



**Certified Nurse Aide  
APPLICATION  
UAS - Health Sciences**

**Fall 2009**

**Course Dates: September 8 – December 1, 2009**

**Lecture/Lab:** Tuesdays from 830-1730

**Clinicals:** Wednesdays from 630-1530

*Clinical Dates: 10/7, 10/14, 10/21, 10/28, 11/4, 11/11*

**CPR/First Aid:** Wednesday, 9/30 from 830-1430

**APPLICATION DEADLINE: Friday, August 28, 2009**

*Interested students are encouraged to submit their application as soon as possible to ensure a space in the class. Maximum enrollment is ten (10) students. Acceptance into the class is based on first-come, first-serve receipt of completed application and an optional interview.*

*Applicants will be contacted to confirm acceptance into the fall course, after which they may register for the course.*

*Tuition and fees will be billed at the time of registration.*

*If a student is receiving agency funding, the student must inform the agency of course acceptance and fee payment deadlines.*

Return **COMPLETED APPLICATIONS:**  
Bill Ray Center - 1108 "F" Street – Room 120  
Phone: (907)796-6128 or (907)796-6125



SCHOOL OF CAREER EDUCATION  
AUTOMOTIVE • CONSTRUCTION • DIESEL • HEALTH SCIENCES

## **Estimated course cost:**

<b>Tuition and fees:</b>	<b>\$2,081.00*</b>
<b>Fingerprinting:</b>	<b>15.00</b>
<b><u>Textbook:</u></b>	<b><u>75.00</u></b>
<b>Total:</b>	<b>2,171.00</b>

\*(Fees include the state exam application fee of \$339.00)

## **COURSE PREREQUISITES**

### **Application is NOT complete until the following are attached:**

**1. Criminal Background Check:** (Copy is accepted if current within past three (3) months). If you are already employed at a health care facility you may submit a copy of that background screening if it is within a year.

Obtain CBC for \$20.00 at:

**Department of Safety Records**  
450 Whittier RM 103  
Juneau, AK 99801  
(907) 465-4343

**2. Health Screening Form:** Medical exam within past year verifying physical and emotional fitness for direct patient care work (Please have your practitioner sign off on the attached form). Tb test within past 3 months.

**3.** If English is your second language, or you have not graduated from High School, please contact Elizabeth Williams, 796-6128 or Marianne Stillner, 796-6125 for an interview. You may be required to supply proof of High School graduation or GED. You may need to obtain a reading placement exam (no fee) at either:

**UAS Learning Center** (located downstairs in Egan library)  
11120 Glacier Highway  
Juneau, AK 99801  
(907) 796-6348 for Appointment

**Juneau Adult Education Center\***  
210 Ferry Way  
Juneau, AK 99801  
**Hours: Monday, Tuesday, Wednesday, 8:00am-4:30pm**  
**Thursday 8am-7pm, Friday 8am-3pm**  
**Last Saturday of every Month 10am-2pm**  
\*(allow 1.5 hours for test)



## APPLICATION

UAS School of Career Education

University of Alaska Southeast • Wildflower Court • Juneau Pioneer's Home

1415 Harbor Way • Juneau, Alaska 99801 • Phone: (907) 796-6128

Website: <http://www.uas.alaska.edu/healthscience/>

### Personal Data

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ UAS ID# (if avail) \_\_\_\_\_

Phones: home \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

Birthdate: \_\_\_\_\_

---

1. Highest level of education: \_\_\_\_\_

\_\_\_\_\_

2. Current employment and hours: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Employment plans during training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Long range employment goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Long range education goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HEALTH SCREENING FORM**  
**(This must be completed & signed by an MD, PA or NP)**

**Immunization History (complete from your records):**

	Date	Booster
Hepatitis B	_____	_____
MMR (measles, mumps, rubella)	_____	_____
TD (tetanus/dip)	_____	_____
Polio	_____	_____

**Tuberculosis  
 Test (PPD)  
 (MANDATORY)**

_____	_____	_____
Date Given	Result	Signature/Date

If your TB test was positive, please give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PHYSICAL FITNESS**

**YES      NO**

**This individual has adequate physical ability and endurance necessary to:**

Stand, walk, climb stairs, stoop, kneel, crouch, flex, bend.	_____	_____
Apply correct body mechanics for lifting, rolling and sliding persons or objects weighing at least 50 pounds.	_____	_____
Accurately perceive sound (ex: normal speech, work place noises, alarms, bells).	_____	_____
Accurately perceive odors (ex: foods, body fluids, medications).	_____	_____
Accurately see and read small print and wrist watch (ex: charting documents, BP gauges).	_____	_____
Accurately identify colors.	_____	_____

**EMOTIONAL FITNESS**

**YES**

**NO**

**This individual has the emotional capability to:**

Appropriately cope with illness, death and dying.

\_\_\_\_\_

Appropriately communicate (oral/written) with coworkers, supervisors, instructors.

\_\_\_\_\_

Knows and employs positive coping mechanisms and support systems.

\_\_\_\_\_

If you answered NO to any of the above, please give details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HAVE EXAMINED THE ABOVE NAMED INDIVIDUAL AND I VERIFY HIM/HER **TO BE FIT AND ABLE TO CARRY OUT DUTIES REQUIRED OF A DIRECT CARE HEALTH CARE WORKER.**

Name \_\_\_\_\_, Title: \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE INFORMATION:** I hereby authorize the release of medical information relevant to my fitness and ability to provide direct patient care during my clinical program training at the University of Alaska Southeast.

\_\_\_\_\_  
Student's Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Witness Signature Date: \_\_\_\_\_