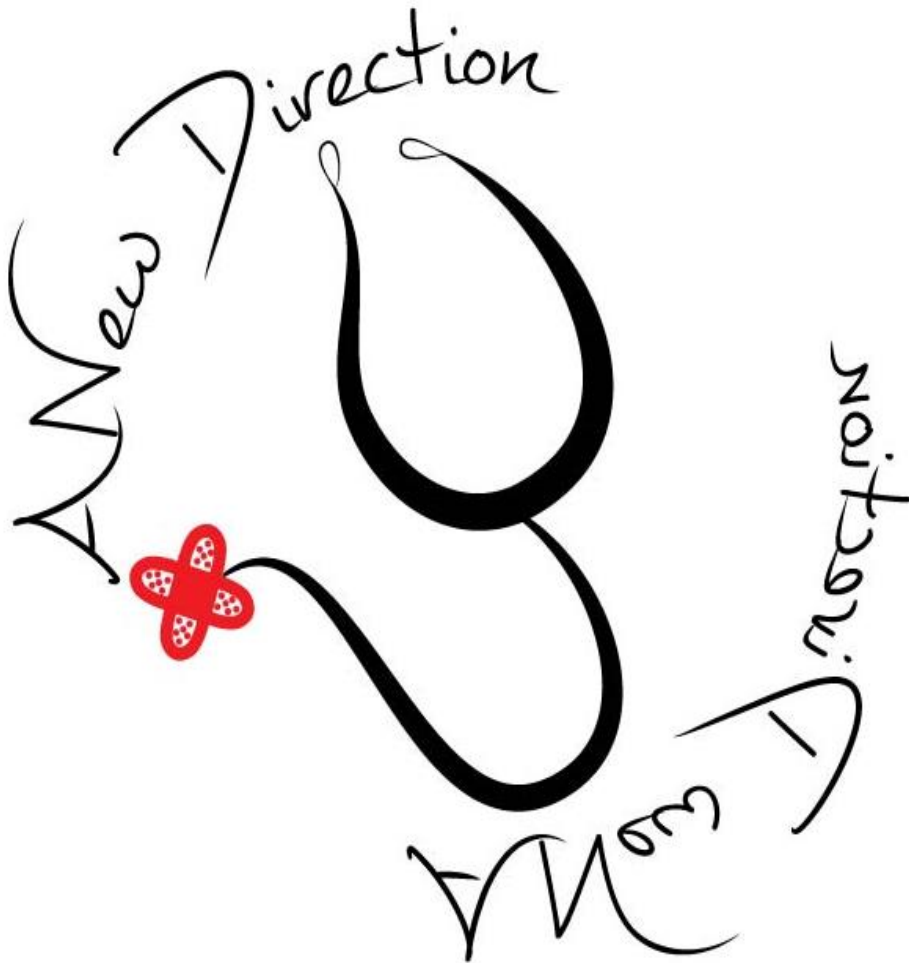


**HEALTH AND SAFETY  
EDUCATIONAL CONSULTANTS  
ANEW DIRECTION, LLC**

Orientation





## Welcome

Welcome to the world of Health Care. We are excited that you have chosen HSEC, Anew Direction, LLC as a starting point for your career in nursing.

Since you will be working with people who are often unable to help themselves and since you will be privy to private and personal information, PROFESSIONALISM IN NURSING IS ESSENTIAL.

Here is one basic rule that will be followed in this classroom, during your clinical training and in your career.

