



(509) 820-3883

www.ColumbiaSafety.net

ENROLLMENT COSTS

\$100.00 Registration Fee * *Non-refundable 5 days after payment*

\$915.00 Tuition

Includes:

1. Columbia Safety Training Center Nursing Assistant Training program education
2. The registration fee (\$100.00)
3. HIV/AIDS certification
4. AHA CPR (BLS)/First Aid certification
5. Professional resume building
6. Identification badge
7. One pair of scrubs (school uniform)
8. B/P Cuff, Stethoscope, and Gait Belt

\$1,015.00 Total: (*Registration + Tuition*)

Other Costs available through Columbia Safety:

Book Rental / NAC Book Purchase	\$35.00 / \$100
NAC Workbook	\$35.00
Nursing Assistant Certification	\$85.00
Nursing Assistant Registered	\$85.00
Additional School Uniform	\$35.00
NNAAP Nursing Examination	\$200.00

Students who withdraw from the program may be able to sell textbooks back to the school at a discounted rate if they are in good condition. Students will need to meet all financial responsibilities before a Certificate of Completion will be issued.

Please Visit www.ColumbiaSafety.net for more information



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Nursing Assistant Certified- Traditional
Program Cost Sheet

\$100.00 Registration Fee (non-refundable after 5 days of payment completion)

\$915.00 Tuition Fee

Includes: Columbia Safety NAC program education

WA State approved 7 hour HIV/AIDS Certification

AHA BLS Provider Card (CPR)

AHA First Aid Card

Resume building course

Identification badge

Equipment: Blood Pressure Cuff, Stethoscope, Gait Belt, 1 set of scrubs

\$1,015.00 Total

\$35.00 Book Rental Fee or \$100.00 Book purchase (***choose one***)

\$35.00 Workbook (***REQUIRED***- Choose to purchase from Columbia Safety or another vendor)

+ _____
\$ **Total**

Optional Costs

\$35.00 per additional set of scrubs

\$85.00 Registered Nursing Assistant (via WA State)

\$71.98 Shoes (choose from a limited variety)

\$23.79 Watch (choose from a variety of colors)

\$25.00 Vaccination appointment (Columbia Safety will provide this ***IF*** the required vaccinations are not complete prior to enrolling in the program)

\$30.00 Background Check (Columbia Safety will provide this ***IF*** the required WSP Background check is not complete prior to enrolling in the program)

+ _____
\$ **Total**



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Nursing Assistant Certified- Traditional
Program Checklist

All items listed **must** be completed prior to enrolling in the program:

Vaccinations:

- ☐ MMR- 2 required **OR** 1 vaccination with titer
- ☐ Varicella- proof of vaccination/ chicken pox **OR** titer
- ☐ Tdap- 1 required
- ☐ Hepatitis B- Proof of series being started
- ☐ TB- required yearly (can be interpreted by Columbia Safety once given by provider)
- ☐ Flu Shot- required yearly

Most of these vaccinations are required to attend public school- **IF** these are not completed prior to enrolling Columbia Safety will impose a \$20 scheduling fee to ensure they are completed.

WSP Background Check:

- ☐ Cost is \$12 via WATCH- **IF** not completed prior to enrolling, Columbia Safety will impose a \$30 fee to complete for the student

Highschool Diploma/GED

- ☐ Copy provided



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Admissions Application

Certified Nursing Assistant Training Program

Traditional Program

Night & Weekend Program

Return Application to: Columbia Safety Training Center

418 N. Kellogg St. Suite D

Kennewick, WA 99336

(509) 820-3883

Name: _____
Last First MI

Mailing Address: _____
Street City State Zip

Phone: (____)____-____ E-Mail: _____

SS Number: _____-____-____

Requirements for Admission

Anyone over 18 years of age can apply for the Nursing Assistant Certified Training Program. You must complete an application and submit it to Columbia Safety Training Center for approval.

1. Students must possess a High School Diploma, a General Education Development (GED) Diploma, or pass a graded entrance exam.
2. Nursing Assistant, Certified Program reviews conviction/criminal history records when considering individual for admission and continuation. These reviews are carried out because they relate to the essential qualifications of potential and continuing students under the Nursing Assistant, Certified Program curriculum standards, as well as to the safety and security of patients and public.
 - a. Go to <http://www.wsp.wa.gov/crime/crimhist.htm> to request a Criminal History report. Print your results. The cost is \$12.00 (price may vary) payable online (requires a credit card).
3. Must have immunization record by the 3rd week from the start of class (i.e. Tb)
 - a. A primary care physician or community health center can provide this service for a fee. The fee will vary depending on the provider.
4. The registration fee (\$100.00) which will be applied to your tuition.

