

APPLICATION FOR CERTIFIED NURSING ASSISTANT CLASS

Powell Valley Healthcare —Powell, WY

Name: Last _____ First _____ Middle _____

Contact Phone #: _____ Best time to reach you: _____

Physical Address: _____

City, State, Zip: _____

Social Security #: _____ Are you 16 yrs or older? _____

Current Employer: _____ Hrs/wk: _____ Date of employment: _____

Reason for taking CNA class (Check **ONLY ONE**):

_____ Plan to work as CNA

_____ Plan to work as CNA while advancing career in the future

Explain reason for taking this CNA class:

Have you completed a CNA class in the past? No _____ Yes _____ If yes, when & where _____

Did you take the certification exam after completing the class? Yes _____ No _____ Did not complete class _____

Have you ever been hired as a nursing assistant in Wyoming while awaiting certification? (ie waiting for exam after taking class or transferring from another state)

No _____ Yes _____ Date _____

How were you referred to this CNA class? _____

Do you have any friends/relatives working at PVHC? Yes _____ No _____

If so, in what department? _____

What is your goal after completing CNA class? _____

Would you apply to work at PVHC upon completion of this course? Yes _____ No _____

Department of interest? _____

Class information: You must be at least 16 years old to take the class. Classes run Monday through Friday, from 8:00 AM to 4:00 PM. Clinical days are from 6:30 AM to 2:00 PM. **You must attend all class and clinical days.** Only ten applicants are accepted into each class. Required texts are Mosby's Essential for Nursing Assistant 5th Ed. ISBN 978-0-323-11317-5 Sorrentino/Remmert and workbook ISBN 978-0-323-11321-2.

If admitted into the class, you will need to present a valid driver's license plus social security card with your legal name

OR a copy of notarized birth certificate **OR** a valid passport. **You must have these documents when class starts.**

Please indicate whether you can provide these documents. Yes _____ No _____

Class Fees: The total cost of the class is \$250.00. This must be paid before the class begins. Cost does not include text book and work book, testing fees, background check, and certification fee. If you have any questions please contact Powell Valley Healthcare's Education department at (307) 754-2267 EXT. 3463

General questions:

Would you be comfortable assisting someone clean their dentures or changing adult undergarment?

What is your short term goal (next 2yrs)? What is your long term goal (5yrs)?

Give a recent example that best shows your ability to communicate effectively?

Working with people from different backgrounds or cultures can present challenges. Describe a time when differences in background made communication or work challenging. How did you handle the situation?

Describe how you contributed to the success of a team of which you were a member. Provide specific examples?

Describe the best work environment you've experienced. Why was this particular environment positive?

How do you determine if the work you do is a quality job? What are some ways that you have improved the quality of your own work?

Please provide 2 personal references (Not Related) - (Name/Phone Number)

History Information (Please read before answering the questions below)

Wyoming Law **does not** have a time limit on disclosures of past convictions.

Every application is reviewed on an individual basis.

Fingerprints / Background Check reveal:

- All charges in all states regardless of your age at time of offense
- Any charges (even charges you were told were dismissed or expunged)

The Compliance and Discipline staff members perform the investigation & assemble materials/information and send to Application Review Committee (ARC). Members of the ARC review all materials, ask for more information if needed and make the decision.

The ARC considers the following:

- Passage of time – how recently the crime(s) took place;
- Repeated, habitual crimes;
- Felony versus misdemeanor (although the nature of the crime is the primary consideration);
- Compliance with the court orders (probation, payment of fines, attendance at anger management or driving classes, evaluations, etc.);
- Results of evaluations (substance abuse evaluations, anger evaluations, etc.)
- How the crime relates to nursing practice and public safety (for example, a history of domestic violence may be considered a risk for harming a vulnerable patient).

All requirements imposed from discipline from other State Boards of Nursing against your license / certification must be completed before applying to WSBN.

It takes a significantly longer period of time to process your application if you have disclosed a discipline/compliance issue. It takes even longer if you have failed to disclose and the issue is revealed through your criminal background check.

Court Documents:

The ARC requires all court documents from the beginning of the arrest to the final disposition of your case.

The ARC requires the following court documents:

- Charging document; sometimes called the information sheet;
- Judgment and Sentencing;
- Proof of compliance with the court orders:
 - Court fines were paid;
 - Probation completed without problems;
 - Classes attended; and
 - Evaluations completed and subsequent action on that evaluation.

All court documents are required even if the charge(s) was pled down to a lesser charge, deferred, dismissed, etc. Failing to provide complete documentation only delays the process.

Personal Statement (a SIGNED statement in **your own** words):

Purpose: To illustrate to the ARC that you are fully competent to practice and that patients in your care will be safe. This is your opportunity to give your side of the charges.