### **IF YOU WANT TO BE A NURSE... ACT LIKE A NURSE.**

This means:

- A. Swearing and foul language will not be tolerated.
- B. Patients will be addressed as “Mr.” and “Mrs.”
- C. No acts or threats of violence.
- D. Medical terms will be used during all procedures and in reference to body parts. “Slang” will not be tolerated.
- E. Uniforms are to be functional first and fashionable second. You need to be able to comfortably squat, bend, sit and lift without showing your cleavage, midriff or undergarments. If you do not wear an appropriate uniform, you will be asked to return home to change your clothes. Class time missed must be made up during the next available course.
- F. Professionals use professional language. Be respectful in your speech and behavior to your instructors, students and co-workers.
- G. Jewelry is limited to wedding ring/bands and a single set of stud style earrings. No piercing jewelry or dangling earrings, necklaces or bracelets can be worn.
- H. Hygiene: Nursing is a close contact profession. It is also a very physical job. It is imperative that your hygiene be impeccable. This includes:
  - i. Daily bathing
  - ii. Clean hair pulled away from your face or in a short style
  - iii. Daily Teeth brushing
  - iv. Using deodorant at least one time per day
  - v. A clean uniform must be worn each day. At the end of the work day, uniforms are covered in germs and bacteria. **WASH YOUR UNIFORM AFTER EACH USE. NEVER RE-WEAR A DIRTY UNIFORM.**
  - vi. A clean uniform includes clean shoes. In this profession, your work shoes will be contaminated with germs, bacteria, feces, urine and emesis. We suggest getting a pair of leather shoes exclusively for work. Wearing them in your home will contaminate your carpets and floors. Spray them daily with a disinfectant.



## **Charges**

Charges for the program are \$650.00 per student. This fee includes tuition, textbook, study guide, student liability insurance, name tag and lab materials. Others fees include background check, TB screening and drug screening. The program shall not charge for any nurse aide who is employed by, or who has received an offer of employment from a Facility on the date on which the person begins a nurse aide training and competency evaluation program for any portion of the program including any fees for textbooks or other required course materials provided.

There is no charge for further TB testing from the Health Department if you have been exposed to an active case or have symptoms.

All certification testing (written and skills) will be done at Tulsa Technology – North Peoria Campus.

The cost of this testing is \$90.00 and is not included in the cost of the training, but must be paid for by the student in cash or money order directly to Tulsa Technology Center. A \$30.00 deposit of cash or money order is required to reserve a testing time and the remainder \$60.00 is due at the time of testing.



## **ENROLLMENT AGREEMENT**

### **Policies for admission and satisfactory completion of the program**

I have read the admission requirements and agree to abide with the rules and regulations of the Admission Statement. I have also read the General Course Information outline. I understand that the tasks listed are included as specific tasks for a nurse aide, but such requirements are not necessarily limited to those functions.

If I am under the age of 18, I agree to jointly sign this agreement with my parent(s) or guardian(s), or state that I have my high school diploma or a GED certification.

I understand my performance records, with a successful or unsuccessful completion will be kept for three (3) years. I may have a copy of my performance records, without charge, the last day of school. I also understand that if I should request a copy of my records at a later time, there will be a \$10.00 charge for record retrieval and copying.

I have read and agreed with the tuition fees policy, and understand that my full tuition charge or either \$650.00 (cash or money order) must be paid no later than the last day of class. I understand my spot in class is reserved once enrollment is complete; therefore, there will be no refund of monies within 48 business hours prior to the start of class. Any refund of monies prior to start of class will not include the costs already incurred by the school to include: administration costs, admission packet and OSBI background check (\$50.00). Other fees required for completion of course include: TB testing and drug screening.

HSEC, Anew Direction, LLC shall not charge any nurse aide who is employed by, or who has received an offer of employment from a Facility on the date on which the person begins a nurse aide training and competency evaluation program for any portion of the program including any fees for textbooks or other course materials provided.

The training schedule and requirements are clear and I understand I must attend all 76 hours of training before I may apply for my state certification examinations, and that all monies must be paid prior to testing to Tulsa Technology Center. Successful completion of the written or oral examination and skills competency evaluation is required to obtain my LTC CNA certification and placement on the Nurse Aide Registry. A written or oral examination is made available to trainees by the Tulsa Technology Testing Center.