** Non-refundable 5 days after payment*

I have read and understand the requirements and condition outlined above. Please consider my application for entrance to your Nursing Assistants Certification Program.

Date

Applicant Signature

Payment Received _____

By Whom _____

Enrollment Agreement & Contract

ENROLLMENT AGREEMENT



Columbia Safety LLC.
418 N Kellogg St. Suite D
Kennewick, WA 99336
509-820-3883
www.ColumbiaSafety.net

This enrollment agreement is between the above-named school and:

Student Name: _____ Telephone: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Start date: _____ Completion date: _____

Program consists of: _____ total hours

The school agrees to provide the following training: **Columbia Safety Training Center Nursing Assistant Program**
(Course or program title)

COST:

Registration Fee	\$100.00
Tuition	\$915.00
Text Books (select one): Rent \$35.00 Purchase \$100.00	\$
Supplies: Student Workbook \$35.00	\$
Materials (Optional): Extra Scrubs \$35.00 per set Shoes \$71.98 Watch \$23.79	\$
Materials (Optional): NAC State application \$85.00	\$
Optional: NAR Certification Application \$85.00 NNAAP Examination \$200	\$
TOTAL	\$

METHOD OF PAYMENT:

I agree that the payment of program costs will be satisfied by (check all that apply):

☐ Cash ☐ Credit ☐ Financial Aid ☐ Scholarship ☐ Third Party (e.g. VA, Voc. Rehab., L & I, Employer)

List third party payer: _____

Down Payment	\$
Payment(s) First day of class, Second week of class	\$
Total Due at:	\$

Enrollment Agreement & Contract

AGREEMENT NOTICE:

This agreement will be binding only when it has been fully completed, signed, and dated by the student and an authorized representative of the school prior to the time instruction begins.

CHANGES TO AGREEMENT NOTICE:

Any changes in the agreement will not be binding on either the student or the school unless such changes are acknowledged in writing by an authorized representative of the school and by the student, or student's parent or guardian if he/she is a minor.

CANCELLATION AND REFUND POLICY:

1. The school must refund all monies paid if the applicant is not accepted. This includes instances where a starting class is cancelled by the school.
2. The school must refund all monies paid if the applicant cancels within five business days (excluding Sundays and holidays) after the day the contract is signed or an initial payment is made, as long as the applicant has not begun training.
3. The school may retain an established registration fee equal to ten percent of the total tuition cost, or one hundred dollars, whichever is less, if the applicant cancels past the fifth business day after signing the contract or making an initial payment. A registration fee is any fee charged by a school to process student applications and establish a student record system.
4. If training is terminated after the student enters classes, the school may retain the registration fee established under (3) of this subsection, plus a percentage of the total tuition as described in the following table:

If the student completes this amount of training:	School may keep this percentage of tuition:
One week or up to 10%, whichever is less	10%
More than one week (or 10%), whichever is less, but less than 25%	25%
25% through 50%	50%
More than 50%	100%

5. When calculating refunds, the official date of a student's termination is the last day of recorded attendance:
 - a. When the school receives notice of the student's intention to discontinue the training program; or,
 - b. When the student is terminated for a violation of a published school policy which provides for termination; or,
 - c. When a student, without notice, fails to attend classes for thirty calendar days.
6. All refunds must be paid within thirty calendar days of the student's official termination date.

NOTICE TO BUYER:

Do not sign this agreement before you read it or if it contains any blank spaces. This is a legal instrument. All pages of this contract are binding. Read both sides of all pages before signing. You are entitled to an exact copy of the agreement, school catalog, and any other papers you may sign, and are required to sign a statement acknowledging receipt of those.

Enrollment Agreement & Contract

CANCELLATION OF CONTRACT:

If you have not started training, you may cancel this contract by submitting written notice of such cancellation to the school at its address shown on the contract. The notice must be postmarked no later than midnight of the fifth business day (excluding Sundays and holidays) following your signing this contract; the written notice may also be personally or otherwise delivered to the school within that time. In event of dispute over timely notice, the burden to prove service rests on the applicant.

