

Bering Strait Health Consortium

APPLICATION PACKET FOR CERTIFIED NURSE AIDE TRAINING

DEADLINE: FRIDAY, MARCH 29, 2019

*Training for a professional career in health care,
with competitive wages & excellent benefits!*

Are you interested in a health care career? Get started in our Certified Nurse Aide Training Program, scheduled for May 20-June 14, 2019. Norton Sound Health Corporation has an ongoing need for CNAs. Ready to commit?

The persons selected for this training program must demonstrate their commitment to the training and must attend every session of training, which includes some evenings and weekends. Please read the CNA Training 2019 brochure for more information about what is expected of students.

Face-to-face CNA instruction will be held in Nome over a period of 4 weeks: May 20-June 14, followed by the state CNA exam a week later. Students will receive some assignments before class begins.

The cost of this program will be covered by a variety of sources. We may request additional documentation from you, such as tribal verification, if applicable. **PLEASE COMPLETE AND RETURN ALL FORMS IN THIS PACKET BY FRIDAY, MARCH 29, 2019 TO IRVIN BARNES @ NSHC HR.** Included in this packet are:

- ☐ CACHE application form for NSEDC funding (pages 3-7)
- ☐ NWC registration form (pages 9-10)
- ☐ NSHC criminal background check form (pages 11-12)
- ☐ NSHC fingerprint form (page 13)
- ☐ Release of information form for juvenile probation (page 14)
- ☐ NSHC authorization to use and disclose health information form (page 15)
- ☐ Release of information authorization form (page 16)
- ☐ Media model release form (page 17)
- ☐ Acknowledgement of CNA Trainee Duties form (page 18)
- ☐ Important information for potential CNA students (page 19 – KEEP THIS PAGE; it is for your information only)
- ☐ CNA Training 2019 brochure (KEEP THIS BROCHURE)

You might also need to submit the following:

- ☐ If you are tribally enrolled, include a copy of your tribal verification for the purpose of receiving training grants.
- ☐ If you are tribally enrolled with Nome Eskimo Community, please contact the Tribal Services Department, (907) 443-2246, to complete the NEC CNA form.
- ☐ If you have any criminal history, please provide an explanation of the circumstances in the form of a letter. A criminal background check will be required for all applicants, but a criminal history will not necessarily disqualify you from becoming a CNA. If you have specific questions about your criminal history and how it might affect your eligibility for CNA licensure, please contact CNA instructor Cathy Winfree, (907) 455-2876.

IF ACCEPTED, YOU WILL NEED TO BRING TO NOME:

- ☐ A copy of your Social Security card
- ☐ A copy of your State of Alaska identification or driver's license

Don't have them? Start the process of getting them now!

UA DEBT: If you have an outstanding debt on a University of Alaska account, your application will be considered only following resolution of payment. Please contact the NWC Accounting Office at 1-800-478-2202 ext. 8409 to pay your account or set up a payment plan before submitting this application.

PHYSICAL REQUIREMENTS: CNA trainees must be in good general health. They must be physically able to talk, hear, type, file, write, bend, stoop, reach and frequently lift 40 percent of their own body weight or more. Work as a CNA involves continuous walking and/or standing. Applicants may be requested to provide medical verification prior to selection for the training program.

PLACEMENT TESTS REQUIRED: This training program requires students to complete the Accuplacer and ALEKS placement tests. These tests show if applicants have the skills required to successfully complete training. Before submitting your application, set up your test by contacting Northwest Campus at 443-8416 (toll-free: 1-800-478-2202) or send an email to nwc.testing@alaska.edu. All testing must be completed by 12:00 noon on April 12, 2019.

THE DEADLINE TO APPLY IS FRIDAY, MARCH 29, 2019! Student selections and the participant waitlist will be determined by April 26, 2019.

Questions? Contact Irvin Barnes at NSHC's Human Resources Department at 443-4559 or 1-888-559-3311.

Submit your application to Irvin Barnes at NSHC Human Resources!

BY POSTAL MAIL:

CNA Training Program, attn: Irvin Barnes
NSHC Human Resources Department
P.O. Box 966
Nome, AK 99762

DROP IT OFF IN PERSON:

Human Resources Department, attn: Irvin Barnes
Office #311, 3rd Floor, Norton Sound Regional Hospital
1000 Greg Kruschek Ave., Nome AK

FAX IT IN: (907) 443-2085

SCAN & EMAIL IT: ijbarnes@nshcorp.org

CALL FOR INFO: 1-888-559-3311 or (907) 443-4559

LEARN MORE!

Find out about our training and what it's like to
work as a CNA at NSHC!

ATTEND A Q&A SESSION:

Wednesday, March 6 • 11:00 am or 6:00 pm

WHERE:

Conference Room H101, First Floor
Norton Sound Health Corporation

JOIN BY PHONE IF OUTSIDE OF NOME:

Call: 1-800-315-6338 PIN: 762-966

NOTE: Applications MUST be postmarked/faxed/mailed BEFORE or ON the deadline date. Late applications will NOT be accepted.

New MyCACHE (applications must be individually sent to each scholarship office)

7. PERSONAL INFORMATION (Please fill out the application COMPLETELY, all information is needed)

You can fill this application out in PDF form (preferred) if you handwrite the application, please write CLEARLY.