There is no question about classroom rules and/or attendance. Smoking is permitted in ONLY a designated place outdoors at specific “break” times as scheduled. There will be no tolerance for excessive tardiness, unacceptable or disruptive conduct, profanity, drugs, alcohol or weapons. Students will be terminated from the program for any violations listed and will not receive a refund or any monies that have been paid.

All students and staff participating in this educational opportunity will be treated with respect and courtesy to facilitate an environment conducive to learning required skills and professional demeanor. All students are expected to be on time for class. If an emergency arises causing my tardiness, it would be best to make up the time at breaks. If I am absent any day(s) I understand I have 90 days to make them up, but it will be done subject to class availability. HSEC, Anew Direction, LLC will do everything possible to accomplish this.

I understand the student dress code when going to a licensed care facility. I must have my student I.D. badge at all times and wear my clean, ironed scrubs when in the clinical care facility. I may wear jeans or other appropriate casual clothes to do work in the classroom.

The certification procedure is understood. Retesting fees have been explained in the General Course Information outline. I also understand that HSEC, Anew Direction, LLC is to train and prepare me for future employment. The school does not make placements nor in any way guarantee me a job, but will network with facilities likely to require certified long term care aides and make suggestions when possible. I understand that successful completion of a nurse aid training and competency evaluation program results in my being listed in the OSDH’s nurse aide registry.

I have been informed, and received a copy, of the requirement of the “Affidavit of Lawful Presence” by person making application for a license, permit or certificate prior to school enrollment.

I understand the requirements for renewal of the registry listing once every 2 years by filing a Recertification Application for Long Term Care Aide (ODH Form 840). Each recertification application requires: (1) Personal identifying and contact information for the applicant;

(2) Documentation that the applicant has provided at least eight (12) hours of nursing or health related services for compensation during the preceding 24 months. The documentation shall consist of one of the following:



(A) A statement signed by the administrator or the administrator's representative for the licensed nursing facility, specialized facility, residential care home, home health or home care agency, adult day care center, assisted living center, continuum of care facility, Oklahoma Department of Veterans Affairs nursing facility, or Oklahoma correctional facility where the applicant provided services;

(B) A statement signed by a physician or nurse under whose supervision the applicant provided services; or

(C) A check stub, IRS Form W-2 or similar proof of wages paid to the applicant by a licensed nursing facility, specialized facility, residential care home, home health or home care agency, adult day nursing facility, or Oklahoma correctional facility; and

(D) An oath of truthfulness and completeness to be signed by the applicant.

I have read the Policies for admission and satisfactory completion of the program requirements and the General Course Information. I sign in agreement.

Holder in Due Course Rule: Any holder of this consumer credit contract (enrollment agreement) is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto with the proceeds hereof, recovery hereunder by the debtor shall not exceed amounts paid by the debtor hereunder.

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Student Signature/Date

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Parent or Guardian, if applicable/Date

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School Administrative Official/Date

HSEC, Anew Direction, LLC

130 N. Greenwood Ave, Ste 124-A

Tulsa, OK 74120



**APPLICATION FOR ADMISSION TO HSEC, Anew Direction, LLC**

Date \_\_\_\_\_

Class Starting Date Wanted: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Other last names used \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_

Social Security No. \_\_\_\_\_

Emergency Contact (Name/Relationship to you in case of emergency)

\_\_\_\_\_ / \_\_\_\_\_

Phone Number \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

EDUCATION: \_\_\_\_\_

Highest grade or level of school completed: \_\_\_\_\_

School Name – And did you graduate? \_\_\_\_\_

\*GED certification date: \_\_\_\_\_ \*Any student UNDER the age of 18 must hold a GED certificate or a high school diploma or they must sign the enrollment agreement jointly or with a parent or guardian.

