

Bering Strait Health Consortium

Application packet for Certified Nurse Aide Training

January 1, 2010

Dear CNA Training Applicant,

Thank you for your interest in applying for the 2010 Certified Nurse Aide (CNA) Training Program. Certified nurse aides are needed in our region; and this program will qualify you to work as a CNA anywhere in Alaska. It is also an excellent step toward receiving a nursing degree.

The persons who are selected for this training program must demonstrate their commitment to the training and should plan to attend every section of the training. Trainees will be expected to participate during the evenings and weekends. Please read the CNA program Q & A brochure for more information about training student expectations. This year, the CNA training will be held in three sections.

April 26 – April 29: Nome

May 24 – June 4: Nome

June 7 – June 18: Fairbanks

The cost of this program will be covered by a variety of sources, which requires several funding applications. These applications must be completed. We may request additional documentation from you, such as tribal verification, if applicable. The required applications are as follows:

- S.P.A.N.S. Application for NSEDC, Kawerak, BSF and NSHC funding: (3 pages)*
- NSHC Authorization for Use and Disclosure of Health Information*
- NSHC Criminal History disclosure (2 pages)*
- NWC Registration Form, Release of Information and Model Release Form (3 pages)*
- Important Information for potential CNA Students (1 page to keep, do not submit with application)*
- Dept. of Labor and Workforce Development Information for training assistance (10 pages to keep, do not submit with application)*
- Questions and Answers for the CNA Training Program 2010 (brochure for you to keep)*

In addition to your completed application packet, please also submit:

- A copy of your high school or college transcripts*
- A copy of your State of Alaska identification or driver's license card*
- Online Career Ready 101 Literacy and Math Assessment (call the Nome Job Center for instructions and a username/password at (800) 478-2626)*

Please note on the last page of the CNA application packet that a criminal background check will be required for all applicants. If you have any kind of a criminal history record, please provide an explanation of this in the form of a letter in your application. A criminal history will not necessarily disqualify you from becoming a CNA, therefore we encourage you to thoroughly explain the circumstances for the charges when completing the NSHC Background Check.

The Department of Labor and Workforce Development cannot answer questions about what types of charges would disqualify an applicant. Please contact Cathy Winfree, (907) 455-2876 for specific questions about criminal history.

If you have an outstanding debt on a University of Alaska account, your application will only be considered following resolution of payment. Please contact the NWC Accounting office at (800) 478-2202 ext. 8409 to pay your account.

All applicants will be assessed for literacy and math ability. This training program requires that students have at least 10th grade equivalent reading and 8th grade equivalent math levels to ensure students can successfully complete the training. The online assessment tool, Career Ready 101, will be used to assess your literacy and math skills, and can be taken using any computer with access to the internet. The username and password is provided through the Nome Job Center. Please take the online Career Ready 101 assessment as soon as possible prior to submitting this application. This will allow time (if needed) to increase your math and literacy skills prior to the trainee selection process.

The CNA Training Program is competitive; therefore prospective applicants are encouraged to complete the application forms as thoroughly as possible, and as soon as possible. Your high school and college transcripts may be submitted separately before the application deadline.

The deadline to apply is March 15, 2010. Initial participant selections and the participant waitlist will be determined by April 5, 2010. If you have questions, please contact Lena Mathlaw at the Nome Job Center at 1-(800) 478-2626, ext. 9355.

Applications should be brought in, mailed or faxed to the Nome Job Center:

Mailing Address:

C.N.A. Training Program 2010
Nome Job Center
P.O. Box 161
Nome, AK 99762

Physical Address: 214 Front Street, Nome, AK

Fax number: (907) 443-2810

Phone number: toll free 1(800) 478-2626 or direct (907) 443-2626

Seward Peninsula Application Network Scholarship (SPANS)

1. PERSONAL INFORMATION

Applicant Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Social Security #
Mailing Address at School		Home/Permanent Mailing Address		
Phone # at School	Phone # at Home	Cell Phone #	Email Address	

