

School District of DeSoto County

Division of Career and Adult Education

Family Service Center

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 310 West Whidden Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arcadia, Florida 34266

## 2016/2017 Nursing Assistant Program

Dear Applicant,

Thank you for your interest in the Nursing Assistant program at the Family Service Center.

The State of Florida has restructured many of the courses of study to make transition from one program to another simpler. The Nursing Assistant and Practical Nursing programs are two of the many that have been changed.

The Nursing Assistant program consists of Health Science Core (HSC0003 - 90 hour class) plus the Nurse Aide and Orderly class (HCP0121 - 75 hour skill/clinical). Once these two courses are completed the CNA State Exam is taken and if passed, you are a licensed Certified Nursing Assistant. If you choose to further your nursing career, the Basic Healthcare Worker and the Nurse Aide and Orderly courses may be transferred to the Practical Nursing program course of study.

Below is an itemized listing of dates, times, tuition, books and fees for the next Nursing Assistant class. The book and fee charges are *estimates and are subject to change*. Classes will begin January 9, 2017 with all enrollments being on a first come first served basis. Registration is ongoing and will continue until the class is full. Orientation will be held at the Family Service Center on the first day of class beginning at 4:00 p.m. This meeting is mandatory; come dressed in scrubs and closed toe shoes.

**Health Science Core (HSC0003**) (Theory)

Class dates: January 9, 2017

Class times: Monday, Tuesday & Thursday - 4:00 p.m. to 9:30p.m.

Total Basic Health Care Worker: Tuition, Books, CPR & BFA Cards approximately $470.00

**CPR HIV and Domestic Violence will be taught only once during this course and attendance is mandatory.** Unless you have a valid CPR card you **must** attend. If it is missed, you will be responsible for obtaining CPR instruction on your own. You will be notified during class of the dates and times.

**Nurse Aide and Orderly (HCP0121** (Skills and Clinicals limited to 12 students per class (2 classes available)

Class dates: February22, 2017

Class times: Monday and Tuesday or Wednesday and Thursday - 4:00 p.m. to 10:30 p.m.

Total Nurse Aide and Orderly: Tuition, Liability Insurance is approximately $240.00

The following is a list of items which are necessary for the **Nurse Aide and Orderly** course and are due at time of initial registration:

* Proof of health insurance or Medicaid, proof of PPD (tuberculosis) test within the last 12 months and proof of Hepatitis B shot series.
* While in the classroom, closed toe shoes and scrubs are required, you may wear any color.
* During your visits to the hospital and nursing home, Royal Blue uniforms/scrubs and closed toe shoes, a watch with second hand and stethoscope are required. A location will be shared with you to order specific uniforms.

**Florida Board of Nursing - State Test**

The approximate cost of the State Testing Fee ($155.00) and the FBI Background Screening fee ($95.00)

The State testing fee and the Background fee will both be included in the total amount collected for the Nursing Assistant class you attend. The application for the state exam will be completed at the conclusion of the Nurse Aide and Orderly course and will be submitted to the testing agency. A Level II background check is required for all applicants taking the State Exam which the student will be responsible for securing a date at time of application. Enclosed you will find the “Criminal History Information from the Board of Nursing Website” document. Since a background screening is required prior to entering the clinical sites and taking the State Exam, this document is included with this letter.

**Proof of Residency for Tuition Purposes:**

Beginning July 1, 2011, all students are required to provide 2 different forms of ID to show proof of Florida Residency. Attached is the notice explaining the Florida Residence for Tuition Purposes documentation. If a student cannot prove Florida Residency, he/she will have to pay the out-of-state tuition rate to enroll in classes.

**Registration Process:**

* Schedule an appointment with Mrs. Gonzales to take the TABE test unless one has been taken within the last year.
* Orientation will be scheduled with the Intake & Placement Specialist to review your scores and/or register for Nursing Assistant class as registration is ongoing until the class is full.
* Contact number is 863-993-1333.

A down payment of $275.00 is due at the time of registration with the balance due in three (3) additionally scheduled payments. You may contact Heartland Workforce @ 863-993-1008, Florida Farmworker @ 863-784-7043, Manatee Community Action Agency, Inc. @ 863-448-9203 or Family Service Center @ 863-993-1333 for information on the grants and scholarships. All arrangements must be settled before the first day of the nursing assistant program.

Attached is information on the proof of Residency, fingerprinting requirements and the background screening.