Applicant Name (First, Middle & Last):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Social Security # (required):
Your Mailing Address While Attending School (address, city, state, zip) (if not known at this time please provide address ASAP)		Permanent Mailing Address(required): (address, city, state, zip)		
Main Phone # (required):	Cell Phone #:		Home Phone #:	
E-Mail Address (required):		Alternative E-Mail Address:		

8. NAME OF THE SCHOOL YOU ARE ATTENDING, FINANCIAL AID OFFICE ADDRESS & PHONE #

Name of School/Training you will attend:		Financial Aid Office Phone #:	Student ID #:
Financial Aid Office Address (address, city, state, zip):		# of credits you will take:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
		Expected Graduation Date:	Have you submitted your : (if not please send ASAP) Class Sched: <input type="checkbox"/> Yes <input type="checkbox"/> No Official Trans. <input type="checkbox"/> Yes <input type="checkbox"/> No
Area of Study(i.e. accounting, nursing, CDL, construction) [required]:		<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 enrolling as (required): <input type="checkbox"/> On Campus <input type="checkbox"/> Distance <input type="checkbox"/> Online <input type="checkbox"/> Other _____ <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 type="checkbox"/> Vocational Training Student			
Term applying for 20____ (please only mark ONE term). You must reapply EACH TERM you are attending school / training. <input type="checkbox"/> Spring <input type="checkbox"/> Winter <input type="checkbox"/> Fall <input type="checkbox"/> Autumn <input type="checkbox"/> Summer			
The school operates on:		<input type="checkbox"/> Semesters <input type="checkbox"/> Quarters <input type="checkbox"/> Trimesters <input type="checkbox"/> Vocational Training Sessions <input type="checkbox"/> Specialized Career Training Sessions (required)	
First day of instruction: _____ Last day of instruction: _____			

9. ACADEMIC INFORMATION

High School / GED Information: <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED (please complete section below)		High School/GED Information (continued): Last term GPA: _____ Total Credits Earned: _____ Cumulative GPA: _____ Passing GED Score: _____	
Name of High School/GED program you graduated from: _____ High School / GED Address(include city,state,zip): _____		HS/GED Graduation Date _____ <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter	Last grade completed: (graduating seniors please mark 12) <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED

NOTE: Applications MUST be postmarked/faxed/mailed BEFORE or ON the deadline date. Late applications will NOT be accepted.

10. COLLEGE OR VOCATIONAL TRAINING PREVIOUSLY ATTENDED (use additional paper if needed)

☐ I have not attended any college classes or vocational training sessions after obtaining my HS Diploma /GED

Name of School/Training: Address (include city,state,zip):	Dates Attended :	Last Term GPA:	Cumulative GPA:
	Area of Study:		# of Credits last term:
	Type of degree earned: <input type="checkbox"/> Associates <input type="checkbox"/> Doctorate <input type="checkbox"/> None <input type="checkbox"/> Bachelors <input type="checkbox"/> Vocational Training <input type="checkbox"/> Masters <input type="checkbox"/> Other _____		

Name of School/Training: Address (include city,state,zip):	Dates Attended:	Last Term GPA:	Cumulative GPA:
	Area of Study:		# of Credits last term:
	Type of degree earned: <input type="checkbox"/> Associates <input type="checkbox"/> Doctorate <input type="checkbox"/> None <input type="checkbox"/> Bachelors <input type="checkbox"/> Vocational Training <input type="checkbox"/> Masters <input type="checkbox"/> Other _____		

11. STATEMENT OF EDUCATIONAL GOALS AND OBJECTIVES [please use complete sentences for questions 1-3].
(Please explain, use additional paper if needed) (Optional to type on a separate sheet of paper)

1. Personal Statement (please tell us about yourself in a few sentences):

2. What are your educational goals and objectives and why have you chosen to pursue them?

3. How does the education you are applying for fit into your overall job plan for the future and which jobs will you be applying for once you complete your education?

<u>Community and School activities:</u>	<u>Awards and Honors:</u>	<u>Interests and Hobbies:</u>
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DO YOU PLAN TO RETURN TO THE BERING STRAIT REGION AFTER YOUR EDUCATION IS COMPLETE?

☐ Yes (community) _____; ☐ No ☐ Uncertain

NOTE: Applications MUST be postmarked/faxed/mailed BEFORE or ON the deadline date. Late applications will NOT be accepted.