Your personal statement must include: 1) month and year of the incident; 2) full description of the incident; 3) legal/court action taken against you; 4) treatment and outcome of treatment if applicable (i.e. mental health, substance abuse, etc.); and 5) date of your statement and your legible signature.

A good personal statement describes:

- What you have learned;
- How you have changed; specifically, what changes have you made in your behavior and decision-making as a result of your criminal past; and
- How you will assure the ARC that this type of behavior will not happen again.

Do not simply list out the charges; this will be rejected by the ARC and cause significant delays and may result in the ARC not granting a certificate / license.

Please visit the website at <http://nursing.state.wy.us> for an example of a personal statement that meets the elements required by the ARC.

HISTORY: The following questions are part of the Wyoming State Board of Nursing application for certification. ALL QUESTIONS MUST BE ANSWERED BY THE APPLICANT. If you fail to answer each and every question and provide necessary documentation for any “Yes” answer the processing of your application will be significantly delayed. Your application is INCOMPLETE until all required documentation is received.

1. Has any disciplinary action been taken or is pending against you from a LICENSING AUTHORITY (i.e. board of nursing)?
 No Yes If “YES”, provide: Personal Statement Documentation of disciplinary action

2. Have you ever been investigated or charged with ABUSE, NEGLECT OR MISAPPROPRIATION OF PROPERTY?
(i.e. domestic violence, assault, theft, fraud)
 No Yes If “YES”, provide: Personal Statement Documentation of disciplinary action

3. Has your application for examination or licensure ever been DENIED BY A LICENSING AUTHORITY (i.e. board of nursing)?
 No Yes If “YES”, provide: Personal Statement Documentation of the denial action

If you answer “YES” to questions **4, 5, 6 or 7**, you MUST provide all three of the following:

- Personal Statement
- Progress report from counselor/physician
- Discharge summary/aftercare plan from hospitalizations (IF you were hospitalized)

4. Do you have a physical or mental disability which renders you unable to perform nursing services or duties with reasonable skill and safety and which may endanger the health and safety of persons under your care? (see job description summary)
 No Yes

5. Are you now or have you in the past five (5) years been addicted to any controlled substance, a regular user of any controlled substance with or without a prescription, or do you regularly drink too many alcoholic beverages?
 No Yes

6. Have you been terminated, or permitted to resign in lieu of termination, from a nursing or other health care position because of your use of alcohol or use of any controlled substance, habit-forming drug, prescription medication, or drugs having similar effects?
 No Yes

7. Have you been arrested for an alcohol or drug-related offense **other than stated in Question No. 8**?
 No Yes

8. Have you ever been convicted, pled guilty to, pled nolo contendere to, or have charges pending against you for any crime, including felonies, misdemeanors, municipal ordinances, and/or any Uniform Code of Military Justice violations, including driving under the influence of any intoxicating substance? **Do not include non-moving traffic violations or moving violations which did not involve alcohol or substance impairment.**
 No Yes If “YES”, provide a Personal Statement and court documents

SUMMARY OF JOB DESCRIPTION
Certified Nursing Assistant

In order to perform his/her job successfully, an individual must be able to perform each essential duty satisfactorily. Reasonable accommodations may be made to allow individuals with disabilities to perform the essential functions.

The individual must:

- Complete satisfactorily an approved CNA class at least 75 hours in length;
- Be able to read and understand simple written or verbal instructions;
- Be able to document clearly and concisely, and be able to learn and apply basic computer applications;
- Be able to understand the basic metric system;
- Be able to add, subtract, multiply and divide using whole numbers, common fractions and decimals;
- Be able and willing to work under the direction of licensed nursing staff;
- Be willing to take responsibility for actions, set priorities and use good judgment in performing job duties;
- Be open-minded and professional in resolving problems/conflicts;
- Be able to regularly lift and/or move up to 10 pounds and occasionally lift and/or move up to 50 pounds;
- Be able to stand, walk, bend, stoop, kneel, crouch or crawl as required by the job; should have adequate function of hands/fingers and be able to speak clearly; should have normal near, distance and peripheral vision and normal hearing or have the necessary correction;
- Understand that the CNA position involves exposure to blood, body fluids or tissues, and contaminated sharps;
- Understand he/she may work with confused, combative or uncooperative patients/residents of all ages and be able to adapt care.

After reading the above summary of the job description, are you aware of any reason you would not be able to perform CNA duties?

No _____ Yes _____

If yes, please state reason: _____

APPLICANT CERTIFICATION: I have reviewed the job description summary and certify that all answers are truthful to the best of my knowledge. I understand that this application is for the CNA class only, and does not guarantee acceptance into the class, nor will it guarantee employment at the completion of class.

Applicant Signature

Date

Please return this application to:
Education Department
Powell Valley Hospital
777 Avenue H
Powell, WY 82435

Must obtain and complete application for class offered
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