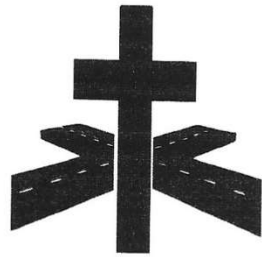


Crossroads Area Mentorship Program

Student Nurse Academy



CNA YOUTH AND ADULT CLASS APPLICATION PACK

APPLICATION DEADLINES:

- *Applications Will Be Reviewed Upon Receipt.*
- *Be Prepared to Interview As Soon as You Meet Initial Qualifications.*
- *Applicants Accepted to Fill 12 Slots Based on First Come Basis.*

Crossroads Student Nurse Academy
CERTIFIED NURSE AIDE TRAINING PROGRAM
624 Mable Street • Winona, MS 38967 • 662-614-2107

The Crossroads Area Mentorship Program SNA is funding the Certified Nurses Aid Program for adults (ages 25+) and youth (ages 18-24). The adult classes are held at the Winona Career and Technical Center (WCTC) in Winona, MS and youth classes are held at J. Z. George High School in North Carrollton, MS.

You can collect an application pack in the following ways by printing it or sending a request:

- WCTC Website: <https://www.winonamontgomerycsd.com/o/ctc/page/adult-education>
- Send an email request to jeanetteringo@att.net
- Send a messenger request to Jeanette Ringo
- Via faceBook at Jeanette Ringo
- Via text Message Request at 662-614-2107 **(TEXT ONLY; NO PHONE CALLS)**

Applications & required documents may be returned in the following ways:

- In person to: the WCTC at 300 North Applegate Street, Winona; Call 662-283-3601
- Mailed back to: 624 Mable Street, Winona, MS 38967

Prerequisites:

- Must provide copy of Social Security card & **Current** Driver's License
- Applicants not enrolled in and attending high school must provide a copy of High School Diploma with transcript or GED with the GED transcript
- Your completed **NOTARIZED** application and all documents must be submitted by the deadline as soon as possible in order to secure one of the 12 slots for the next class.

Application Process:

- Fill out the attached application form & documents and return it to the Winona Career and Technical Center or mail it back to the address listed above.
- All items on the checklist of the application must be returned to be considered for the program.
- The program's admission is competitive so turn in your applications as soon as possible in order to try to be accepted for a slot in the next class.
- There are only 12 slots and a selection process will be held to fill those 12 slots which includes an interview, background check, physical, drug screening, and educational review.

Class Dates:

- **Youth classes** will be held once a year at J. Z. George High School in the Allied Health Classroom.
 - The class will begin February 1st of each year.
 - Classes meet 2-3 days a week from 3:30-5:30 pm, 3:30-6:00 pm, and 8 am-12 noon depending on the month.
 - Classes are held in the months of February (18 hrs), March (22.5 hrs.), April (32.5 hrs.), May (39.5 hrs.) and June (24 hrs.).
 - **Clinicals** are generally held the late May and 1st week of June (36 hrs.) from 7am-4pm.
 - No classes are held during spring break.
 - The class schedule will be shared upon being invited to an interview.
 - **Instructor:**
 - ❖ Kayla Hamilton

- Adult classes will held twice a year.
 - A class session in the spring will start the last week of January
 - A class session in the fall will start in mid-August
 - Classes are held in the Health Sciences Classroom on Fairground Street.
 - Classes will be held from 5:00 pm until 9:00 pm Monday and Thursday of each week for 10 weeks.
 - Clinical will be held on Saturday and Sunday at a date to be determined later.
 - The class schedule will be shared upon being invited to an interview.
 - **Adult Instructional Time:**
 - ❖ 4 Hours Mentorship Sessions
 - ❖ 80 Hours Classroom CNA Instruction
 - ❖ 4.5 Hours Classroom CPR Instruction
 - ❖ 16 Hours Clinical
 - **Instructors:**
 - ❖ Latia Butts
 - ❖ Teresa Sullivant

Class Cost:

- The program is currently being sponsored by the Crossroads Area Mentorship Program Student Nurse Academy (SNA).
- A \$200 Deposit is required upon acceptance due and payable to the Crossroads Area Mentorship Program for all accepted applicants not enrolled in high school and \$101 for applicant attending high school, in the form of an electronic payment: ZELLE, Cashapp, or Apple pay.