12. FINANCIAL INFORMATION (please list the \$ amount applied and/or awarded for **CURRENT TERM**)

PLEASE REFERENCE PAGE 4 (if you do not know the \$ amounts please contact each office)

RESOURCES (please list the specific \$ amounts)	\$ Applied		\$ Awarded (if n/a leave blank)	
Bering Straits Foundation	\$		\$	
Sitnasuak Foundation	\$		\$	
Kawerak, Nome Eskimo Community, (BIA scholarships) [<i>specify</i>]	\$		\$	
Norton Sound Economic Development Corporation	\$		\$	
Norton Sound Health Corporation	\$		\$	
Regional/Village Corporation [<i>specify</i>]	\$		\$	
College Scholarships (academic, athletic, etc.)	\$		\$	
National Guard/Military Benefits	\$		\$	
State of Alaska Dept. of Labor	\$		\$	
Free Application for Federal Financial Aid (FAFSA)/Pell Grant	\$		\$	
Loans [<i>specify</i>]	\$		\$	
Other [<i>specify</i>](i.e.-education savings, family contributions)	\$		\$	
Self-Contribution (i.e.- job income)	\$		\$	
Employment (during school/training)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
RESOURCES TOTALS (Required)	\$		\$	
EXPENSES (please list the specific \$ amounts)				
Tuition	\$			
Fees	\$			
Books	\$			
Supplies	\$			
Meals	\$		Meal Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Room / Rent (for current term)	\$		<input type="checkbox"/> On Campus	<input type="checkbox"/> Off Campus
Transportation (includes travel to/from school for current term)	\$			
Miscellaneous	\$			
EXPENSES TOTALS (Required)	\$			
TOTAL BALANCE NEEDED (REQUIRED) [Balance needed is: Resources minus Expenses]	<u>REQUIRED</u>			
	\$			

13. STATEMENT OF UNDERSTANDING (please note: some MYCACHE orgs do not accept electronic signatures)

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 towards 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 upon completion of the term for which I received scholarships I will submit an official transcript with the continuing MyCACHE application to each organization by the deadline date. I agree that the MyCACHE organizations may share MyCACHE application information and supporting documents with each other. I understand that I must turn in the MyCACHE application and supporting documents to each MyCACHE scholarship I am applying for. I give permission for the Bering Straits Foundation, Norton Sound Economic Development Corporation, Kawerak Inc, Norton Sound Health Corporation and/or the Sitnasuak Foundation, to publish my name, photo, school information, or other information I provide in any reports, press releases or publications.

PLEASE HANDWRITE YOUR SIGNATURE

(REQUIRED)

Signature

Date

NOTE: Applications MUST be postmarked/faxed/emailed BEFORE or ON the deadline date. Late applications will NOT be accepted.

NSEDC Scholarship Award and Appeals Processes

1. **Award Criteria.** NSEDC strives to award scholarships to all students who submit completed applications by the deadline and who satisfy the scholarship recipient eligibility requirements. However, if the number of scholarship recipients exceeds the funds allocated for scholarships, then higher education awards will be based on financial need and GPA, and vocational education awards will be based on financial need, availability of employment opportunities for graduates from the training program, and commitment to complete training.
2. **Exceptions and Waivers.** All deadlines and eligibility requirements are strictly enforced. Only exceptions or waivers that are expressly allowed under this written policy may be considered, including the two following exceptions:
 - a. **Academic Probation:** If a continuing student receives a scholarship, but fails to meet the credit load and/or GPA requirements, the student shall be placed on academic probation for the following session. If the student does not meet the credit load and GPA requirements the following session, the student will not be eligible to receive future scholarship awards until completing a session that satisfies the credit load and GPA requirements. Part-time students will be placed on academic probation if all credits attempted and funded for a session are not earned with a GPA of 2.0 or higher. If the student does not earn all credits attempted and funded the following session, the student will not be eligible to receive future scholarship awards until completing a session in which all credits attempted are earned, while meeting the GPA requirement.
 - b. **Extenuating Circumstances:** Exceptions to the credit load and GPA requirements may be granted only to students who are forced to withdraw from school after the refund deadline or receive "incomplete" in lieu of a grade, due to (i) a death in the student's immediate family (parent, sibling, spouse, or child) or (ii) a serious illness or injury that incapacitates the student or a student's legal dependent for 30 days or more during the school year. Incapacitation means that an individual is obtaining inpatient treatment or cannot perform basic life functions. Verification by a health care provider is required.
3. **Residency Appeals.** Students who are denied scholarships due to the residency requirement may appeal the residency determination to the NSEDC Board Appeals Committee. If the NSEDC Appeals Committee determines that the student is a resident, the application will be reviewed to see all other requirements are met. If all requirements are satisfied, the student shall receive a scholarship award.
4. **Denial Due to Administrative Error.** If your scholarship application is denied and you believe that the denial was due to administrative error, please submit a written statement along with all supporting evidence to Tyler Rhodes at tyler@nsedc.com. Final determinations will be made based on this letter and attachments.

Residency Verification Form: (turn in with pages 5-7 of MyCACHE Application)

For purposes of determining your eligibility for those NSEDC programs or other benefits that require Norton Sound Residency, you must be able to answer yes to the following basic statements (as well as furnish any documentation required to substantiate such statements):

- At the time these benefits shall be realized, I will have been a resident of and physically present in the Norton Sound Region for 1 year, unless absent for an Allowable Absence;
 1. Receiving post-secondary, vocational or other special education on a full-time basis;
 2. Serving on active duty as a member of the United States military;
 3. Serving as an employee of NSEDC in a location outside of the region (including working for NSEDC fishing partners);
 4. Accompanying another eligible resident who is absent for one of the above reasons as the spouse, minor dependent, or disabled dependent of the eligible resident;
 5. For any reason consistent with the individual's intent to remain a Norton Sound resident (e.g. vacations), provided the absence or cumulative absences do not exceed:
 - a. 60 days if the individual is not claiming an absence under 1-4.
 - b. 45 days in addition to an absence claimed under 1-4.
- I intend to remain a Norton Sound Region resident;
- I have not claimed residence in another regional community, state or country or obtained a benefit as a result of a claim of residency in another regional community, state or country at any time in the previous year; and
- If absent from the Norton Sound Region for more than 60 days in a previous year, I was absent for an Allowable Absence (see list below).

