing it in secure shred bins.
- Do not look up PHI about yourself or for family members, friends, or neighbors.
- Do not talk about patients' PHI with family members, friends, or neighbors.

Privacy Rule:

- Sets boundaries on use and release of PHI.
- Holds violators accountable with civil/criminal penalties.
- Limits release of PHI to the minimum needed for the purpose of the disclosure.

Criminal and Civil Sanctions: There are federal penalties for violation of HIPAA standards. These penalties could potentially be applied to both WhidbeyHealth and you as an individual.

How to Report Privacy Concerns: We appreciate your participation in helping us protect and keep patients' PHI confidential. If you notice an area that needs improvement concerning patient confidentiality, please report it to the healthcare professional you are with or to your nursing assistant instructor.



I understand and agree that in the performance of duties as a participant in any student experience, I must hold in the strictest confidence any observations I may make or hear regarding patients, providers, or personnel. I understand that patients' charts or test results are accessed by me only under the direction of my NA instructor or with the qualified healthcare employee at any time.

I understand that intentional or involuntary violation of confidentiality may result in disciplinary action by WhidbeyHealth and/or possible action by others (i.e. patients, families of patients, etc.) Criminal and/or civil legal action may also be a result of my violation of this agreement. I release WhidbeyHealth and its representatives of any liability arising from a breach of confidentiality caused by myself.

| Student's Signature: | Date: |
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Nursing Assistant Student's Rights and Responsibilities

The Student participating in the Nursing Assistant Training Program is expected to:

- Remain under the direct supervision of a WhidbeyHealth RN, CNA, Provider or qualified staff member at all times with the exception of appropriate personal breaks.
- Wear student identification badge at all times in a visible location on my person.
- Respect patients' rights and privacy.
- Interact with staff, patients, family members and visitors in a professional, courteous, respectful manner.
- Agree to share only my perception of the experience but will not refer to anything specific that could be used to identify a patient (i.e. location, name, etc.).
- Not engage patients or their families in conversation without a WhidbeyHealth employee present.
- Understand that a patient may refuse to have a student at any time during their care.
- Agree to follow WhidbeyHealth's dress code of business casual attire. If I arrive
 for the class in jeans, open-toed shoes, or other inappropriate attire, I will not be
 able to participate in the course. Clinicals will require scrub uniforms designated
 by the Nursing Assistant instructors.
- Agree to follow WhidbeyHealth's "scent free" policy and understand I will be sent home if wearing perfumed products.
- Understand that I am allowed to be in class, skills lab and clinical for a maximum of 8 hours total, excluding a 30-minute lunch break.
- Understand that specific details of my clinical experience should not be shared on any social media site.
- Interact with staff and ask pertinent questions about the medical profession but do not ask for professional advice or discuss personal medical problems during observation.
- Not bring my cell phone and other electronic devices to the clinical skills.
- Not attend classes if I am ill, coughing, have the flu or flu-like symptoms.
- I have received a class schedule and access to the common curriculum materials for students as provided by the Washington State Board of Nursing (WABON).
- Should I have a student complaint about this nursing assistant training program,
 I understand that my concern can be filed with the Washington State Board of
 Nursing (WABON), formerly called the Nursing Care Quality Assurance
 Commission. The link to this body is: Complaint Form (Nursing Programs).

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| Student's Signature: | Date: |