If you have any questions, please feel free to email me at [theresa.wheeler@desotoschools.com](mailto:theresa.wheeler@desotoschools.com) or call at 863-993-1333 to speak with Mrs. Gonzalez or myself. I hope to see you soon and do remember,

**“An education is the opening of new doors for you!”**

Sincerely,

*Theresa Wheeler*

PROOF OF RESIDENCY FOR TUITION PURPOSES

To qualify for Florida Residency Tuition Rate, students will be required to show proof of Florida residency. If a student can not prove Florida Residency, he/she will have to pay the out–of–state tuition rate to enroll in classes.

1. The documents must include at least one of the following:

a. Florida voter’s registration card

b. Florida driver’s license

c. State of Florida identification card

d. Florida vehicle registration

e. Proof of a permanent home in Florida which is occupied as a primary residence by the individual or the individual’s parent if the individual is a dependent child.

f. Proof of homestead exemption

g. Transcripts from a Florida high school for multiple years if the Florida high school diploma or GED was earned in the last 12 months

h. Proof of permanent full-time employment in Florida for at least 30 hours per week for a 12 month period.

1. The documents may include one or more of the following:

a. Declaration of domicile in Florida

b. Florida professional or occupational license

c. Florida incorporation

d. Document evidencing family ties in Florida

e. Proof of membership in a Florida based charitable or professional organization

f. Any other documentation that supports the student’s request for resident status, including

but not limited to, utility bills and proof of 12 consecutive months of payment; a lease agreement and proof of 12 consecutive months of payment; or an official state, federal or court document evidencing legal ties to Florida.

x

**Share with Your Friends**

[**Delicious**](http://del.icio.us/post?v=2&url=http%3A%2F%2Fbit.ly%2F15z4a2e&title=FBON%20Frequently%20Asked%20Questions%20and%20How%20To%27s)[**StumbleUpon**](http://www.stumbleupon.com/submit?url=http%3A%2F%2Fbulkmail.doh.state.fl.us%2Findex.php%3Faction%3Dsocial%26c%3D45fbc6d3e05ebd93369ce542e8f2322d.301%26referral%3Dstumbleupon&title=FBON%20Frequently%20Asked%20Questions%20and%20How%20To%27s)[**Reddit**](http://reddit.com/submit?url=http%3A%2F%2Fbit.ly%2F15z4ait&title=FBON%20Frequently%20Asked%20Questions%20and%20How%20To%27s)[**Digg**](http://digg.com/submit?phase=2&url=http%3A%2F%2Fbit.ly%2F15CtJoN&title=FBON%20Frequently%20Asked%20Questions%20and%20How%20To%27s)[**LinkedIn**](http://bulkmail.doh.state.fl.us/index.php?action=social&c=45fbc6d3e05ebd93369ce542e8f2322d.301&ref=linkedin)[**Tumblr**](http://bulkmail.doh.state.fl.us/index.php?action=social&c=45fbc6d3e05ebd93369ce542e8f2322d.301&ref=tumblr)

[**OK**](http://bulkmail.doh.state.fl.us/index.php?action=social&c=45fbc6d3e05ebd93369ce542e8f2322d.301)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Description: http://www.mqaweb.com/emails/bom/images/spacer.gif | Description: http://www.mqaweb.com/emails/bom/images/spacer.gif | Description: http://www.mqaweb.com/emails/bom/images/spacer.gif | Description: http://www.mqaweb.com/emails/bom/images/spacer.gif | Description: http://www.mqaweb.com/emails/bom/images/spacer.gifover | Description: http://www.mqaweb.com/emails/bom/images/spacer.gif | Description: http://www.mqaweb.com/emails/bom/images/spacer.gif |
| Description: http://www.mqaweb.com/emails/bom/images/bon_header2.png | | | | | | | Description: http://www.mqaweb.com/emails/bom/images/spacer.gif |

**Electronic Fingerprinting**

Description: http://floridasnursing.gov/wp-content/themes/dohboards/img/divider.png

Applicants for initial licensure must use a Livescan service provider to have their fingerprints submitted electronically to the Florida Department of Law Enforcement (FDLE) for conducting a search for any Florida and national criminal history records that may pertain to the applicant. The results will be returned to the Care Provider Background Screening Clearinghouse (Clearinghouse) and made available to the board office for consideration during the licensure process. The Livescan fingerprints submitted by the applicant will be retained by FDLE and the Clearinghouse. All costs for conducting a criminal history background screening are borne by the applicant. **The Board of Nursing is no longer authorized by law to accept hard fingerprint cards or results from the applicant.** All results must be submitted electronically from a Livescan service provider.