I, _____, certify that I meet the criteria set forth by the NSEDC Board of Directors to qualify as a Norton Sound Resident eligible for benefits for NSEDC projects or programs including, but not limited to, scholarships, NSEDC-sponsored fishing programs (CDQ crab and halibut, Norton Sound Seafood Products, etc.), and loan programs.

Norton Sound Residency

Residency Options:

Please select the option you qualify for.

- ☐ During the last 12 months, I have not been absent from the Norton Sound Region for more than 60 days.
- ☐ During the last 12 months, I have been present in the Norton Sound Region for at least 45 days, and my absence during the remainder of the year was an Allowable Absence under the Norton Sound Residency Guidelines. Attached is documentation submitted to establish that my absence was an Allowable Absence.

Certification of Residency

1. Signature of Applicant: _____ Date: _____
2. Printed Name of Applicant: _____ Date: _____

If you have any questions, please call or email Niaomi Brunette at 1-800-650-2248 or 907-274-2248, or niaomi@nsedc.com.

Website: www.nsedc.com Contact Phone: 800-650-2248 or 907-274-2248 Fax: 907-274-2249 NSEDC

Application Guidelines for Higher Education and Vocational Education Scholarships (Effective 05-2016)

NOTE: Applications MUST be postmarked/faxed/emailed BEFORE or ON the deadline date. Late applications will NOT be accepted.

1. MyCACHE COMMON GUIDELINES	BSF	Sitnasuak	Kawerak	NSEDC	NSHC
Required Documents					
Application, pages 5-7 (add page 9 for BSF, page 10 for Sitnasuak and page 13 for NSEDC)	Yes	Yes	Yes	Yes	Yes
Birth Certificate	Yes	Yes	Yes	No	No
Letters of Recommendation	2	2	2	2	2
High School Diploma or GED	Yes	Yes	Yes	Yes	Yes
Letter of Acceptance from School	Yes	Yes	Yes	Yes	Yes
Official Transcripts	Verified Unofficial-Ok	Verified Unofficial-Ok	Verified Unofficial-Ok	Yes, once a year	Verified Unofficial-Ok
Class Schedule (or course outline for Voc. students)	Yes	Yes	Yes	Yes	Yes
Current Photo of Applicant	No	No	Optional	No	No
Eligibility Requirements					
Must be a Bering Strait Region Resident	No	No	No	Yes	Yes
Must be a Shareholder, Lineal Descendant of a Shareholder, or Tribal Member	Yes	Yes	Yes	No	No
Native Preference established	Yes, Shareholder/ Lineal Descendant	Yes, Shareholder/ Lineal Descendant	Yes, Tribal Member	No	No
Must show financial need	Yes	No	Yes	Yes	Yes
Must attend an Accredited Vocational or College/ University Institution	Yes	Yes	Yes	Yes	Yes
Full-Time Student (12+ semester credits, 10+ quarter credits, or 9+ graduate credits)	Yes	Yes	Yes	Yes	Yes
Part-Time Student (6-11 semester credits, 6-9 quarter credits or 3-8 graduate credits)	Yes	Yes	Yes (No Vocational Grants, Contact Kawerak)	Yes, contact NSEDC	Yes, contact NSHC
Terms Funded & Deadlines					
Fall Term Deadline (including students on quarters/trimesters)	June 30	Graduating Seniors April 30; All Others June 30	June 30	Graduating Seniors April 30; All Others June 30	Graduating Seniors <u>April 30</u> ; All Others June 30
Spring Term Deadline (Including students on quarters/trimesters)	December 1	December 1	December 1	December 31	December 31
Summer Term Deadline (Including students on quarters/trimesters)	No	No	April 15	May 31	No
Vocational Training Deadline	June 30 December 1	2 weeks prior to start of class. Graduating Seniors-April 30th	6 weeks prior to start date	2 weeks prior to start date	Same as Fall & Spring
GPA Requirements					
GPA Requirements for high school graduating seniors	2.5	2.0	2.0	2.0	2.5
GPA minimum requirements for college or vocational training	2.5	2.0	2.0	2.0	2.5

Applications must be submitted for **EACH TERM** (semester/quarter/trimester) a student is attending school/training by the deadlines written above. **Students who are on quarters/trimesters MUST turn in their application by the required deadlines stated above for Fall, Spring and Summer.** Late applications will NOT be considered.

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Office of Admissions and the Registrar

REGISTRATION FORM

P _____ Office use only

NAME: _____ **UA ID (or SSN):** _____
 Please print (Last) (First) (MI)

Previous names used at the University of Alaska: _____

SEMESTER OF ENROLLMENT: Year 20 ____ ☐ Fall ☐ Spring ☐ Summer **Date of Birth (MM/DD/YYYY):** _____

CURRENT MAILING ADDRESS:

Email Address: _____

Phone: _____

Cell Phone #: _____

(City) (State) (Zip)

YES! Please text me class information updates.

