



## Healthcare Training

*"We don't make your career... we make it better!"*

**1934 Graves Mill Rd., Lynchburg, Va. 24502**

**Web:** [www.RaspberryHilladc.com](http://www.RaspberryHilladc.com) **Email:** [EddieandTara@raspberrymilladc.com](mailto:EddieandTara@raspberrymilladc.com)

**Facebook:** [www.facebook.com/raspberrymill.adultdaycenter](http://www.facebook.com/raspberrymill.adultdaycenter)

It is the policy of the Raspberry Hill Healthcare Training, in compliance with applicable federal, state and local laws, not to discriminate against any applicant or to tolerate harassment because of race, color, religion, age, sex, national origin or ancestry, genetic make-up, marital status, veteran's status, physical or mental handicap unrelated in nature and extent to an individual's ability to fulfill the requirements of the program, or any other prohibited factor.

**Please complete each section on this form.**

**Application for:** *(Choose all that apply)* Hybrid Personal Care Aide, Hybrid Nurse Aide,  
or Hybrid 68 hour Medication Aide,

**\*Financial Aid CALL**

\*Region 2000 **434-455-5941**

\*GoodCare (Goodwill) **434-200-9920 ext.6114**

**Today's Date:** \_\_\_\_\_ **Beginning Class & Date:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ *(Needed for background check)*

**Full Name:** \_\_\_\_\_  
*First Name Middle Name Last Name Maiden Name*

**Age:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_ **Valid Driver's License or I.D:** Yes or No

**Home Address:** \_\_\_\_\_  
*Street Name City State Zip Code*

**Email address:** \_\_\_\_\_

**Telephone Number:** *Home:* \_\_\_\_\_ *Cell:* \_\_\_\_\_

Are you currently authorized to attend an education program such as the Raspberry Hill ADC Education Program in the United States?  Yes  No

**Have you completed the:** 120-hour Nurse Aide Course, 40-hour PCA or Direct Care Staff Course?

**If so, when and where?** *(Required for 68 Med Aide Class)* **Please bring a copy of your Certificate**

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

**Person to Be Notified In Case Of Emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_  
Street Name City State Zip Code

Telephone Number Home/Cell: \_\_\_\_\_

Have you graduated High School? GED? If so, what year? \_\_\_\_\_

\*Are currently in school or home-schooled? **Yes or No** (GED or High School Diploma is (NOT) REQUIRED for admission to the class)\*If so, what grade are you in? \_\_\_\_\_

**Sworn Disclosure Statement:** Section 32.1-126.01 of the Code of Virginia requires that any persons desiring work at a Nursing Facility provide the hiring facility with a sworn disclosure or affirmation disclosing any criminal convictions or pending criminal charges, whether within or without the Commonwealth of Virginia. The law prohibits licensed Nursing Facilities from hiring individuals convicted of the following: murder, abduction for immoral purposes, assaults and bodily wounding, arson, pandering, crimes against nature involving children, taking indescient liberties with children, abuse and neglect of children, failure to secure medical attention for an injured child, obscenity offenses, abuse or neglect of an incapacitated adult. However, applicants convicted of one misdemeanor crime not involving abuse or moral turpitude may be hired provided 5 years has elapsed since the conviction. Any person making a false statement on this form regarding any criminal offense shall be guilty upon conviction of Class I misdemeanor. Further dissemination of the information provided pursuant to this section is prohibited other than to a federal or state authority or court as may be required to comply with an express requirement of law for such dissemination.

**Regulations 18VAC90--25--20--B--3** state that each student applying to or enrolled in any Nurse Aide education program shall be given a copy of applicable Virginia law regarding criminal history records checks for employment in certain health care facilities, and a list of crimes which pose a barrier to such employment (See Guidance Document 90-55 under Educational Training Program tab at <http://www.raspberryhilladc.com/adult-day-care-educational-training-program>). \*Any person who has been convicted of a felony or misdemeanor may not be eligible for licensure as a certified nurse aide or a medication aide in VA. **By signing this I agree I have read and understand the Sworn disclosure Statement/link attached for barrier crimes, Guidance Document 90-55 that is explained above.** Any person who uses alcohol or drugs excessively may also be ineligible for licensure. (Section 54.1--3007 Code of Virginia). Please contact the Board of Nursing 1-804-367-4515 for further questions about crimes.