UNFAIR BUSINESS PRACTICES:

It is an unfair business practice for the school to sell, discount, or otherwise transfer this contract or promissory note without the signed written consent of the student or his/her financial sponsors if he/she is a minor, and a written statement notifying all parties that the cancellation and refund policy continues to apply.

CERTIFICATION:

I certify that I read and understand the cancellation and refund policy and the complaint procedure; I received a copy of the school catalog and I am entitled to an exact copy of this enrollment agreement, school catalog, and any other papers I sign.

Student:

Please print

Signature

Date

Parent or Guardian (if the student is under 18 years of age):

Please print

Signature

Date

Authorized School Representative:

As the authorized representative of the school, I hereby agree to the conditions set forth herein.

Please print

Signature

Date

Enrollment Agreement & Contract

This school is licensed under Chapter 28C.10 RCW. Inquiries or complaints regarding this private vocational school may be made to:

Workforce Training and Education Coordinating Board
128 – 10th Avenue SW
Olympia, Washington 98501
Phone: 360-709-4600 Email: pvs@wtb.wa.gov Web: wtb.wa.gov

Attachment A



Columbia Safety LLC. 418
N Kellogg St. Suite D
Kennewick, WA 99336
(509) 820-3883
www.ColumbiaSafety.net

NOTICE OF FINANCIAL OBLIGATION

Washington law requires the following information to be supplied to each student enrolling in a private vocational school licensed under Chapter 28C.10 RCW. One copy of this notice bearing original signatures must be attached by the school as addenda to that individual's enrollment agreement, as well as a copy provided to the enrollee by the school.

ACKNOWLEDGMENT BY ENROLLEE

1. I understand and accept that any contract for training I enter into with the above-named school contains legally binding obligations and responsibilities.
2. I understand and accept that repayment obligations will be placed upon me by any loans or other financing arrangements I enter into as a means to pay for my training.
3. I understand that any enrollment contract I enter into will not be binding or take effect for at least five days, excluding Sundays and holidays, following the last date such a contract is signed by the school and me, provided that I have not entered classes.

Name: _____

Signature: _____

Date: _____

Enrollment Agreement & Contract

ACKNOWLEDGMENT BY SCHOOL (Students do not sign this section)

Prior to being enrolled in this school, the applicant whose name and signature appears above has been made aware of the legal obligations he/she takes on by entering into a contract for training. Those discussions included cautions by the school about acquiring an excessive debt burden that might become difficult to repay given employment opportunities and average starting salaries in his/her chosen occupation.

Name: _____

Title: _____

Signature: _____

Date: _____

Attachment B



Columbia Safety LLC.
418 N Kellogg St. Suite D
Kennewick, WA 99336
(509) 820-3883

HOW TO FILE A COMPLAINT

Washington law requires private vocational schools to inform students how to file a complaint. By signing this form you acknowledge this process has been explained to you. Below are the next steps the school must take in discussing this policy with you, along with information about the complaint process.

DISCUSSION ABOUT COMPLAINT POLICY REQUIRED

First, a school representative must discuss the school's complaint policy with you. Following this discussion, you will be provided with this attachment to sign. After you sign this form, the school will give you a copy for your personal records. The school will also keep a copy on file.

ACKNOWLEDGMENT OF COMPLAINT PROCESS BY STUDENT

4. The school has described the grievance and/or complaint policy to me.
5. I understand that the policy can also be found in the school catalog.
6. I know I should first try to resolve a complaint or concern with my instructor or school administrator.
7. I understand nothing prevents me from contacting the Workforce Board at 360-709-4600 at any time with a concern or complaint, and complaint forms are: http://wtb.wa.gov/PCS_Complaints.asp.

Enrollment Agreement & Contract

8. I understand that I have one year to file a complaint from my last date of attendance.
9. I further understand that in the event of a school closure, I have 60 days to file a complaint.
10. I also understand that complaints are public records.
11. Finally, I acknowledge that details about the complaint process, my rights, and any restrictions on the time I have to file a complaint can be found at http://wtb.wa.gov/PCS_Complaints.asp

Name: _____ Signature: _____

Date: _____

ACKNOWLEDGMENT BY SCHOOL (Students do not sign this section)

Prior to being enrolled in this school, the applicant, whose name and signature appear above, has been made aware of the school's complaint policy.