Jeanette B. Ringo is the program administrator.

APPLICATION PACK INFORMATION:

- ALL applications must be 100% complete.
- Incomplete applications will not be considered.
- DO NOT leave any line blank; if no answer is being provided, put "N/A"
- **SIGN AND DATE** all sheets that require a signature and date.
- Go to health department immediately to get copy of immunization records. Some offices have limited office days they're open or you can register at MyIR to access your online immunization records. The website is <https://myirmobile.com/>
- If you have a GED, you will still need a transcript from your last high school attended.
- All IDs must be valid. Expired IDs will not be accepted.
- Send an email to jeanetteringo@att.net immediately with any questions.
- Make sure you provide a working phone number
- You will be contacted via text message to schedule an interview
- Interviews will be held in-person.
- Virtually interviews via ZOOM will be an option as needed.
- If mailing applications, mail 3-4 days in advance and take to post office to weigh the envelope to insure enough postage is on the pack.
- The address (physical and mailing) and telephone number is listed previously.

Crossroads Student Nurse Academy (SNA) Adult and Youth CNA Classes

The Crossroads Student Nurse Academy CNA class is designed to prepare students for a career as a CNA. The eligibility requirements for applicants are:

- Applicants not enrolled and attending high school must have a high school diploma or GED
- Applicants 25 years old or older will be considered for the adult class
- Applicants 18-24 years old will be considered for the youth class
- Complete the application process and get application notarized
- Attend an interview and have an academic assessment
- Display good citizenship and be of good moral character
- Pass a drug test
- Submit to a background check (A felony conviction automatically excludes you from enrollment.)
- Submit to 2 Step TB skin test
- Make a deposit amount as listed previously. The deposit will be used to fund the re-test should you fail the state test on your first exam attempt. It will be refunded **ONLY IF** you pass both the written and skill tests on the state exam the first time you test; **NO REFUND OF REMAINING BALANCE AFTER 1ST RETEST.**
- It is the student's responsibility to provide a full and readable electronic copy of your CNA certificate within 1 week of obtaining your certificate or you will forfeit your deposit.
- Have access to the internet in the event class must go virtual
- Provide your email address and Facebook page name
- Students will need to provide their own shoes and one set of navy scrubs will need to be worn to class until uniform order arrives
- Student must participate in the class fundraiser by selling a minimum of 5 t-shirts before class starts. Students who fail to turn in t-shirt sizes and money by the due date which will be set for a date prior to the start of class will lose their slot and be replaced with another applicant on the waiting list. Students must purchase a t-shirt for themselves.
- Students will participate in the class community service project or forfeit their deposit.

The following costs will be covered by the Crossroads SNA, IF ACCEPTED into the program:

- Tuition for CNA class
- State Board Exam Fees for both the Written Exam and Skill Evaluation
- 2-Step TB Skin Test
- Background Check
- Drug Screening
- CNA Textbook (to be returned)
- CPR Certification
- 2 Scrub sets (tops and bottoms)
- Lab Coat
- Watch with a second hand
- 1 Hospital Kit (which includes blood pressure cuff, and stethoscope)

NOTE: The deposit will not be refunded under the following conditions:

- Withdrawal from the program for any reason or circumstance at any time after the deposit has been made
- Failure to take the State Certification Board Exam when scheduled (no rescheduling)
- Failure to pass both the Written and Skills tests
- Failure to comply with any terms in the student statement of assurance
- Failure to attend ALL program, medical & uniform appointments, meetings, activities, and events set up for entry into the program
- Failure to comply with program fundraiser and the class community service project

Crossroads Area Mentorship Program

Application Directions and Checklist

Complete and return the Student Nurse Mentorship Academy application with all the following required documents to Winona Career Technical Center the published deadline date.