DEMOGRAPHIC INFORMATION:

Your response helps us better serve students and impacts NWC's eligibility for some funding sources. See Page 2 for information and codes.

Sex: ☐ Male ☐ Female ☐ Prefer not to answer Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race¹: _____ Vet/Military Status²: _____

US Citizen? ☐ Yes ☐ No If no, Nation of birth: _____ Nation of citizenship: _____

Visa Type: _____ Permanent Resident? ☐ Yes ☐ No

For instructions on withholding directory information, please see INFORMATION RELEASE on reverse side³.

PRIOR EDUCATION INFORMATION**Did you graduate from high school?**

☐ Yes Graduation date? (MM/Year): _____ Name of high school: _____

High School location: (city/state): _____

☐ No If NO, did you complete the GED? ☐ Yes ☐ No

Date GED completed? (MM/Year): _____ Location of GED (state): _____

COURSE INFORMATION (Complete all information requested below. Refer to the class schedule on UAOnline for course information)

CRN	Dept.	Course Number	Section	Course Title	# of Credits	"Yes" if Audit	Instructor Signature (required after last day of late registration)

I understand 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. The university may drop me for non-payment.⁴

I promise to pay attorney's fees and other reasonable collection costs necessary for the collection of any amounts owed UA. If I do not pay, the university may take my Permanent Fund Dividend under Alaska Statutes 14.40.251 and 43.23.073.

Student's Signature _____ Date: _____

Advisor's Signature (for degree-seeking students only): _____ Date:: _____

Office use only

Processed By: _____ Date: _____

Page **1** of **2** 10/2016

SUBMIT THIS COMPLETED FORM TO:

UAF Northwest Campus

FAX: (907) 443-5602

EMAIL: metozier@alaska.edu

QUESTIONS?

Contact Marie Tozier

(907) 443-8403 or 1-800-478-2202, ext. 8403

metozier@alaska.edu



¹ RACE*

Code Description

AA	Alaska Aleut
AE	Alaska Eskimo, Other/Unspecified
AH	Alaska Indian, Haida
AI	Alaska Indian, Other/Unspecified
AK	Alaska Indian, Tlingit
AM	Alaska Indian, Tsimshian
AN	Alaska Native, Other/Unspecified
AQ	Alaska Eskimo, Inupiaq
AS	Alaska Native, Southeast
AT	Alaska Indian, Athabaskan
AY	Alaska Eskimo, Yup'ik
BL	Black, Non-Hispanic
IN	American Indian (Not Alaska Native)
NH	Native Hawaiian or Other Pacific Islander
SI	Asian
UN	Unspecified
WH	White

* Requested for compliance with Title IV of the Civil Rights Act of 1964.

² VETERAN/MILITARY STATUS

Code	Description
Blank	Non-veteran
FMAI	UAF Air Force Student
FMAR	UAF Army Student
FMCO	UAF Coast Guard Student
FMDP	UAF Military Dependent
FMIL	UAF Military Student
FMMA	UAF Marine Corps Student
FMNA	UAF Navy Student
FVDP	UAF Veteran Dependent
FVET	UAF Veteran Student



Office of Admissions and the Registrar

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³ INFORMATION RELEASE

FERPA

The Office of Admissions and the Registrar is responsible for keeping student education records. The full copy of the university's policies regarding access to student records under the Family Educational Rights and Privacy Act of 1974 (FERPA) are available at www.alaska.edu/studentservices/ferpa/.

Directory Information

The university may release certain directory information to the public on a routine basis unless a student requests, in writing, that the university not release it. Forms to request that directory information not be released are available in the Office of Admissions and the Registrar.

No directory information will be released until the last day of late registration. Any request to withhold directory information will continue until a student provides permission, in writing, for the university to release such. After that, information will be released when appropriate. The names of students who have requested their directory information be withheld will not appear in the published university chancellor's and dean's lists.

The following is considered directory information:

1. Name
2. Email address
3. Home city and state
4. Weight and height of students on athletic teams
5. Dates of attendance at UAF
6. Program/major field(s) of study
7. Degrees and certificates received, including dates
8. Participation in officially recognized university activities
9. Academic and co-curricular honors, awards and scholarships received, including dates

⁴ LATE PAYMENT/REINSTATEMENT FEES

Cover payment for your class by the payment deadline to avoid late fees, drops for non-payment, and reinstatement fees.

For more information about fees, contact the Office of the Bursar at 907-474-7384.

NORTON SOUNDS HEALTH CORPORATION - CRIMINAL BACKGROUND CHECK INFORMATION

APPLICANT NAME: _____

A criminal history record check is a condition of acceptance into the CNA Program, 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 for the CNA Program 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 disqualification from the program. Incidents or criminal charges experienced while a minor must be included.

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 ☐

NSHC CRIMINAL BACKGROUND CHECK INFORMATION (CONTINUED)

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.