2. NAME OF SCHOOL YOU ARE ATTENDING & FINANCIAL AID OFFICE ADDRESS

Name and financial aid address of college you will attend		Phone # 907-443-2201	
Northwest Campus Pouch 400 Nome, AK 99762		# of credits you will take 9	
		Expected Graduation Date 6/18/10	Date class enrollment sent n/a
Area of Study (i.e. accounting, nursing, CDL, construction) C.N.A. Program	<input type="checkbox"/> Associates <input type="checkbox"/> Certificate <input type="checkbox"/> Bachelors <input type="checkbox"/> Vocational Training <input type="checkbox"/> Masters <input type="checkbox"/> Other _____ <input type="checkbox"/> Doctorate		
I am will be enrolling as a: <input type="checkbox"/> Freshman (0-29 credits) <input type="checkbox"/> Sophomore (30-59 credits) <input type="checkbox"/> Junior (60-94 credits) <input type="checkbox"/> Senior (95 plus credits) <input type="checkbox"/> Graduate <input checked="" type="checkbox"/> Vocational Training			
Term applying for 20 10 _____ Spring _____ Winter _____ Fall _____ Summer _____ Other <u>April 26, 2010 - June 18, 2010</u>			
The school operates on <input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Trimester <input checked="" type="checkbox"/> Vocational Training Sessions First day of instruction: <u>April 26, 2010</u> Last day of instruction: <u>June 18, 2010</u>			

3. ACADEMIC INFORMATION

Most recent GPA <input type="checkbox"/> High School (complete in section below) Semester _____ Cumulative _____ <input type="checkbox"/> College <input type="checkbox"/> Vocational Training Total # of Credits Earned _____		
Name and address high school graduated from	Year of Graduation	<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED
	High School GPA _____ or GED Score _____	Last grade completed <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12

6. FINANCIAL INFORMATION

RESOURCES	Awarded	Pending
Bering Straits Foundation		
Kawerak, Nome Eskimo Commission, Gambell (BIA scholarships)		\$750
Norton Sound Economic Development Corporation		\$1,640
Norton Sound Health Corporation		
Regional/Village Corporation		
College Scholarships (academic, athletic, etc.)		
National Guard/Military Benefits		
State of AK DOL (STEP/WIA)		\$ 2,000
Free Application for Federal Financial Aid (FAFSA)/Pell Grant		
Loans (specify)		
AHEC Other	\$ 1,475	
Self		
TOTALS	\$ 1,475	\$ 4,390
EXPENSES		
Tuition	\$ 1,440	
Fees		
Books		
Supplies	\$ 200 (scrubs)	
Meals	\$ 350 (cash – for Nome portion only)	
Room	\$ 2,000 (except Nome residents)	
Transportation	\$ 400 (except Nome residents)	
Miscellaneous	\$ 1,475 (costs pd by AHEC)	
TOTALS	\$ 5,865	
	Term with only awarded amounts included	
TOTAL BALANCE NEEDED (Resources - Expenses)	\$ 4,390	

7. STATEMENT OF UNDERSTANDING

I hereby attest that the information contained in this application is true, correct, and complete. The scholarship award(s) will be used to further my education for the program I have enrolled in. I understand that the funds must apply toward tuition, registration fees, books and campus related room and/or board expenses. I understand that any unspent funds will be returned. **I further understand that immediately upon completion of the term that I received scholarships for I will submit an official transcript.** I give permission for Bering Straits Foundation, Kawerak, Norton Sound Economic Development Corporation and/or Norton Sound Health Corporation to publish my name, photo, school information, or other information I provide in any reports, press releases or publications; and they may share information I provide with each other.

Signature

Date

NSHC BACKGROUND CHECK SUMMARY

A criminal history record check is a condition of employment, and you are required to consent, in writing, to a criminal history record check, including the submission of any necessary fingerprints and forms. Local, state, national, or other databases may be searched as part of the background check.

NSHC is required to complete a background check on all applicants, under a number of state and federal laws, including the Indian Child Protection and Family Violence Prevention Act of 1990, Public Law 101-630; State of Alaska, Barrier Crimes Legislation, 7 AAC 10; Section 231 of the Crime Control Act of 1990, Public Law 101-647; and Medicaid/Medicare law, 42 C.F.R. Part 1001.

YOU MUST ANSWER ALL OF THESE QUESTIONS TRUTHFULLY.

False or misleading answers may result in criminal charges, disqualification for employment, or immediate termination of employment.

- a. Have you ever been arrested or charged with a **crime involving a child**? If yes, provide the date, explanation of the violation, disposition or the arrest or charge, place of occurrence, and the name and address of the police department or court involved.

YES NO

- b. Have you ever been found guilty of, or entered a plea of non contendere (no contest plea) or guilty to, **any felonious or misdemeanor offense, under federal, state, or tribal law involving crimes of violence, sexual assault, molestation, exploitation, contact, or prostitution, crimes against persons; or offenses committed against children**? If yes, provide an explanation of the violation, place of occurrence, date and disposition of the court proceeding, and the name and address of the police department or court involved.