**Have you been convicted of a felony and/or misdemeanor since the age of 18?**  Yes  No If yes, please give details [offense(s), date(s), sentence(s), etc.]

Please list **3 professional references** not relatives that can verify your character. (Agency will call.)

1. Name: \_\_\_\_\_  
Address/phone: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address/phone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address/phone: \_\_\_\_\_

\* It is my understanding that I will not be considered for admission to the Raspberry Hill Healthcare Training until I have submitted all documents as specified by the Program. I further agree to inform the program coordinator of any changes in my address and/or legal name or plans to attend the Raspberry Hill Healthcare Training. I understand that withholding information requested in the application or giving false information on any documentation may make me ineligible for admission to/or continuation in the Raspberry Hill Healthcare Training. The Program will be released from any and all claims arising out of such investigation and testing. I understand that any false statements or omissions in response to the questions relating to convictions may result in refusal to admit me to the Raspberry Hill Healthcare Training. I understand that any background check will comply with the Fair Credit Reporting Act. I further understand that an applicant who meets all requirements is not guaranteed admission into the program. I understand and agree that this is not an application for employment with Raspberry Hill Healthcare Training .

**Please attach a summary of:** Why you are interested in the PCA/Certified Nursing Assistant/Med Aide program and your aspirations for the future.

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

***Tuition payment: DUE with application***

**Checks payable to and return applications to:**

Raspberry Hill Adult Daytime Center  
1381 Crossings Centre Drive, Suite A  
Forest VA 24551

Online credit/debit card payment through PayPal at [www.RaspberryHilladc.com](http://www.RaspberryHilladc.com)

- Personal Care Aide (Hybrid)**
- (Certified) Nurse Aide (Hybrid)**
- 68 hour Medication Aide (Hybrid)**
- (AHA BLS CPR, required for both classes (68 hr Med Aide, Nurse Aide)**  
**Med Aide /Nurse Aide**

**I understand that by signing this application I acknowledge receipt of and an understanding of the Guidance Document 90-55 and the Barrier Crimes List therein. I will authorize the Raspberry Hill Healthcare Training to conduct a Criminal background investigation and sexual offender registry before acceptance into the program.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PHOTO RELEASE

I, (student's name) \_\_\_\_\_ give my permission for Raspberry Hill Adult Daytime Center to use a picture or video taken of Education Classes (Personal Care Aide, Certified Nursing Assistant ,Medication Aide, CPR, First Aid, that are done at Raspberry Hill Adult Daytime Center for the following use: Pictures and Videos taken by Raspberry Hill Adult Daytime Center will be posted on the Raspberry Hill Adult Daytime Center Face book page, or website of Raspberry Hill Adult Daytime Center, [www.Raspberrhilladc.com](http://www.Raspberrhilladc.com). These pictures/videos will be for the sole purpose of demonstrating the Education classes and promoting them to the Community.

For good and valuable consideration and intending to be legally bound hereby, the undersigned agrees and consents that any photographs, films, videotapes, voice recordings and/or testimonials of her or him, taken or made by may in *any* manner be used, published, displayed, dealt in and copyrighted by the organization, and that all materials and rights connected herewith are the exclusive property of Raspberry Hill Adult Day Time Center.

The undersigned further agrees to release for herself or himself their heirs, executors and administrators of its officers, agents, employees, advertising agents, successors and assignees, from any obligation or liability and from any and all claims for libel, slander, invasion of privacy, compensation or any other claims based on the use or exhibition of said material.

Signature: \_\_\_\_\_

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

# Check list

## **Nurse Aide & Medication Aide**

\_\_ Fill application out & sent

\_\_ Full Tuition **DUE** with application.