APPLICANT'S SIGNATURE

Date: _____

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

VERIFICATION OF ABILITY TO LIFT 50 POUNDS

I hereby affirm that I am able to safely lift 50 pounds of weight. I do not have any known medical conditions that would impede my ability to lift 50 pounds of weight.

APPLICANT'S SIGNATURE

Date: _____

FINGERPRINTING & BACKGROUND CHECK FORM

Please print clearly

Name: Last: _____, First: _____, Middle initial: _____

Your Date of Birth: Month, Day and Year _____ Today's Date: _____

Eye color: _____ Natural hair color: _____

Weight (lbs) _____ Height: Feet: _____ Inches: _____ Gender: ☐ Male ☐ Female

Social Security Number: --- --- --- Place of birth: State _____ City: _____

Race: ☐ American Indian/Alaskan Native, ☐ Asian or Pacific Islander, ☐ Black, ☐ Unknown, ☐ White

Citizenship: ☐ United States, ☐ Other

Current physical address: _____
at this address since: (month/year): _____

Mailing address (if different from above): _____

Maiden Name/Aliases (other names/nicknames): _____

Job/Position: _____

LIST YOUR PREVIOUS RESIDENCE FOR THE LAST TEN (10) YEARS

From (month and year)	To (month and year)	City	State

HR USE ONLY: DATE COMPLETED: ____/____/____ BY: _____

DATE ENTERED IN BCU: ____/____/____ BY: _____

APPLICATION NUMBER: _____ ENTERED IN ADP BY: _____

Release of Information for Juvenile Probation Department

I, _____, authorize the Juvenile Probation Department to discuss my juvenile record history with representatives of the Bering Strait Health Consortium in relation to my application to participate in the Certified Nurse Aide class. This authorizes the probation office to discuss my entire juvenile history including referrals and adjudications.

Signature

Date

Signature of parent or guardian (if student is a minor)

Date



NSHC Authorization to Use and Disclose Health Information

Patient	Patient Name: _____ (Patient) Birth Date: _____ Ph. #: _____ Medical Record #: _____														
From	I authorize Norton Sound Health Corporation (NSHC) to disclose Patient's health information as described below.														
To	Health information is to be disclosed to and received and used by: _____ _____ _____ (name/address of recipient)														
Purpose	For the purpose(s) of: <input type="checkbox"/> At my request <input type="checkbox"/> Other purposes (specify each purpose): _____														
Information to be Disclosed	Description or nature of information to be disclosed and includes information in any medium, including paper, electronic, and verbal information: (check all that apply) <table border="0"><tr><td><input type="checkbox"/> Discharge summaries</td><td><input type="checkbox"/> Pathology reports</td></tr><tr><td><input type="checkbox"/> History & physical exams</td><td><input type="checkbox"/> Radiology & imaging reports</td></tr><tr><td><input type="checkbox"/> Consultations</td><td><input type="checkbox"/> Laboratory reports</td></tr><tr><td><input type="checkbox"/> Operative reports</td><td><input type="checkbox"/> EKG Reports</td></tr><tr><td><input type="checkbox"/> Physician progress notes</td><td><input type="checkbox"/> Emergency Dept. records</td></tr><tr><td><input type="checkbox"/> Nursing notes</td><td><input type="checkbox"/> Billing statements</td></tr><tr><td><input type="checkbox"/> Medication records</td><td><input type="checkbox"/> Clinic or office notes</td></tr></table> <input type="checkbox"/> Records for the following dates or treatment: _____ <input type="checkbox"/> Other information (specify): _____ All health records from NSHC (Excludes the above Specially Protected Information unless box(es) checked.) <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Specially Protected Information about: (must be checked to be disclosed): <input type="checkbox"/> Mental health treatment <input type="checkbox"/> Drug/alcohol abuse diagnosis, treatment, & referral <input type="checkbox"/> HIV / AIDS Information</div>	<input type="checkbox"/> Discharge summaries	<input type="checkbox"/> Pathology reports	<input type="checkbox"/> History & physical exams	<input type="checkbox"/> Radiology & imaging reports	<input type="checkbox"/> Consultations	<input type="checkbox"/> Laboratory reports	<input type="checkbox"/> Operative reports	<input type="checkbox"/> EKG Reports	<input type="checkbox"/> Physician progress notes	<input type="checkbox"/> Emergency Dept. records	<input type="checkbox"/> Nursing notes	<input type="checkbox"/> Billing statements	<input type="checkbox"/> Medication records	<input type="checkbox"/> Clinic or office notes
<input type="checkbox"/> Discharge summaries	<input type="checkbox"/> Pathology reports														
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<input type="checkbox"/> Consultations	<input type="checkbox"/> Laboratory reports														
<input type="checkbox"/> Operative reports	<input type="checkbox"/> EKG Reports														
<input type="checkbox"/> Physician progress notes	<input type="checkbox"/> Emergency Dept. records														
<input type="checkbox"/> Nursing notes	<input type="checkbox"/> Billing statements														
<input type="checkbox"/> Medication records	<input type="checkbox"/> Clinic or office notes														
Notices	<p>1. There is the potential for information disclosed under this authorization to be re-disclosed by the recipient and no longer protected by federal or state privacy laws. But, if the information being disclosed under this authorization includes HIV/AIDS, mental health, and drug/alcohol abuse information, then federal or state law may prevent the recipient from re-disclosing this information.</p> <p>2. I may refuse to sign this authorization. My refusal will not adversely affect my ability to receive treatment, to enroll in a health plan, to be eligible for benefits, or to obtain payment for services unless this authorization is sought for purposes of research-related treatment, to determine my eligibility or enrollment in a plan, for underwriting or risk determinations, or if the services related to the information to be disclosed are performed solely for the purpose of providing that information to someone else.</p> <p>3. I may revoke this authorization at any time by notifying, in writing, the Director of Health Information Management of NSHC; however, any such revocation will not apply to any disclosure or action already undertaken based on this authorization.</p> <p>4. I will receive a copy of this authorization after it is signed. I may inspect or request copies of information disclosed by this authorization.</p>														
Dates	Unless revoked, this authorization is valid for the following time period: Beginning date: _____ Ending (expiration) date: _____														
Signature	SIGNATURE: I have read this authorization; I have had an opportunity to ask questions; I understand this authorization; and I willingly am signing this authorization. Signature of Patient or legal/personal representative _____ Date _____ If not signed by Patient, Authority to sign on behalf of Patient: _____														