YES NO

- c. Have you ever been found guilty of, or entered a plea of non contendere (no contest plea) or guilty to, **any felonious or misdemeanor offense, under federal, state, or tribal law involving Medicaid, Medicare, any state health care program**, including any offense related to the delivery of an item or service under one of these programs? If yes, provide an explanation of the violation, place of occurrence, date and disposition of the court proceeding, and the name and address of the police department or court involved.

YES NO

- d. Have you ever been found guilty of, or entered a plea of non contendere (no contest plea) or guilty to, **any felonious or misdemeanor offense, under federal, state, or tribal law involving a controlled substance**? If yes, provide an explanation of the violation, place of occurrence, date and disposition of the court proceeding, and the name and address of the police department or court involved.

YES NO

e. Have you ever been found guilty of, or entered a plea of non contendere (no contest plea) or guilty to, **any other felonious or misdemeanor offense, under federal, state, or tribal law**? If yes, provide an explanation of the violation, place of occurrence, date and disposition of the court proceeding, and the name and address of the police department or court involved.

YES NO

f. Have you ever been **arrested or charged with any felonious or misdemeanor offense, under federal, state, or tribal law**? If yes, provide an explanation of the arrest and/or charge, date and place of the arrest, the name and address of the police department or court involved, and indicate whether or not any court action is pending regarding the arrest or charge.

YES NO

g. Have you ever been subject to a **disciplinary or other adverse action by a licensing board or state agency**? If yes, please explain.

YES NO

ACKNOWLEDGEMENT

You must sign, under penalty of perjury, a statement verifying the truth of all information provided in the employment application and acknowledging that knowingly falsifying or concealing a material fact is a felony that may result in fines up to \$10,000 or five years imprisonment or both. I understand my right to obtain a copy of any criminal history report made available to NSHC and my rights to challenge the accuracy and completeness of any information obtained in the report.

Date: _____

APPLICANT'S SIGNATURE

Note: A conviction will not automatically disqualify you for employment. The nature of the conviction and relevance to the position applied for will be evaluated. However, applicants who provide false or misleading application information will be disqualified from employment.

RELEASE OF INFORMATION AUTHORIZATION

We can serve you better if many agencies are able to work together on your behalf. By signing this form, you give permission to have your academic information shared among the partner agencies.

Name (last, first, middle): _____

Student ID Number: _____ Date of Birth _____ / _____ / _____

Mailing Address:

_____ Evening Phone: _____

_____ Day Phone: _____

With this form, I request that my employment and personal information, as well as my academic record at UAF - Northwest Campus for the spring 2010 semester's "Nurse Aide Training" and "Excelling in Skills-Oriented Courses" classes, be shared, on a need-to-know basis only, with representatives of the following entities, and will remain confidential within those entities:

- Norton Sound Health Corporation
- NACTEC/BSSD
- Kawerak, Inc.
- NSEDC
- Alaska Department of Labor
- Nome Eskimo Community
- Nome Community Center
- AHEC
- Native Village of Gambell
- Bering Straits Foundation
- Alaska Employment Service
- Unemployment Insurance
- Temporary Assistance
- Food Stamp Program

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

(Required if student is under 18)

REGISTRATION

FALL SPRING SUMMER Year: _____

PLEASE CHECK YOUR REGIONAL CAMPUS

- | | |
|---|--|
| <input type="checkbox"/> Bristol Bay Campus
842.5692 (fax) | <input type="checkbox"/> Kuskokwim Campus
543.4527 (fax) |
| <input type="checkbox"/> Chukchi Campus
442.2232 (fax) | <input type="checkbox"/> Northwest Campus
443.5602 (fax) |
| <input type="checkbox"/> Interior-Aleutians Campus
474.5208 (fax) | <input type="checkbox"/> Other
474.6280 (CRCD Reg fax) |

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

DATE OF BIRTH (MM/DD/YY) _____ UA ID NUMBER _____ or SOCIAL SECURITY NUMBER _____
(required if 1st time registering)

ADDRESS _____ CHECK HERE IF THIS IS A CHANGE OF ADDRESS

CITY _____ STATE _____ ZIP CODE _____ E-MAIL ADDRESS _____

EVENING PHONE _____ DAY PHONE _____ PERMANENT PHONE _____ FAX PHONE _____

DEMOGRAPHICS for statistical and record-keeping purposes only

Gender MALE FEMALE **May we release directory information about you?** YES NO

US Citizen? YES NO **If NO** → Nation of Birth _____ Nation of Citizenship _____
Nationality _____ VISA Type _____

Did you graduate from high school? YES NO **If NO** → Did you complete the GED? YES NO