Submit A Copy of:

- High School Diploma **with High School Transcript**, GED Certificate **with GED Transcript/Test Scores**
- Immunization record and proof of Hepatitis B shots (If taken)
- Birth Certificate
- Social Security Card
- American Heart Association (AHA) CPR Card (if certified, otherwise **OPTIONAL**)
- 2 Step TB Skin test (if recent, otherwise **OPTIONAL**)
- Proof of Residency (driver's license, utility bill-light/gas/water, rent receipt, voter's registration card, government mail from DHS, Health Dept, Medicaid,etc..)
- MS Identification Card

Signed these forms:

- Application for Enrollment
- Medical Permission Form
- Statement of Assurance
- Release of Information and Program Agreement

Attachment these items:

- One Photo (will not be returned)
- Answer to 3 questions
- Provide the name of 3 references to include their mailing address, phone #, and email address (Reference can't be a parent, family member, or best friend. Examples of references are: a former teacher, current employer, an unrelated pastor, minister, deacon, church member, a community leader, civic Organization leader, or elected official, etc.)

Reference #1 Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Reference #2 Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Reference #3 Name: _____

Address: _____

Phone Number: _____ Email Address: _____



**Crossroads Area Mentorship Program
Student Nurse Mentorship Academy**

Application for Adult Class Enrollment

Personal:

Name _____ SSN (last 4 #'s) _____

Address _____ City _____ Zip _____

Home phone # _____ Cell phone # _____

Date of birth _____ Email _____

FaceBook Page, SNAPCHAT, X Name, **(REQUIRED)** _____

In case of emergency, contact _____ Phone _____

Emergency contact relationship to you _____

Education:

High school attended _____ Location: _____

Did You Graduate? _____ If so, What year? _____

Do you have a GED _____ If so, when did you receive your certificate? _____

Highest level of education _____

Are you currently attending/enrolled high school or college or other program? _____

Name of high school/college/program: _____ Location: _____

Start Date: _____ End Date: _____

How many classes and hours are you taking? _____

Have you applied to any additional programs through college this year? _____

If so, What program (Ex: LPN, RN, OT/PT, etc.) _____

Are you interested in a career in health care ? _____ Specify? _____

Have you taken the ACT? _____ If so, what was your score? _____

Which classes do you find Most Difficult?

_____ Math _____ Reading _____ Science _____ Social Studies _____ History

Employment

Do you currently have a Job? _____ If so, employer name? _____

How Many Hours per week do you work? _____

Have you ever worked in a medical setting? _____

If so, where? _____

For High School/College Students: Do you participate in a spring/summer sports or activity? _____

If so, what? _____

Additional Information

Are you married? _____ Name _____

Are you parenting children? _____ How many children are you parenting? _____

Child(ren) Name(s) _____

Do you have medical health insurance coverage? _____

Do you have a stable means of transportation? _____

Number of people living in your home _____

Will you require any special assistance or equipment to participant in this program? _____

If yes, please list: _____

Are you pregnant or parenting? _____ If pregnant, # of weeks/months _____

Expected Delivery Date: _____

I have read this application and answered all of the questions. I hereby certify, to the best of my knowledge, that **ALL** information given is true. I agree and understand any willful misstatement of facts may cause forfeiture of my status in the Student Nurse Mentorship Academy. I understand the information is subject to verification and agree to provide such documentation as required or approval to obtain such. I understand that any information provided may be shared with other partner agencies.

Signature

Date

Crossroads Area Mentorship Program
Student Nurse Mentorship Academy
Application for Adult Class Enrollment

(1) Why do you would like to participate in the Crossroads Area Mentorship Student Nurse Academy CNA class?

(2) What are your short-term 1-year goal(s)?

(3) What are your long terms 5-year goal(s)?

Crossroads Area Mentorship Program Student Nurse Mentorship Academy

Release of Information and Program Agreement

I have read and completed the information contained in the Student Nurse Mentorship Academy application and answered all of the questions accurately and honestly. I accept the responsibilities that have been outlined and those that will be given to me as a student participant when I enter the Student Nurse Mentorship Academy. I understand that the information I have provided will be used confidentially for tracking purposes related to program completion, employment status, and other information necessary to evaluate program success.

I authorize as appropriate, to release the to the Student Nurse Mentorship Academy Program Administrator information necessary for verifying that appropriate responses on which program eligibility/ineligibility is based. I understand this information may subsequently be released to partnering agencies for eligibility purposes.

I agree to advise the Student Nurse Mentorship Academy Program Administrator of any address or phone number changes during the time I'm in the program.

I understand that someone representing the Student Nurse Mentorship Academy Program may call me after program completion. I agree to provide them with information for 2 years after I complete the program about my employment status, earnings, and other information necessary to evaluate program success.