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 employment, personal and 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, ALEKS and Accuplacer test scores, and my academic record at UAF Northwest Campus for the Summer 2019 semester “Nurse Aide Training” and “Study Skills Lab” classes, be shared, on a need-to-know basis only, among representatives of the following entities, and will remain confidential within those entities:

- UAF Northwest Campus
- Norton Sound Health Corporation
- NACTEC/BSSD
- Kawerak, Inc.
- NSEDC
- Nome Eskimo Community
- Northwest AHEC

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(Required if student is under 18)

PHOTO/MEDIA RELEASE FORM

Nurse Aide Training Course - 2019

PRINTED NAME: _____

Email address: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Signature of Parent or Guardian (if minor): _____

By signing, I give Norton Sound Health Corporation and the University of Alaska Fairbanks permission to take photographs or video of me and to use the photographs, video, or audio in print and Internet publications or productions, including advertising, signage and promotional materials. I also give NSHC and UAF permission to use my name, academic class standing and major in an accompanying caption, if applicable. I agree that the photographs and video are the property of NSHC and UAF, and hereby release NSHC and UAF from any and all claims that I may have from use of my image or voice.

Acknowledgement of CNA Trainee Duties

The Nurse Aide Program offers students the opportunity to acquire basic nursing theory and care-giving skills. Nurse aides work as members of the health care delivery team, giving hands-on care in a variety of settings including hospitals, clinics, home health care, long-term care and assisted living. The care includes bathing, dressing, feeding, and toileting, range of motion exercises, monitoring of vital signs and maintaining a safe environment.

Course content includes the nursing process, basic body structure and function, supporting healthy functioning in all age groups, and working with persons who experience a wide array of physical and mental disorders. There is a focus on safety and infection control, as well as professionalism and communication.

CNA training includes theory, skills and clinical time. During the skill sessions students will learn how to perform skills practicing on manikins and other students. During the clinical portion of the class students perform skills on residents in a long-term care and assisted living home. Students will bathe and dress residents, help residents to their wheelchairs, feed residents and assist residents to the toilet or onto the bedpan. Bathing, dressing, wiping and other tasks will involve working with both male and female patients in various stages of undress or nudity. All students will be expected to work with the residents and master all the skills.

After reading the information above, please read and initial each of the following, then sign:

____ I understand that CNAs work as members of the health care delivery team, giving hands-on care in a variety of settings including hospitals, clinics, home health care, long term care and assisted living.

____ I understand that CNA duties include bathing, dressing, feeding, and toileting, range of motion exercises, monitoring of vital signs and maintaining a safe environment.

____ I understand that CNAs work with persons who experience a wide array of physical and mental disorders. There is a focus on safety and infection control, as well as professionalism and communication.

____ I understand that as a CNA student I will learn how to perform skills practicing on manikins and other students.

____ I understand that as a CNA student I will perform skills on residents in a long-term care facility during the clinical portion of the class.

____ I understand that as a CNA student I will bathe and dress residents, help residents to their wheelchairs, feed residents and assist residents to the toilet or onto the bedpan.

____ I understand that as a CNA student, I will be expected to work with residents and master all skills, including bathing, dressing, wiping and other tasks that involve working with both male and female patients in various stages of undress or nudity.

Signature: _____ **Date:** _____

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, judgments and police reports for each conviction). **Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.**

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has your professional certificate or license in any state or country ever been denied, revoked, suspended, stipulated, on probation, or been subject of any other restriction or disciplinary action?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been convicted of any misdemeanor or felony (including suspended imposition of sentence)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?..... | <input type="checkbox"/> | <input type="checkbox"/> |

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

- | | YES | NO |
|---|--------------------------|--------------------------|
| 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 (excluding situational or reactive depression) or any other mental or emotional illness?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?..... | <input type="checkbox"/> | <input type="checkbox"/> |

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 in addition, 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. ***You do not need to complete this form now—this form is in your application packet for your information only.***

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

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Common questions & answers about our certified nurse aide training course

What are the dates for the 2019 class?