NAME OF HIGH SCHOOL _____ STATE _____ MONTH / YEAR / STATE _____
GRADUATION MONTH / YEAR _____

If you attended UAF before 1983, please list when and where _____ If you've attended under a different name, please list name used _____

Residency (Physically in Alaska 2 years prior to enrollment and intent to stay in Alaska)
 ALASKA RESIDENT NON-RESIDENT MILITARY / NATIONAL GUARD

Date residency began _____

Ethnicity
 Alaska Aleut
 Alaska Eskimo, Inupiaq
 Alaska Eskimo, Yup'ik
 Alaska Eskimo, other
 Alaska Indian, Athabascan
 Alaska Indian, Haida
 Alaska Indian, Tlingit
 Alaska Indian, Tsimshian
 Alaskan Indian, other
 Alaskan Native, other
 Alaska Native, SE
 American Indian (not AK Native)
 American Indian and Black
 American Indian and White
 Asian
 Asian and White
 Black, not of Hispanic origin
 Black and White
 Hispanic or Latino
 Native Hawaiian/Pacific Islander
 White, not of Hispanic origin
 Other _____

COURSE INFORMATION check "audit" if you are auditing a class Are you in a degree program? Yes No

CRN	DEPT	NUMBER	SECTION	COURSE TITLE	INSTRUCTOR	CREDITS
						audit? <input type="checkbox"/>
						audit? <input type="checkbox"/>
						audit? <input type="checkbox"/>
						audit? <input type="checkbox"/>
						audit? <input type="checkbox"/>
						audit? <input type="checkbox"/>
TOTAL CREDITS						

I understand that I am responsible for all applicable UAF academic regulations, tuition, and fees whether or not I successfully complete the course or courses in which I am enrolling.

X _____ **SIGNATURE** _____ **DATE** _____ **ADVISOR SIGNATURE** _____

COURSE COSTS

TUITION \$ _____
 SPONSORED COURSE FEE \$ _____
 LAB FEES \$ _____
 BOOKS AND MATERIALS \$ _____
 SERVICE FEE \$ _____
 UA TECH FEE \$ _____
 OTHER (describe) _____ \$ _____

TOTAL TUITION AND FEES \$ _____

CREDITS (Scholarships/Waivers/Loans)

\$ _____
 \$ _____
 \$ _____
PAID \$ _____
AMOUNT DUE \$ _____

FORM OF PAYMENT

(Attach Credit, PAF, DFPP, or Waiver forms)

CASH \$ _____
CHECK # _____ \$ _____
MONEY ORDER \$ _____
PAYMENT AUTHORIZATION (PAF) \$ _____
DEFERRED PAYMENT PLAN (DFPP) \$ _____
 VISA MASTERCARD **CREDIT CARD** \$ _____

CARD NUMBER _____ EXP. DATE _____
 NAME AS IT APPEARS ON CARD (Please print) _____ CVC CODE _____
X _____
 SIGNATURE _____

An affirmative action/equal opportunity employer and educational institute



CH#

NORTON SOUND HEALTH CORPORATION

PO Box 966 Nome, Alaska 99762 Phone (907) 443 3221 Fax (907) 443 4869

Authorization for Use and Disclosure of Health Information

Patient Name: X _____ Date of Birth: X _____
 Patient Address: X _____ Patient Telephone: X _____

<p>I hereby authorize: (Name & Address of releasing Facility)</p> <p>NORTON SOUND HEALTH CORPORATION (Nome Public Health Center)</p>	<p>To Release Information to: (Person(s) or Class of Persons-Facility/Organization):</p> <p>UNIVERSITY OF ALASKA FAIRBANKS DENALI CENTER, FAIRBANKS</p>
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Purpose of Disclosure: Continuity of Care Legal Insurance Worker's Compensation Personal Use
 Other (specify): CNA certification

Information to be Released: For the date range of birthdate to 6/18/2010

- | | | |
|--|---|---|
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> X-Ray Reports | <input type="checkbox"/> Exchange of Verbal Communication |
| <input type="checkbox"/> H&P Exam/Initial | <input type="checkbox"/> X-Ray Films | <input type="checkbox"/> View Chart |
| <input type="checkbox"/> Inpatient Stay | <input type="checkbox"/> Lab Report/Pathology | <input type="checkbox"/> Alcohol/Substance Abuse |
| <input type="checkbox"/> ER Visit | <input type="checkbox"/> Dental Records | <input type="checkbox"/> AIDS/HIV |
| <input type="checkbox"/> Consult | <input type="checkbox"/> Eye Care Records | <input type="checkbox"/> Billing Records |
| <input type="checkbox"/> Outpatient Notes (PEFs) | <input type="checkbox"/> Audiology Records | <input checked="" type="checkbox"/> Immunization Records |
| <input type="checkbox"/> Referral Letters | <input type="checkbox"/> Physical Therapy Notes | <input type="checkbox"/> Medication List |
| | <input type="checkbox"/> All Medical Records | <input type="checkbox"/> Demographic Sheet |