I understand and agree that all originals & copies of applications, documentation, photos, and information submitted will become the property of Crossroads Area Mentorship Program Student Nurse academy and will not be return to me.

I understand that I will be required to fully reimburse the Crossroads SNA CNA Program for all costs expended on my behalf if I drop out/quit, get dismissed from the program due my non-compliance of class policies, or do not complete the CNA class.

THIS DOCUMENT MUST BE NOTARIZED AND SIGNED IN THE PRESENCE OF A NOTARY.

Student Signature

Date

**Crossroads Area Mentorship Program
Student Nurse Mentorship Academy**

**Medical Permission and
Media Release Form**

To Whom It May Concern:

I _____ agree to receive Immunization shots (for example T.B. skin test, hepatitis shots, etc.) as medically necessary and needed.

I understand this is necessary for hospital guidelines and for me to enroll into the Crossroads Area Mentorship Program / Student Nurse Academy. I also agree to participate in any drug testing and criminal background checks necessary for this program. I realize I must pass these tests to continue in the program.

I give permission to be part of any publicity/media associated with the Crossroads Area Mentorship Program – Student Nurse Mentorship Academy to use quotes, take pictures and video shots of me during enrollment and to use this material and information after completion of the program. These quotes, photos/video may be used for program publicity such as PowerPoint presentations, website photos, newspaper articles, posters, etc. I understand that any publicity/media will only be used in a positive manner to bring awareness to this program and will become the sole property of the Crossroads Area Mentorship Program Student Nurse Mentorship Academy.

I understand and agree that I will take part in any program fundraisers or community service project.

Student Signature: _____

Date _____

Crossroads Area Mentorship Program
Student Nurse Mentorship Academy
Statement of Assurances

1. I will report to class on time and not ask to leave early. If I am going to be late or absent, I will telephone my instructor ahead of time.
2. I will be honest in everything I do.
3. I understand the importance of confidentiality while enrolled in this program.
4. I will conduct myself in a responsible and dignified manner.
5. I understand that bullying, physical or verbal altercations/arguments, gossiping, negative attitudes & conduct, mean-spirited behaviors toward classmates, instructors, Mentorship team members, & sponsors will result in immediate dismissal from the program.
6. I agree to follow all appropriate policies, guidelines, and procedures of school and medical facilities. Any violations of this Statement of Assurance will be grounds for dismissal and/or non-refund of my deposit. No additional warning or notification will be given.
7. I agree to wear the proper work attire required during this program and I will be well groomed at all times.
8. I understand I must wear my uniform to the hospital, classroom and nursing home. I understand I will not be allowed in class unless I am dressed appropriately and non-compliance will result in an unexcused absence. I understand that this include no hair bonnets, inappropriate head covering, etc. I also understand that my hair must be off my face and placed up off my shoulders for clinicals.
9. I understand jewelry may not be worn for safety reasons in the clinical setting.
10. I understand I can only wear clear polish and my fingernails may not be more than one fourth inch long.
11. I understand cell phone must be turned off before entering school classrooms and medical facilities such as nursing homes, hospital, etc.
12. I will not make or receive unnecessary phone calls from family or friends.
13. I will not receive visitors at any location.
14. I will keep my instructors **and** the program administrator informed of problems I incur while in this program.
15. I will keep all medical and uniform appointments. If not, I understand I will be dismissed from the program.
16. I will return all phone calls, texts and emails from program administrator and will immediately update her of changes in my contact information.
17. I will attend and comply with all meetings, activities, events, and programs during all phases before and during the program and refresher sessions for state testing. If not, I understand I will be dismissed from the program.
18. I will contact the program administrator to discuss prior to scheduling any in-state or out of state trips since I understand these trips could affect my class or program activity attendance.
19. I understand that no visitations during classes and clinicals are allowed, including immediate family (spouse, parents, children).
20. I understand that attendance is mandatory and only absences such as personal illness or family emergencies will be excused. I understand that I must call ahead of time if possible to report any absence. I understand that I have to pay for ANY AND ALL classes missed. Unexcused absences are unacceptable and will result in dismissal from the program.

I have read the information contained in this application packet and accept the responsibilities listed above. I understand that if I fail to adhere to any of the above, I will be removed from the program.

Applicant Signature

Date