

# Nightingale School of Nursing Arts

## APPLICANT INFORMATION

|          |                  |      |
|----------|------------------|------|
| Name:    | Primary Phone:   |      |
| Email:   | Secondary Phone: |      |
| Address: |                  |      |
| City:    | State            | Zip: |
| DOB:     | SS#              |      |

## EMERGENCY CONTACT

|          |               |
|----------|---------------|
| Name:    | Phone:        |
| Address: | Relationship: |
| Name:    | Phone:        |
| Address: | Relationship: |

## EDUCATION

|                   |                  |         |
|-------------------|------------------|---------|
| High School:      |                  |         |
| Diploma: Yes / No | Graduation Year: |         |
| College:          |                  |         |
| Diploma: Yes / No | Graduation Year: | Degree: |

## BACKGROUND

|   |     |    |
|---|-----|----|
| To your knowledge, have you ever been charged with any *felonies? | Yes | No |
|---|-----|----|

*\* A background check is required prior to admittance. Any felonies on record will result in dismissal of the program.*

## HOW DID YOU HEAR ABOUT US

|       |                       |       |                                      |
|-------|-----------------------|-------|--------------------------------------|
|       | Company of employment |       | Referral                             |
| Name: |                       | Name: |                                      |
|       | Walk-in               |       | Advertisement: Flyer, Mailer, Online |
|       | Other:                |       |                                      |

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to acceptance, I understand that false or misleading information in my application or interview may result in my dismissal from the program.*

**Signature:**

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# Nightingale School of Nursing Arts

Date:

**ENROLLMENT CHECKLIST**

*Office use only*

**Payment Received**

\_\_\_\_\_ \$1000

**Tuberculin Skin Test**

\_\_\_\_\_ Completed TB test

- / + RESULT



# Nightingale School of Nursing Arts

## TERMS & AGREEMENTS

Tuition of \$1000 must be paid in full 2 weeks prior to start the program.

A deposit of \$400 is needed to reserve a seat in the scheduled session. This deposit will be applied to the total cost of the program and is **non-refundable**.

A \$600 refund will be issued for cancellations made 7 days prior to the start of the session.

A \$35 processing fee will be applied for each make-up day(s) made to; course days, clinical days, and testing days rescheduled. The processing fee(s) will need to be paid in full prior to receiving certificate of completion.

The tuition of the program will provide the student with: course textbook, course workbook, gait belt, drug test, and background test

Student must pass: Tuberculing test (negative).

Student will need and is responsible for acquiring scrubs and shoes needed prior to completing onsite clinical experience. Scrubs: Purple top and black pants / Shoes: Closed toe, rubber soled shoes (prefer white or black shoes) and gait belt.

Nightingale School of Nursing Arts requires for every nurse aide student to complete 80 hours of program work: attending *all* classes, complete *all* scheduled assignments, pass *all* the exams, and lastly attend *all* the scheduled clinical days.

Candidate that successfully completed all of the program work will continue to Pearson Vue for the certification test.

*I understand and acknowledge the terms and agreements of the Nightingale Nursing School of Arts and acknowledge that the school reserves the right to revise these terms and agreements. I will abide by the these policies, and acknowledge that should any of these requirements not be met a certificate of completion will note be issued.*

Signature:

Date:

# Nightingale School of Nursing Arts

## STUDENT CODE OF CONDUCT

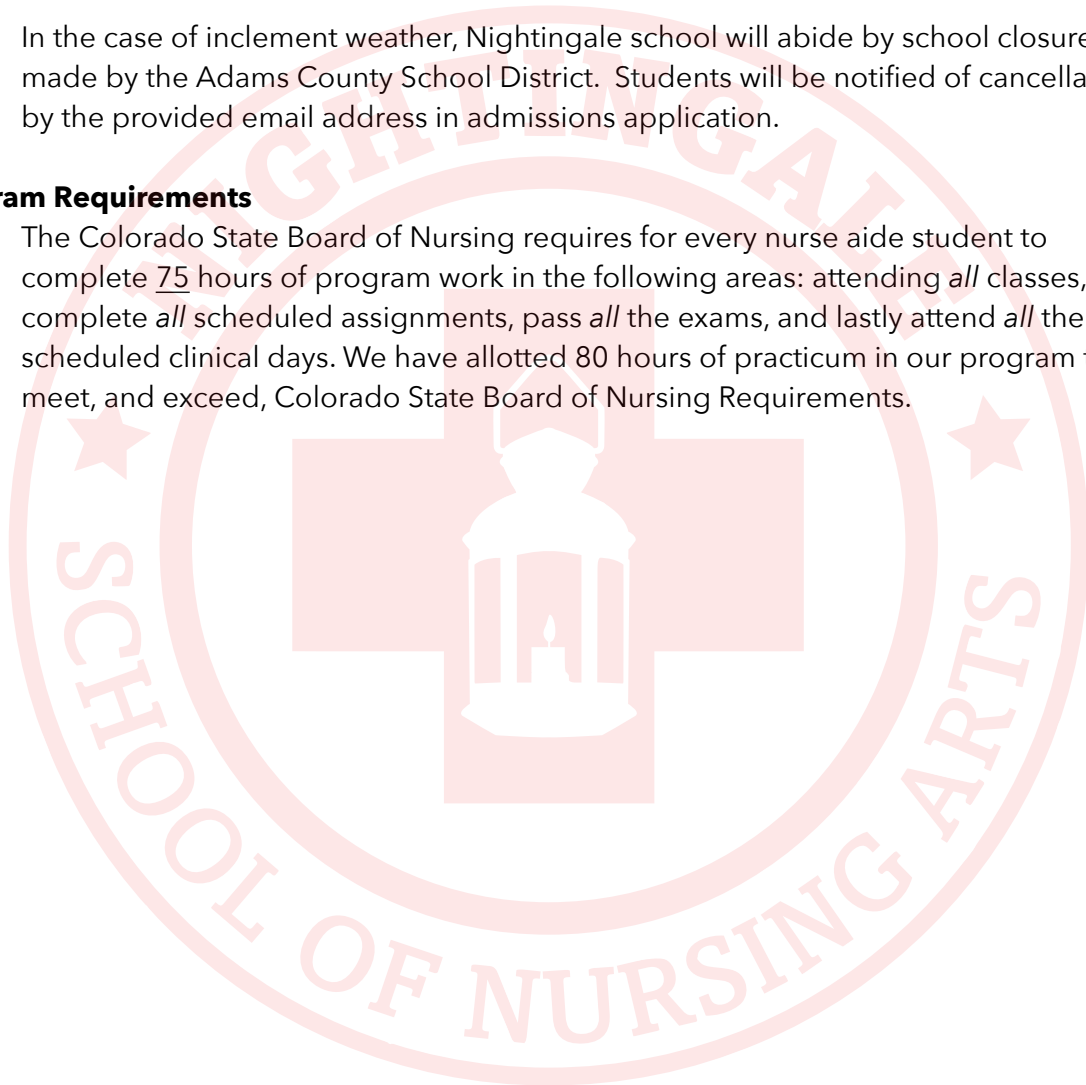
### Attendance

All classes must be attended and a \$35 processing fee will be applied each course day, clinical day, and testing day is rescheduled. The total of processing fees will need to be paid prior to receiving program certificate.

In the case of inclement weather, Nightingale school will abide by school closures made by the Adams County School District. Students will be notified of cancellations by the provided email address in admissions application.

### Program Requirements

The Colorado State Board of Nursing requires for every nurse aide student to complete 75 hours of program work in the following areas: attending *all* classes, complete *all* scheduled assignments, pass *all* the exams, and lastly attend *all* the scheduled clinical days. We have allotted 80 hours of practicum in our program to meet, and exceed, Colorado State Board of Nursing Requirements.



# Nightingale School of Nursing Arts

## STUDENT FILE CHECKLIST

Office use only

### Payment

\_\_\_\_\_ Payment Receipt

### Tuberculin Skin Test

\_\_\_\_\_ Copy of results

### Attendance

\_\_\_\_\_ Total hours attended

\_\_\_\_\_ Total program hours required

### Test Scores

\_\_\_\_\_ Recorded on each test within file

\_\_\_\_\_ Average grade

### Lab Skills

\_\_\_\_\_ All skills trained

\_\_\_\_\_ Completed prior to clinical

### Clinical Experience

\_\_\_\_\_ All skills documented

\_\_\_\_\_ Student meets requirements

\_\_\_\_\_ Lab prep completed first

### Terminal Competency

\_\_\_\_\_ Completed Terminal Competency Evaluation

*\*Must show 2 or 3 to successfully graduate from the program, and be eligible to test for the state exam.*

**Chapter 11, 4.C.11** - Providing for the safe keeping of a system of permanent records and reports essential to the operation of the program of a minimum of two (2) years, which shall include, but not be limited to the following: **a.** Skills checklist that demonstrates satisfactory performance of all required skills for each student, **b.** Student records such as attendance, test scores, etc., **c.** Instructor records such as license, resume, and training., **d.** Annual report to be submitted tot the board on the form furnished by the Board.