Are you over 18 years of age? \_\_\_\_ Yes \_\_\_\_ No



**BACKGROUND:**

Do you have any previous experience in the medical field? \_\_\_\_ Yes \_\_\_\_ No

If yes, please briefly explain:

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**HAVE YOU EVER BEEN CONVICTED OF A FELONY or MISDEMEANOR?**

\_\_\_\_ Yes \_\_\_\_ No

IF CONVICTED, please explain

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(Attach separate sheet, if needed)

NOTE: Every health care center in the State of Oklahoma is required by law to run a criminal background check through the OSBI on their new employee(s) who will be delivering direct patient care. The employer of a health care aide will be given a list of unlicensed convictions, if applicable, of the applicant for certain specified crimes when the criminal background check is done.

**GOALS:**

Please write a brief statement concerning why you choose to become a certified nursing assistant:

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Signature of the applicant \_\_\_\_\_ Date \_\_\_\_\_

Prospective applicants will receive consideration without discrimination because of race, creed, color, sex, national origin or handicap as long as they are capable of performing the necessary functions required for level of service.

Race required for OSBI criminal history





## **Health and Safety Education Consultants, Anew Direction, LLC**

### Class Schedule

Students understand disruptive behavior will not be tolerated. Bring a pen, highlighter, warm sweater, snack, drink and lunch, if desired. There will be no refund after class starts. Class training consists of classroom hours and hands on clinical lab experience(s) with actual patients. This training constitutes 76 total hours divided into a two-week session, as follows:

#### **Day 1 – Monday 8:00AM – 4:30PM**

##### **Introduction**

Class Schedule, clinical hours

Expectations – behavior, courtesy, requirements

Clock hour requirement

##### **Chapter 1 – The Nursing Assistant in Long-Term Care**

#### **Day 2 – Tuesday 8:00AM – 4:30PM**

##### **Chapter 2 – Foundations of Resident Care**

Lab – Heimlich and emergency procedures

#### **Day 3 – Wednesday 8:00AM – 4:30PM**

##### **Chapter 3 – Understanding Your Residents**

##### **Chapter 4 – Body Systems and Related Conditions**

#### **Day 4 – Thursday 8:00AM – 4:30PM**

##### **Chapter 5 – Confusion, Dementia and Alzheimer's Disease**

#### **Day 5 – Friday 8:00AM – 2:30PM**

Boyle's Alzheimer Curriculum – Communication and interpersonal skills

Clinical review: test and review of test

Chapter 7 – Lab: Vital signs and height measurement



Day 6 – Monday 8:00AM – 4:30PM

Lab Chapter 6 – Personal Care Skills

Lab Chapter 8 – Nutrition and Hydration

Competencies

Day 7 – Tuesday 8:00AM – 4:30PM

Lab Chapter 9 – Rehabilitation and Restorative Care

Competencies

Day 8 – Wednesday 6:00AM – 2:30PM

Clinical Rotation

Day 9 – Thursday 6:00AM – 2:30PM

Clinical rotation

Day 10 – Friday 8:00AM – 2:30PM

Chapter 10 – Caring for Yourself

Clinical Review

Lab review, skills practice

All certification testing (written and skills) will be done at Tulsa Technology – North Peoria Campus. The cost of this testing is \$90.00 and is not included in the cost of the training, but must be paid for by the student in cash or money order directly to Tulsa Technology Center. You will immediately receive your test results at the time of test completion.



## Student Acknowledgement of Receipt

### RECEIPT OF PROGRAM MATERIALS

Date: \_\_\_\_\_

I, (Print Name) \_\_\_\_\_, acknowledge the review of the following HSEC, Anew Direction Training Program materials and will adhere to information presented with in:

\_\_\_\_ HSEC, A new Direction Orientation Packet

\_\_\_\_\_  
Student Signature/Date

\_\_\_\_\_  
Parent or Guardian, if applicable/Date

\_\_\_\_\_  
School Administrative Official/Date

<b>Student Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Email Address:</b>	
<b>Other Pertinent Information:</b>	

This form will remain in student program file.