Pertaining to (specify) : 2 MMRs, Hep B series, PPD (last 3 months) Health Information Needed: ASAP Date: 4/19/10 AND 5/25/10

ACKNOWLEDGEMENT OF UNDERSTANDING

- I understand the expiration date of this authorization 1 year from today's date or sooner (specify) N/A
- I understand that if the person or entity that receives the health information is not a health care provider or health plan covered by federal privacy regulations, the health information above may be subject to redisclosure and no longer protected by these regulations. The recipient, however, may be prohibited from disclosing substance abuse information under the Federal Substance Abuse Confidentiality Requirements.
 - I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for benefits.
 - I understand that I may revoke this authorization in writing at any time by notifying the Privacy Officer except to the extent that action has been taken in reliance on this authorization.
 - I may inspect or copy any information used/disclosed under this authorization. I have received a copy of this authorization.

X _____ X _____ X _____
 Patient's Printed Name & Signature Date Time

If I am signing as Authorized Representative of the patient, I am:
 Parent of Minor Court appointed guardian/supervisor Other _____

(X) _____ (X) _____ (X) _____
 Printed Name & Signature of Authorized Person (if student/patient is under 18) Relation to Patient Date

X _____ X _____
 Printed Name & Signature of Witness (Verification of patient's identity) Date

Released Records on: _____ Method: Picked Up Mailed Faxed to: _____ Initials: _____
 Pages Released _____ Fees Explained (if needed) \$ _____ Identification for releasing records _____

MODEL RELEASE

Photo Tracking Number (UR use only)



PRINTED NAME
(please write legibly)

E-MAIL

SIGNATURE*

DATE

ADDRESS

PHONE

CITY

STATE

AK

ZIP

SIGNATURE OF PARENT OR GUARDIAN (IF MINOR)*

CLASS FR SO JR SR GRAD STAFF MAJOR

UNIVERSITY OF ALASKA FAIRBANKS

*BY SIGNING THIS FORM, YOU AGREE TO THE TERMS ON THE BACK (SEE REVERSE SIDE FOR DETAILS)

6/03

Description 2010 CNA CLASS

DETAILS

I GIVE THE UNIVERSITY OF ALASKA FAIRBANKS (UAF) PERMISSION



TO PHOTOGRAPH, VIDEOTAPE OR RECORD ME AND TO USE THE PHOTOGRAPHS, VIDEOTAPE, FILM OR AUDIO RECORDING IN ITS PRINT AND ELECTRONIC PUBLICATIONS, VIDEO BROADCASTS, RADIO BROADCASTS OR ANY SIMILAR ELECTRONIC AND MECHANICAL MEANS. I AGREE THAT THE PHOTOGRAPHS, INCLUDING NEGATIVES, SLIDES AND PRINTS OR ANY OTHER PRESENTATION OF THE IMAGES, ARE THE PROPERTY OF UAF. I WAIVE ANY RIGHT I MAY HAVE TO INSPECT AND/OR APPROVE THE FINISHED PRODUCT IN WHICH THE IMAGES MAY BE USED. BY SIGNING THIS FORM I INTEND TO RELEASE AND DISCHARGE UAF FROM ANY AND ALL CLAIMS THAT I MAY HAVE, AND AGREE TO HOLD HARMLESS AND DEFEND UAF FROM LIABILITY ARISING FROM CLAIMS OR LITIGATION ARISING FROM ITS USE OF MY IMAGE OR VOICE.

IMPORTANT INFORMATION for potential CNA students

The State of Alaska does a criminal background check on all who apply to work in the state as a certified nurse aide. The box below contains text from the state's CNA exam application that you will fill out during class in Nome. Please read this information carefully:

PROFESSIONAL CONDUCT (The following must be answered pursuant to AS 08.68.334).

