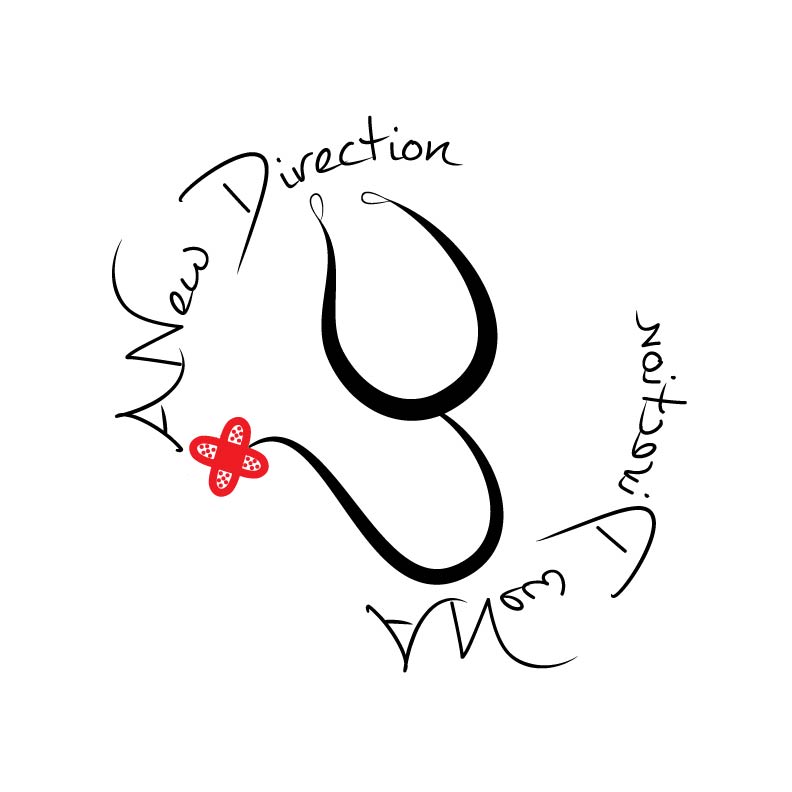
**Health and safety**

**educational consultants**

**ANew Direction, llc**

Orientation

# **Welcome**

**Welcome to Health and Safety Education Consultants (HSEC), Anew Direction, LLC. We are excited that you have chosen HSEC, Anew Direction as a training center to continue your education in health care. Our goal is to keep you moving in the right direction to meet your career goals.**

**Purpose**

**The purpose HSEC, Anew Direction Training Center is to, train and equip potential students to become highly qualified Certified Medication Aides in the challenging, but most rewarding and noble profession of health care. Anew Direction CMA program will help you build a solid foundation to rely on when you decide to begin a new professional life in the medical field. As a certified medication aide, you will offer patients compassion and patience while assisting them with daily medication administration. The Certified Medication Aide is trained to be an extension of the health care team.**

**Goals and Objectives**

**As a certified medication aide, you will become an important part of the health care system, and your knowledge and skills will always be in demand. Our Certified Medication Aide training allows you to gather the information and experience this profession requires.**

**HSEC, Anew Direction Training Center offers courses that fit your schedule. These last anywhere from 2 to 6weeks, comprising 56 hours of training which include: 1. Classroom and 2. Clinical components. Upon completion of the program the student will sit for the Oklahoma State Medication Aide Certification Exam. When you have successfully passed this exam, you will gain a financially rewarding job, as well as the possibility to care for people and make their life better.**

**More than a career opportunity, becoming a certified medication aide is your chance to make a difference, to help yourself and help others.**

**Medication Aides enjoy solid job security and frequently work a flexible schedule. A typical work environment will be in long-term care facilities/nursing homes.**

**The CMA program is quick, thorough, current and relevant with courses that offer you great experience and the ability to get into the health care field in a timeframe comfortable for the student.**

**Charges**

Charges for the program are $400.00 per student. This fee includes tuition, textbook, study guide, student liability insurance, name tag and lab materials. Others fees included are OSBI background check, TB screening and drug screening.

There is no charge for further TB testing from the Health Department if you have been exposed to an active case or have symptoms. If you have a current TB Skin Test, you **MUST** bring on the first day of class.

All certification testing will be done at Tulsa Technology – North Peoria Campus.

The cost of this testing is $\_\_\_\_\_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.

**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 medication aide, but such requirements are not necessarily limited to those functions.

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 $\_\_\_\_\_ (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 24 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, OSBI background check TB testing and drug screening ($100.00).

**Pre-Requisites:** Must have a High School Diploma or GED, Current Oklahoma Nurse Aide Certification in Long Term Care, Home Health or DDCA with no abuse notations, a minimum of 6 months experience as a Certified Nurse Aide and must be 18 years of age or older.

The training schedule and requirements are clear and I understand I must attend all 56 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 competency evaluation is required to obtain my CMA certification and placement on the Nurse Aide Registry. The examination is made available to trainees by 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 knowledge, 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 Medication Aides and make suggestions when possible. I understand that successful completion of a Certified Medication Aide 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 Certified Medication Aide (ODH Form 717). Each recertification application requires: (1) Personal identifying and contact information for the applicant;

(2) Documentation that the applicant has provided at least eight (8) 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 assent 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.

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

Student Signature/Date

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

Parent or Guardian, if applicable/Date

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

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)

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

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

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

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

Did you graduate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*GED certification date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*

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

BACKGROUND:

Do you have experience as a Certified Nurse Aide? \_\_\_\_ Yes \_\_\_\_ No

If yes, please briefly explain: (must have at least 6 months experience)

|  |
| --- |
|  |
|  |

Certified Nurse Aide Certification current in Good Standing? \_\_\_\_\_\_Yes \_\_\_\_\_No

CNA Certification #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Medication Aide (CMA):

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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 Day 1- 8:30 am to 4:30 pm

- Orientation to Program

- Medication Orders, Storage and Disposal

- Medication Basics

Class Day 2 – 8:30 am to 4:30 pm

- Forms of Medication I

- Documentation

- Safety and Rights of Medication Administration

Class Day 3 – 8:30 am to 4:30 pm

- Forms of Medication II

- Mathematics, Weights and Measures

- Preparation and Actual Medication Administration

Class Day 4 – 8:30 am to 4:30 pm

- Routes of Medication Administration

- Prevention of Medication Errors

- Causes and Reporting Medication errors

Class Day 5 – 8:30 am to 4:30 pm

- Factors Affecting how the Body uses Medications

- Classes of Medication related to Body Systems and Common Actions

Class Day 5 and 6 - 7:00 am to 3:00 pm

- Clinical Practicum

Class Day 7 – 9:00 am to 4:00 pm

- OPEN

All certification testing will be done at Tulsa Technology – North Peoria Campus. The cost of this testing is $\_\_\_\_\_\_ 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

|  |  |
| --- | --- |
| **Student Name:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Email Address:** |  |
| **Other Pertinent Information:** |  |

**This form will remain in student program file.**