Students have class in Nome from Monday, May 20, through Friday, June 14. The state certification exam will follow, a week later. Students will be sent pre-class assignments for the week of May 13.

How much will this training cost?

CNA training for **each student costs over \$6,000**.

A group of agencies working together as the Bering Strait Health Consortium is dedicated to training local health care workers. ***The consortium will cover the cost of training for eligible students accepted into this CNA training program.***

How many students will be in the class?

The Bering Strait Health Consortium will select up to six students. Half of the slots are generally reserved for NACTEC students.

How do I apply to take this training?

Bering Strait School District high school seniors ages 17 and up should apply to NACTEC; students must have completed at least one 2-week NACTEC training program, preferably in health care. Adults from the region and Nome-Beltz High School students ages 17 and up must complete an application available at NSHC Human Resources, Kawerak, village tribal offices, the Nome Job Center, and UAF Northwest Campus. Pick up a packet, or call Irvin Barnes, NSHC HR, at 443-4559 or 1-888-559-3311.

What is the application deadline?

Apply by **Friday, March 29, 2019**. Applicants will be notified by April 26 as to whether they were selected.

How are applicants selected for the class?

To help ensure successful completion of training, students must have at least 10th-grade reading

and 8th-grade math abilities; must commit to attending every section of training; and must be able to frequently lift 40 percent or more of their own body weight. Applicants willing to commit to being employed full-time as a CNA at NSHC will have preference for selection. By state law, a history of certain crimes will bar a student from participation. Each applicant will be interviewed to help determine eligibility.

Do I need to take a test to be selected?

Yes. All applicants must take Accuplacer and ALEKS placement tests to assess reading and math skills. To



arrange testing, contact UAF Northwest Campus at 443-8416 or 1-800-478-2202 ext. 8416, or email **nwc.testing@alaska.edu**. Testing must be completed by 12:00 noon, April 12, 2019.

Is a criminal background check required?

Yes. If you have any kind of a criminal record—including any incident as a minor—please include a letter in your application that explains the circumstances and why these past incidents will not affect your ability to work as a CNA now. A criminal history will not necessarily disqualify you from becoming a CNA.

How much time is required for training?

This is a very intensive training program. Class typically meets 8am to 5:30pm with a 1-hour lunch break. Students are also required to participate in a study skills course from 7-9pm weekdays during the first three weeks to help complete required work.

How much homework is there?

You will be taking 10 college credits of coursework in this training program. A great deal of homework is compressed into the 4-week span of training. The bulk of your homework is to complete a large workbook that goes with the course textbook.

Do I need scrubs for this class?

Quyanna Care Center employees may wear scrub tops or kuspüks, and jeans. If you have kuspüks and live outside of Nome, you'll want to pack them when you come in for training! Scrub tops and a stethoscope will also be provided for eligible students by the Bering Strait Health Consortium.

I live in a village. Who will pay for my travel to Nome?

Agencies involved in the Bering Strait Health Consortium will cover these costs.

What documentation will I need in Nome?

You must bring **two forms of identification**, at least one of which has a photo. Eligible photo IDs include state driver's license, state ID card, passport, tribal enrollment card that has a photo, school ID that has a photo, etc. **If you do not have a photo ID, take steps now to get one.**

Do I need to bring any equipment?

Yes, you will need a watch with a second hand for taking vital signs.

Where will I stay in Nome?

Norton Sound Health Corporation will provide non-NACTEC students from the villages with free lodging in NSHC corporate housing. NACTEC students stay at NACTEC House.



Become a key player on the health care team: Join our certified nurse aide course!

Certified nurse aides work under the direction of nurses and doctors in hospitals, clinics, home health programs, assisted living programs, private homes and doctors' offices. **CNAs give personal care** to patients, helping them with everyday activities like bathing, changing dressings, and eating.

CNAs improve the quality of life for their patients by making sure they are comfortable and well treated.

Please read through this brochure to find answers to common questions about our CNA training.



Where will classes be held in Nome?
Class will meet at UAF Northwest Campus. Clinical skills will be put into practice during six days at Quyanna Care Center, Norton Sound Health Corporation's long-term care center.

Will we have class on Memorial Day?
Yes. Monday, May 27, is Memorial Day this year, and you will have class on that day.

YOU'RE INVITED!

Learn more about our CNA class and what it's like to work as a CNA at NSHC!

WHEN:

Wednesday, March 6 • 11:00am & 6:00pm

WHERE:

Conference Room H101, First Floor
Norton Sound Health Corporation

JOIN BY PHONE IF OUTSIDE OF NOME:

Call: 1-800-315-6338 PIN: 762-966

What is Quyanna Care Center, and what will I do there?

Quyanna Care Center is an 18-bed, long-term care facility with CNAs on staff. Near the end of the course, each CNA student will partner with a working CNA to practice patient care.

When will I know if I passed the class and the state exam?

Students will be told on the last day of class whether they have passed. Within three weeks of the state exam, you should hear from the State of Alaska as to whether you passed the state CNA exam.



CNA TRAINING 2019