NOTE: If you answer "YES" to any of the following questions, you **must explain dates, locations and circumstances on a separate piece of paper and send supporting documents that are applicable** (court charging documents, judgements and police reports for each conviction). **Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.**

1. Has your professional license in any state or country ever been denied, revoked, suspended, stipulated, on probation, or been subject of any other restriction or disciplinary action? Yes No
2. Have you ever been convicted of **any** criminal offense other than a minor traffic violation (Convictions include "suspended impositions of sentence")? Yes No
3. Have you ever been or are you currently the subject of an inquiry or under investigation by any state board or other certifying agency concerning a violation or alleged violation of any state or federal regulation, statute, law or for any violation or alleged violation of the Nurse Practice Act, or unprofessional or unethical conduct? Yes No

PERSONAL HISTORY (The following must be answered pursuant to AS 08.68.334).

4. Within the past five years, have you been or are you currently being treated, or on medication for, bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, depression (including situational or reactive depression) or any other mental or emotional illness? Yes No
5. Within the past five years, have you been or are you addicted to or excessively used or misused alcohol, narcotics, barbiturates or habit-forming drugs? Yes No
6. Within the past five years, have you had or do you have a physical disability or physical illness, which may impair or interfere with your ability to practice as a certified nurse aide? Yes No

NOTE: If you answered "YES" to any of the above questions, **you must explain dates, locations, and circumstances on a separate piece of paper and send any supporting documents that are applicable** (including court records, judgment, charging documents, etc), and

If you answered "YES" to questions 4, 5, or 6 **you must submit a statement from your health care provider indicating your ability to safely practice as a certified nurse aide.** Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

Please note that question #2 refers to *any* conviction for *any* crime or incident—even if it was a *minor incident and even if you were a juvenile at the time.*

During class we will help you fill out the above form. We will also help you prepare any documents you might need to send the state regarding the above questions.

If you have questions about whether an incident in your past will bar you from becoming a CNA, please contact the instructor in Fairbanks: Cathy Winfree, (907)455-2876.



**ALASKA DEPARTMENT OF LABOR
& WORKFORCE DEVELOPMENT**

Training Orientation

The Alaska Job Center Network is an equal opportunity employer/program.
Auxiliary aids and services are available to individuals with disabilities upon request.

Slide 1 of 21

Career Track

Training

Decisions, Decisions...

Not sure what employment direction you want to take at this point in your life? Are you looking for a few brush-up classes to help you get or keep a job in a familiar industry, or are you thinking about branching off into a new, promising career that might take you a little out of your comfort zone?

Now is a great time to think about training.

Think about where you're at right now. Are you between jobs or in a job with little potential for upward mobility? Maybe you've been thinking about starting or going back to school or training because you recently realized that your skills and/or credentials are obsolete due to changes in employer requirements.

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Training

A decision to pursue occupational training indicates the belief that getting a job, keeping a current job, or promoting to a higher position is unlikely with existing work skills and knowledge.

One of the biggest considerations is your career direction. Employment Counselors are available to assist you in choosing a career path that fits your interest and the labor market.

Another big consideration is how training will be funded and how specific funding options impact each other. You may be considering:

- Pursuing training on your own with no financial assistance or guidance.
- Pursuing training by seeking student aid on your own or with the advice of a student advisor from a training facility.
- Seeking training as part of an Individual Employment Plan (IEP) under state or federal funds through your local job center.

The next pages will discuss each choice separately.

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Paying for Training

Here are some potential resources:

- Pell grants, scholarships, and other student aid
- Workforce Investment Act (WIA)
- Trade Adjustment Assistance (TAA)
- State Training and Employment Program (STEP)
- Vocational Rehabilitation (DVR)
- Veterans Specific Training Funds – GI Bill, VA/VR&E
- Personal savings
- Family contributions
- Unemployment Insurance (UI)
- Permanent Fund Dividend (PFD)

Important:

All State and Federally funded training programs require application for, and will count resources available to you (e.g. UI, PFDs, personal savings, and available family contributions), in your eligibility determination.

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The Unemployment Insurance Connection

Training and Availability for Fulltime Work

Self-funded and student aid-funded vocational and academic training have different unemployment Insurance (UI) eligibility criteria than training approved under the Workforce Investment Act (WIA), Trade Adjustment Assistance (TAA), or State Training and Employment Program (STEP).

If you are claiming UI benefits, contact your UI Claim Center in advance of enrolling in training on your own to be advised of the eligibility requirements for receiving UI while in training.

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Self-funded Training

Do you already know what training you want, where to find it, how it will help you find employment, and have the financial resources to fund it?

Even so, please remember that Job Center resources like resource room equipment and skills assessment tools are available if you run into any problems. Professional staff can help you find training providers that offer training matching your reemployment needs, or help you decide if training is even necessary for your employment goals.