Name: _____ Signature: _____

Title: _____

Date: _____



NAC Payment Schedule Plan

To participate in the payment plan there is an \$100.00 payment plan fee added on to your tuition invoice.

A \$100.00 registration is due for you to be able to attend Orientation. On the first day of class a \$200.00 payment is due, to equal a total of \$300.00. If this is not received by the start of class on the first day you are agreeing to give up your reserved spot in the class and will have to reapply for the next available course.

(Please note the \$100.00 registration fee is non-refundable at any time and if you must apply to a separate course, another \$100.00 registration fee will be due at that time.)

Prior to starting clinicals (approx. 2 weeks into class) a \$200.00 payment is due, to equal a total of \$500.00 of the full tuition. If this is not received by the 5th day of clinicals there will be a \$50.00 late fee added to your total tuition.

The remainder of tuition is due by your graduation date. If payment is not received fully by your graduation date you will accrue another \$50.00 late fee and you will not receive your certificate of completion which will delay your test date with the state until tuition has been paid. If you are unable to pay your full tuition within 4 months (120 days) after course completion, the validity of your certificate is voided, and you will have to repeat the class.

The amounts listed here only include your tuition cost and do not reflect the purchase of optional items such as book rental, extra scrubs, shoes or a watch.

By signing below, I am acknowledging that I have read and understand my financial responsibilities and agree to abide by the guidelines set forth by Columbia Safety LLC.

Name: _____

Signature: _____ Date: _____

Student Data Collection Form

STUDENT DATA COLLECTION FORM



The Workforce Board (the state agency that regulates this school) requires that we ask you for this information, by law (RCW 28C.10.050). Providing your social security number is voluntary. The information you provide, including social security number, is used for research purposes only and to plan for Washington's workforce training needs. By law, the information you provide on this form cannot be given out by any state agency as public information. The Workforce Board will not disclose data to anyone except authorized Workforce Board employees or contractors working on specific research activities, who follow strict confidentiality procedures. This format follows the information required to be submitted by the school as part of the annual student data report.

Columbia Safety LLC.
418 N Kellogg St. Suite A
Kennewick, WA 99336

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: ____/____/____ TM

Social Security Number: ____ - ____ - ____

Race (Check only one box):

White/Caucasian

Black/African American

American Indian or Alaska Native

Hawaiian Native or other Pacific Islander

Asian

Multiracial

Other

*Are you Hispanic in origin? Yes No

*Are you disabled? Yes No

*Are you a military veteran? Yes No

Sex: Male Female

Highest grade completed:

Less than high school graduation

High school graduate

GED

Some post high school, no degree/certificate

Certificate (less than 2 years)

Associate degree

Bachelor's degree

Master's degree or higher

Student Signature

Date

*Hispanic defined as a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

*Disability defined as a physical or mental impairment which substantially limits one or more major life activities, such as seeing, hearing, speaking, walking, learning, working, etc.

*Veteran defined as a student that served, is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard.

Nursing Assistant, Certified Program **Conviction/Criminal History Disclosure Form**

This form must be completed to be considered for Nursing Assistant, Certified Program admission and continuation.

Nursing Assistant, Certified Program reviews conviction/criminal history records when considering individual for admission and continuation. These reviews are carried out because they relate to the essential qualifications of potential and continuing students under the Nursing Assistant, Certified Program curriculum standards, as well as to the safety and security of patients and public. The Washington State Child and Adult Abuse Information Law RCW 43.43.830-842, requires that anyone with unsupervised access to certain vulnerable populations be screened for specific information about any convictions for crimes against persons and crimes relating to financial exploitations, and for findings in related actions and proceedings. Nursing Assistant, Certified Program involves unsupervised access to populations defined by this law. In addition, certain criminal convictions and certain court administrative determinations may preclude completion of the clinical portion of the curriculum. Clinical training sites are precluded by law from allowing persons with certain convictions histories to have unsupervised access to these vulnerable populations. Contracts with clinical training sites require Nursing Assistant, Certified Program to assure that its students have been screened.