**\*Financial Aid- If going through Region 2000, DARS, Goodwill, Social Services please let us know.**

\_\_ Barrier Crime info sheet (*read*) \*[http://www.vdh.virginia.gov/OLC/Laws/documents/barrier\\_crimes\\_guide.pdf](http://www.vdh.virginia.gov/OLC/Laws/documents/barrier_crimes_guide.pdf)  
(Due with application, **Nurse Aide/Med Aide only**)

**\*Please call VA Board of Nursing with questions related to specific questions about the impact of crimes on your State Board Licensure. 1-804-367-4515.**

\_\_ Copy of Drivers License or ID , \_\_ Photo Release Form signed , \_\_ Copy of current Healthcare Provider BLS CPR/AED Certification card (**Due by Orientation**)

\_\_ Copy of PCA or Nurse Aide certificate (**Med Aide only**)

\_\_ Copy of Immunization Records, \_\_ Hep B, \_\_ MMR or Titers, \_\_ Varicella vaccine or Titers (Chicken pox) **\*Required for clinical (Nurse Aide only)**

\_\_ Flu Vaccine (*October thru April Season only*) **Nurse Aide/Medication Aide**

\_\_ TB test within 1 year of attendance class date. ( Any later you will need to redo-Health Dept)

\_\_ Signed signature page that you have read Student Handbook (Due by Orientation Day)

\_\_ Take picture for Name Badge (on Orientation Day)

### **Supplies needed for class: Nurse Aide/Med Aide only**

\_\_ Burgundy scrub top/bottom (2 pair recommended)

\_\_ Stethoscope

\_\_ White closed toed shoes (**clean Tennis Shoes ok**)

\_\_ Manual Adult Size Blood Pressure Cuff (**optional**)

\_\_ Second hand watch

\_\_ Paper, Pens, Pencils, Highlighters, etc

\_\_ Pocket Drug Hand Book (**Medication Aide only**) \*Optional

# Tuition Refund and payment policies for facilities and general public:

## \*Nurse Aide/68 Medication Aide Program/PCA, 32hr Medication Aide, Direct Client Course: Including all Hybrid Courses.

- \*Payment is **DUE** for all classes upon **application deadline**. This amount must be received by application deadline or your spot cannot be reserved.
- \***Facilities** if there is *NO application* deadline please pay promptly upon receiving invoice so the student's spot will be secured. Failure to pay in a timely manner will result in non-enrollment for the student. Certificates of completion will not be issued to the student if there is any outstanding balance.
- BLS CPR is included in facility packages if a student already has CPR the tuition price remains the same, no adjustments to price will be made. Also if a student (**facilities only**) drop out of the class for any reason other than medical necessity (MD order), death in family the money is not transferable for another student for any reason in future classes. If there has been a death in the family or MD reasons with a MD note stating these reasons, the student with administrative approval may be able to attend the following class only. Space is limited and depending on acceptance from administration. Please contact the office for further details.

**Cancellations** must be **written 7 days** in advance of first day of class in order to get a refund on the class tuition. If an agreement has been made and confirmed by an agency that they are paying for a student that is attending our classes and the student drops out or doesn't attend class for any reason and cancel within the 7 days prior to class. Payment is still expected and the agency is held liable for payment.

Full payment is expected by the application deadline. Payment plan is not offered any longer privately. Paypal and EZ PAY is an option as we accept both as well as credit cards.

If you have a medical need with a MD order/death in family and have to stop attending classes we will make every effort to see if you can come in on the next class but it's not definitive it's based on space and administrative approval for none payment of next class. If you fail the course you will have to pay the same tuition price for the next class. If payment has been received and you are not eligible for a refund (passed deadline for a refund) none of your payment can be redeemed for any student in the present class or future class.

\*All Hybrid courses require you to pass an online portion before attending skills and clinical except refresher course. No Refunds will be given if you fail the online portion course. Please study hard and review daily! If you have any learning needs please talk to us we will help as much as possible! The

courses require daily lecture viewing and workbook assignments, reading assignments and some quizzes and tests. You should set aside a full day to be successful with no distractions.

**\*First Aide, CPR classes:**

\*In order to get a refund you must give a 36 hr notice in advance of the designated class date that you signed up for.

\*Anything notice after the 36 hr you will not get a refund. Thanks

**\*Facilities will be invoiced and payment is expected upon receipt of invoice for all classes. Failure to pay in a timely manner will result in dismiss of the student from the class that they have enrolled.** No certificates of completion will be issued to the student with any outstanding payments owed.

Thank you for your attention in this matter. We look forward to partnering with you!

**I agree to the terms by providing my signature:**

**Agency and/or Student:** \_\_\_\_\_

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