You can match your skill sets and credentials to occupations posted on the Alaska Labor Exchange System (ALEXsys) in order to see what other jobs require certain training or credentials.

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Training & Support Services Available Through The Job Center

Career Support & Training Services (CSTS) programs, delivered through the Job Center, offer a variety of training options.

CSTS staff are located in many statewide job center locations and may be able to assist you in achieving your employment and training goals. CSTS administers Federal and State grant funds to pay for training needed to obtain or retain employment. Workforce Investment Act (WIA), Trade Adjustment Assistance (TAA), and State Training and Employment Program (STEP) are three funding streams under which CSTS might consider funding your plan.

Viewing this Training Orientation is one requirement for consideration of funding for your training.

The remaining pages of this presentation provide an overview how you can access these services.

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How do I show that I am ready for training? Part I

Before you actually seek training funded by Career Support & Training Services, Job Center Employment Services staff are available to assist you in showing that you are training appropriate and ready by:

- 1) Registering for work on ALEXsys and creating an online ALEXsys resume
- 2) Conducting job searches, applying for work
- 3) Viewing this Training Orientation online or through a Job Center
- 4) Exploring different careers if needed
- 5) Assessing your applied knowledge in key areas. One assessment tool offered through our Job Centers:

Career Ready 101/KeyTrain
(contact your nearest job center to obtain a user id and password)
- 6) Obtaining a referral to training from your local Job Center Employment Services staff

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How do I show I am ready for training? Part II

Things to keep in mind:

- 1) Training must be directly connected to employment opportunities that will pay you a suitable income
- 2) You are responsible for exploring and applying for all possible funding sources (UI, PFD, Pell, VA, Tribal Training, etc.)
- 3) Alaskan school training programs and costs will be compared
- 4) You will need to show how you will support yourself while in training and/or demonstrate a need for financial assistance

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Individual Employment Plan (IEP)

Everyone's needs are different; there is no "one size fits all" plan.

You and a Career Support & Training Services staff member will work together to develop your Individual Employment Plan (IEP). Your IEP may include:

- Help figuring out why you haven't found a job with your current skills after having worked with Employment Services staff, attended workshops, and looked for local jobs
- Referrals to other agencies or programs to overcome any barriers to employment
- If necessary, help choosing a new career with a suitable income
- Assistance with out-of-town job search or relocation costs if moving to start a new job
- On-the-job, academic, or vocational training
- Financial support such as tools, clothing, some living expenses (based on need) to help you succeed in your job search or training endeavor

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Your Responsibilities

You will be responsible for the following:

- Provide required documents
- Do the research necessary to make sure you are successful
- Attend all scheduled appointments
- Keep in touch with Career Support & Training Services and follow through as needed
- Work with other agencies if referred to them
- Actively participate in the development of your Individual Employment Plan
- Address all barriers you may have to employment
- Research all sources of funding
- Contact potential employers
- Compare potential training providers
- After training, find and keep a job!

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Job Center Staff Responsibilities

Job Center staff will work together to:

- Provide you with excellent customer service
- Objectively assess your employment and training needs
- Identify barriers to employment
- Provide timely referrals to appropriate services
- Accurately determine your eligibility for Career Support & Training Services programs
- Expertly guide and assist you in your research efforts
- Assist you in your job search, application and preparation
- Be responsive to your needs and concerns
- Assist you in developing an Individual Employment Plan

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Requirements and Performance

You will be required to do the following while you are enrolled in a Career Support & Training Services program:

- Stay in contact with Career Support & Training Services staff while working on the goals listed in your Individual Employment Plan
- If in training, provide progress reports and earn satisfactory grades
- Understand that all training must lead to a recognized credential, such as a degree, diploma, certificate, transcript, or letter of designation.
- Find work with a suitable income in the occupation you trained for
- Stay employed
- Keep in contact with Career Support & Training Services for one year after receiving our services

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Frequently Asked Questions (FAQ's)

1) What documents are required?

There are a number of documents, including proof of citizenship or eligibility to work in the United States, social security, layoff notices, DD214 (if you are a Veteran), etc., which may be required.

2) What if I am unable to locate or do not have required documents?

Some documents are required without exception, other documents may have suitable substitutions. We will inform you of what is required and can refer you to agencies which may be able to assist you in obtaining required documentation.

3) How many appointments will I have to attend?

This is based on your situation, but several appointments are usually required to develop an Individual Employment Plan.

4) What communication is required during this process?

We must stay in frequent contact. Your assigned Career Support & Training Services Staff member will keep you informed; your success will depend on being honest with us and keeping us informed of your progress.