Conviction information, including information regarding certain court and administrative determinations, must be disclosed and verified before an applicant or student can be considered for enrollment or continuation in Nursing Assistant, Certified Program. A conviction/criminal history record does not necessarily disqualify an individual from admission or continuation. Conviction/criminal history records must be verified through a private national background check agency specified by the program. Admission and/or continued enrollment is subject to a satisfactory background check review. Individuals who do not sign this Conviction/Criminal History Disclosure Form will not be considered for admission or continuation. Questions about the use of conviction/criminal history information may be referred to the Nursing Assistant, Certified Program Chair.

First Name:

Last Name:

SID:

I. CRIMES AGAINST PERSONS AND CRIME RELATING TO FINANCIAL EXPLOITATION

Yes No

Have you ever been convicted of any of the following crimes? If **YES**, please check all that apply and provide detailed information in section VI.

Arson (1 st Degree)	Custodial Interference (1 st , 2 nd Degree)	Prostitution
Assault (Custodial)	Extortion (1 st , 2 nd , 3 rd Degree)	Promoting Prostitution (1 st Degree)
Assault (Simple or 4 th Degree)	Forgery	Rape (1 st , 2 nd , 3 rd Degree)
Assault (1 st , 2 nd , 3 rd Degree)	Incest	Rape of a Child (1 st , 2 nd , 3 rd Degree)
Assault of a child (1 st , 2 nd , 3 rd Degree)	Indecent Exposure (Felony)	Robbery (1 st , 2 nd Degree)
Burglary (1 st degree)	Indecent Liberties	Selling/Distributing Erotic Material to a Minor
Child Abandonment	Kidnapping (1 st , 2 nd Degree)	Sexual Exploitation of a Minor
Child Abuse or Neglect (RCW 26.44.020)	Malicious Harassment	Sexual Misconduct with a Minor
Child Buying or Selling	Manslaughter (1 st , 2 nd Degree)	Theft (1 st , 2 nd , 3 rd Degree)
Child Molestation (1 st , 2 nd , 3 rd Degree)	Murder (Aggravated)	Unlawful Imprisonment
Communication with a Minor	Murder (1 st , 2 nd Degree)	Vehicular Homicide
Criminal Abandonment	Patronizing a Juvenile Prostitute	Violation of Child Abuse Restraining Order
Criminal Mistreatment (1 st , 2 nd Degree)	Promoting Pornography	Or Any of These Crime That May Have Been Renamed

II. RELATED PROCEEDINGS

Yes No

Have you ever been found in a dependency action, domestic relations proceeding, disciplinary board hearing, or protection proceeding to have: sexually assaulted or exploited, sexually or physically abused a minor or developmentally disabled person OR to have financially exploited or abused a vulnerable adult? If YES, please provide detailed information in Section VI.

If YES, please provide detailed information in Section VI.

III. DRUG-RELATED CRIMES

Yes No

Have you ever been convicted of a crime related to the manufacture of, delivery, or possession with intent to manufacture or deliver a controlled substance?

If YES, please provide detailed information in Section VI.

IV. MEDICARE FRAUD-RELATED CRIMES

Yes No

Have you been debarred, excluded or otherwise ineligible for participation in federal health care programs?

If YES, please provide detailed information in Section VI.

V. HEALTH CARE LICENSURE

Yes No

Have you ever had your license as a health care practitioner revoked?

If YES, please provide detailed information in Section VI.

VI. FOR ALL ITEMS CHECKED IN SECTIONS I – V, PLEASE SPECIFY:

- 1) The specific details including the court or agency involved
- 2) Conviction or action date(s)
- 3) Sentence(s) or penalty(ies) imposed
- 4) Prison release date(s)
- 5) Current standing (e.g. parole, work release, suspended license, etc.)

Please use other side of page if necessary



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Criminal Agreement

Have you have ever been convicted, entered a plea of no contest (or similar plea), had prosecution or a sentence deferred or suspended as an adult or juvenile in any State or jurisdiction.

If you answered “yes”, you MUST send copies of all certified court documents related to your criminal history with your application. If not provided, your application will be considered incomplete. If you have been granted certificate(s) of restoration of opportunity, please provide a certified copy of each certificate.

A criminal history may not bar you from obtaining a State credential, however, failure to report a criminal history may result in an extra cost to you and the application may be delayed or denied.

Columbia Safety is not responsible for reimbursement or a refund of tuition due to a denied background check or for a “pending” background check restricting the student from participating in clinical internships or receiving licensure from the Washington State Department of Health.

By signing, I acknowledge that I have fully read and understand the agreement. I agree that the information I have provided is true and that any false information provided may lead to my dismissal from the program.