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Frequently Asked Questions (FAQ's)

5) What is a "barrier to employment"?

Any issue that stops you from getting and keeping a job. We can assist with some barriers and can refer you to partner agencies for help with others.

6) What is meant by "other sources of funding?"

Some examples are Federal Pell Grant, Native Corporations, AK Temporary Assistance Program (ATAP), AK Division of Vocational Rehabilitation (DVR), Veterans Specific Training Funds (GI Bill, VA/VR&E), Educational Opportunity Center, AK Commission on Post-secondary Education, etc.

7) What are "referral agencies"?

Agencies that provide services we don't offer. These agencies may be called upon to assist you in overcoming barriers to successful employment. Staff will help you identify appropriate referral agencies.

8) What research assignments may be required?

You may be required to provide information concerning your job search efforts, labor market (job demand) information, wages, personal finances, training programs, etc., in order to be referred to and during the development of your Individual Employment Plan.

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Frequently Asked Questions (FAQ's)

9) Why contact potential employers?

To make sure your training will actually lead to a job! Talking to employers about what they really want and need is the best way to ensure this.

10) Why compare potential training providers?

If training is a part of your Individual Employment Plan, there may be many options available and we want to make sure you are aware of all your choices. You will need to compare programs, costs, training dates, duration, etc. to find what best suits your needs.

11) How much money am I eligible for?

This is based on individual circumstances. A Career Support & Training Services staff member will work with you to answer specific questions about the financial requirements of your Individual Employment Plan.

12) How soon can I expect to get my Individual Employment Plan funded?

This is based on when all the information is provided that is needed to move forward with your Individual Employment Plan and is **contingent upon availability of funding.**

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Frequently Asked Questions (FAQ's)

13) Can you pay for some of my living expenses while I'm in training?

All financial needs for the period of training will be identified and planned for prior to beginning training. This may include (but is not limited to) rent, utilities, food, childcare, medical needs, transportation, tuition, books and fees. We will help you develop a plan to ensure that costs which have been identified in your Individual Employment Plan have been addressed. You may need to utilize a variety of resources to help pay these costs.

14) What if I don't plan to go to work after training?

The goal of our programs is to assist you in obtaining employment with a suitable income. If this is not your goal, we are happy to refer you to agencies that provide low-cost loans for students who wish to continue their education without obtaining employment.

15) Can I train part-time while working?

Because success rates favor full-time training, you will be required to provide a strong case for part-time training. You must complete your training within 104 weeks and make satisfactory progress while in training.

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Frequently Asked Questions (FAQ's)

16) What if I require training to start my own business?

You will need to have a solid business plan and do significant amounts of research and planning to show us how you will be successful.

17) How do I demonstrate my commitment to success?

By being professional, punctual, and prepared.

18) Where can I start looking for all of the information that is needed for my Individual Employment Plan?

A good place to start is the Alaska Job Center Network website www.jobs.alaska.gov. You will find ALEXsys, information on services, resources, training facilities, labor market (job demand) information, apprenticeships, and more- it's all there!

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You have Completed the Training Orientation

Now that you have completed this orientation, if you are interested in pursuing training with Career Support & Training Services, please follow these two (2) easy steps:

Step 1

Work on all aspects of "How do I show I am ready for training?" (slides 8 & 9) Employment Services staff in the Job Centers are here to assist you.

Step 2

Talk to an Employment Services staff in your local Job Center for a referral to Career Support and Training Services. Once referred, you will be contacted within five working days for an appointment with a staff person. Bring required forms and documents to your appointment.

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How do I show I am ready for training? (Part I & II, slides 8 & 9)

Before you actually seek Career Support & Training Services-funded training, Job Center Employment Services staff are available to assist you in showing that you are training appropriate and ready by:

- 1) Registering for work on ALEXsys and creating an online ALEXsys resume
- 2) Conducting job searches, applying for work
- 3) Viewing this Training Orientation online or through a Job Center
- 4) Exploring different careers if needed
- 5) Assessing your applied knowledge in key areas. One assessment tool offered through our job centers:

Career Ready 101/KeyTrain *(contact your nearest job center to obtain a user id and password)*

- 6) Obtaining a referral to training from your local Job Center Employment Services staff

Things to keep in mind:

- 1) Training must be directly connected to employment opportunities that will pay you a suitable income
- 2) You are responsible for exploring and applying for all possible funding sources (UI, PFD, Pell, VA, Tribal Training, etc.)
- 3) Alaskan school training programs and costs will be compared
- 4) You will need to show how you will support yourself while in training and/or demonstrate a need for financial assistance

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