Printed Name

Date

Signature

Program Name Number

Functional Abilities Required for Nursing Assistant

Students in the Nursing Assistant Certification Program at Columbia Safety Training Center must demonstrate functional abilities necessary to assess a client's needs.

Manual Dexterity:

- Write clear and legible nursing assistant progress notes

- Manipulate small objects

Mobility:

- Remain at a client's side for a prolonged period of time without sitting for purposes of monitoring and observation

- Perform CPR

- Manually position clients that are lying in a bed or sitting in a chair

- Lift fifty (50) pounds of weight without assistance

- Push an occupied wheelchair, shower chair or stretcher

- Move immobile clients from stretcher to bed, bed to stretcher, or bed to chair and back alone or with assistance from personnel

Processing Client Information:

- Respond to communication by clients with or without direct view of client's face

- Respond to monitor alarms, emergency signals, and call bells from client's in a noisy environment

- Identify changes in vital signs, vascular and abdominal sounds and report to nurses

- Identify odors such as smoke and spoiled food

- Identify cyanosis, absence of respirations, and movements of clients rapidly and accurately

- Visually monitor clients in dimmed light

- Protect confidential information (HIPAA)

Math Competency:

- Tell time – regular and military

- Has basic math & algebra skills (e.g. add, subtract, multiply and divide whole numbers, decimals and fractions)

- Use measuring tools

- Record numbers

- Measure accurate intake & output fluids

Emotional Stability:

- Provide emotional support to clients

Adapt rapidly to environmental changes and multiple task demands
Maintain adequate concentration and attention in client care settings

Critical Thinking:

Identify cause and effect relationships
Sequence information in a manner that is logical and understood by others
Make sound clinical judgments and decisions based on standards of nursing care
Seek assistance when clinical situations require a higher level of expertise/experience

Communication Skills:

Speak, comprehend, read and write English to meet need for accurate and clear communication
Respect differences in clients
Establish and maintain effective working relations with clients and co-workers
Provide information in an accurate and effective manner
Report any changes on patient's condition
Convey information to others through graphic, print, and/or electronic media in an accurate, timely, and comprehensive manner

Professional Behavior:

Notify the instructor of absence
Be punctual
Seek learning opportunities whenever possible while in the clinical setting
Act as a professional person and accept responsibility for own actions. Maintain integrity and accept feedback from instructors as a learning opportunity and make appropriate changes in behavior or skills
Identify own strengths and areas for growth in assigned setting
Follow the dress code
Complete assignments

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Please Print (First Name / MI / Last Name)

Student ID Number

Signature

Date



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INFORMED ACKNOWLEDGEMENT OF HAZARDS AND RISKS CONNECTED WITH PARTICIPATION IN NURSING PROGRAMS

Please read carefully and be sure you understand before you sign.

Participation in many learning activities can involve illness or injury of some type to yourself, a fellow student, or others associated with the learning experience. Such illness or injury can include direct or indirect physical or emotional injury ranging from minor cuts or muscle strains to catastrophic injury, such as complete paralysis, or death. Illness or injury can impair one's general physical or mental health and hinder one's future ability to earn a living, to engage in other business, social and recreational activities, and generally enjoy life.

ACKNOWLEDGEMENT OF RISKS AND HAZARDS

I have read the warning associated with the nursing programs, Informed Acknowledgment of Hazards and Risks. By signing this Acknowledgement of Risks and Hazards, I acknowledge that I understand its contents and that I choose to participate in the nursing programs administered by Columbia Safety Training Center (CSTC). I also will advise the instructor if I have, or develop, a condition that would be problematic in participating in planned laboratory, and/or clinical activities.

Printed Name

Date

Signature

Program

Number



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STUDENT HEALTH INSURANCE WAIVER

I understand the importance and available sources of health insurance coverage. I do not have a valid health insurance policy. I do not hold Columbia Safety Training Center (CSTC), or any affiliated institution liable for any illness or accident that may be directly related to being a nursing student at Columbia Safety Training Center (CSTC), and will be responsible for any medical fees as a result.

You may be required per clinical facility to provide a drug screen test. I agree to provide a sample to any clinical facility that needs a drug or alcohol test.

Printed Name

Date

Signature

Program Name Number



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NAC Vaccination Requirements

You will be required to have current vaccinations to attend your clinical rotations. Below is a REQUIRED list. You will not be allowed to attend any clinical rotation until this list is complete and proof of has been given to Columbia Safety. Columbia Safety partners with On Scene Medical to give some of these vaccinations at a reduced price. If you choose to complete any of these with On Scene Medical, please inform them at the time of you making your appointment that you are a NAC student with Columbia Safety. Cost of all vaccinations are your responsibility and will not be covered by Columbia Safety.

- MMR- Proof of 2 separate vaccinations OR 1 MMR and a titer
- Varicella- Proof of 1 vaccination OR a titer if you have had chicken pox.
- Tdap- Also known as Tetanus, Diptheria and Pertussis, proof of 1 vaccination is required.
- Hepatitis B- this is a 6 month series given once, repeated a month later and then again at 6 months. Proof of starting this is required, but completion is not necessary.
- Tuberculosis- Proof of this can be obtained by blood or the easiest method is a subcutaneous injection which is read 48-72 hours later. Required yearly.
- Flu Shot- Required yearly, this can be obtained at any pharmacy and is usually free if your insurance is billed. Proof is required.



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Vaccination Agreement

By signing below, I consent to abide by the policies and requirements put in place by each hospital/clinical site I will attend, as it pertains to vaccinations. If I am unable to receive any vaccinations for any reason, I consent to wear a mask for the duration of each shift, at each clinical site that may require it.

Printed Name

Date

Signature

Program Name Number



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Attendance Policy

All students must attend all laboratory and clinical sessions, arrive on time, not leave early and be prepared to actively participate. Any scheduled lab/clinical time that is tardy or missed will be considered an absence. Students are expected to attend ALL orientation classes.

Guidelines:

1. Absences will jeopardize meeting daily objectives and therefore, success in the program.
2. A student is allowed only 2 missed days. 1 from didactic and 1 from clinicals.
3. There are no “make-up” clinical/lab days.
4. A “no call-no show” is a serious offense and not permitted. Not calling or showing may be grounds for dismissal and will be referred to the Director.

I have read and understand the above policy.

Printed Name

Date

Signature

Program

Number



(509)820-3883

www.ColumbiaSafety.net

Handbook Agreement Policy

When you have finished reading this handbook, please sign the statement below, and return it to the program instructor.

I understand that I am responsible for all information contained within Columbia Safety Training Center (CSTC), Nursing Assistant Program Student Handbook and that a current copy is provided and always available.

I have read and agree to abide by the policies and requirements of the CSTC Nursing Assistant Programs as stated in the NA-C Program Student Handbook, of which I have been advised of its location on the CSTC website, and from which this page has been removed or printed. I acknowledge that I have been encouraged to retain my copy of this handbook for ongoing reference. I also understand that I will be informed in writing of any change in policy that occurs prior to the next handbook revision.

This handbook may be updated periodically, and you will be required to abide by the current handbook.

Printed Name

Date

Signature

Program

Number



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MEDIA RELEASE FORM

I, the undersigned, do hereby consent and agree that Columbia Safety Training Center (CSTC), its employees, or agents have the right to take photographs, videotape, or digital recordings of me at any time while I am a student of the Nursing Assistant Certified Program, and to use these in any/all media, now or hereafter known, and may be used for the purpose of:

- conference presentations;
- educational presentations or courses;
- informational presentations;
- online educational courses; and/or educational videos

I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I do hereby release to Columbia Safety Training Center (CSTC), its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that Columbia Safety Training Center (CSTC) is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Printed Name

Date

Signature

Program Name Number



(509)820-3883

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Nursing Assistant Program – Scrub Order Form

Student _____

Class # _____

Please select your size.	XS	S	M	L	XL	2X	3X
CHEST	35-36	37-39	40-43	44-47	48-50	51-53	54-57
WAIST	26-27	28-31	32-34	35-38	39-41	42-45	46-49
HIPS	37-38	39-41	42-45	46-48	49-52	53-56	57-59
INSEAM	28.5	28.5	29.5	30	30	30.5	31

How many sets of scrubs would you like? _____ x \$35.00 per set = \$_____

Less -\$35.00 (1st set included in tuition)

Total Due for Scrubs = \$_____

Paid: Yes No How: _____

PLEASE TRY SCRUBS ON BEFORE PLACING ORDER FOR CORRECT SIZE