It is important to use the correct Originating Agency Identification (ORI) when submitting fingerprints. If you do not provide an ORI number or if you provide an incorrect ORI number to the service provider, the board office **will not** receive your fingerprint results.

Applicants who reside outside of the State of Florida must have their prints taken on a hard fingerprint card and contact an approved [Livescan service provider](http://floridasnursing.gov/forms/out-of-state-out-of-county-applicants.pdf) who converts cards.

Applicants can use any FDLE approved Livescan service provider to submit their fingerprints. The applicant is fully responsible for selecting the service provider and ensuring the results are reported to the board office. For more information, FAQs, and a list of all approved Livescan service providers please visit the [Department’s website.](http://www.floridahealth.gov/licensing-and-regulation/background-screening/index.html)

Please take the [Nursing Electronic Fingerprint Form](http://www.floridasnursing.gov/forms/electronic-fingerprinting-form-nursing.pdf) (RN/LPN/ARNP) or the [CNA Electronic Fingerprint Form](http://floridasnursing.gov/forms/electronic-fingerprinting-form-cna-by-exam.pdf) with you to the Livescan provider. Please check the service provider’s requirements to see if you need to bring any additional items. Please verify the ORI number submitted by the Livescan service provider matches the information provided by the Florida Board of Nursing.

**Background Screening**

Description: http://floridasnursing.gov/wp-content/themes/dohboards/img/divider.png

Applicants for initial licensure must use a Livescan service provider to have their fingerprints submitted electronically to the Florida Department of Law Enforcement (FDLE) for conducting a search for any Florida and national criminal history records that may pertain to applicant. The results will be returned to the Care Provider Background Screening Clearinghouse (Clearinghouse) and made available to the Department for consideration during the licensure process. The Livescan fingerprints submitted by the applicant will be retained by FDLE and the Clearinghouse. All costs for conducting a criminal history background screening are borne by the applicant. The Department cannot accept hard fingerprint cards or results. All results must be submitted electronically to the Clearinghouse.

It is important to use the correct Originating Agency Identification (ORI) when submitting fingerprints. If you do not provide an ORI number or if you provide an incorrect ORI number to the service provider, the board office **will not** receive your fingerprint results, so it is extremely important to use the correct ORI when having your fingerprints scanned.

Applicants can use any FDLE approved Livescan service provider to submit their fingerprints. The applicant is fully responsible for selecting the service provider and ensuring the results are reported to the Department. For more information, FAQs, and a list of all approved Livescan service providers please visit the [Department’s website](http://www.floridahealth.gov/licensing-and-regulation/background-screening/index.html).

Please check the service provider’s requirements to see if you need to bring any additional items. Please verify the Originating Agency Identification (ORI) number submitted by the Livescan service provider matches the information provided by the Florida Board of Nursing.

**SCHOOL DISTRICT OF DeSOTO COUNTY**

DIVISION OF CAREER AND ADULT EDUCATION

310 WEST WHIDDEN STREET, ARCADIA, FLORIDA 34266

(863) 993-1333 FAX: (863) 993-9181

**NURSING ASSISTANT APPLICATION**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle Maiden Name

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Florida \_\_\_\_\_\_\_\_\_\_\_\_

Street Name and Number or P. O. Box City Zip Code

Phone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Cell Work

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Dr. ‘s Name

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

Address City State Zip Code

In case of an emergency, please notify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship Phone Number

Currently employed: ( ) yes ( ) no Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have: ( ) High School Diploma ( ) GED ( ) Neither ( ) Would like to register for ABE/GED classes.

Where did you last attend school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What year \_\_\_\_\_\_\_\_\_\_\_

Have you lived in the State of Florida continuously for the last 12 months? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is responsible for the tuition, books & supplies? ( ) Personal responsibility ( ) Other agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please explain)

Do you currently receive public assistance? ( ) yes ( ) no Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a Felony? ( ) yes ( ) no Misdemeanor? ( ) yes ( ) no

What persuaded you to pursue a career in the health field? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Where do you plan on working once you complete your training? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you plan on continuing your training in health occupations? ( ) yes ( ) no In what field? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does any of the following apply to you…. Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

* Have worked as an adult primarily without remuneration (payment) to care for home and family and for that reason has diminished marketable skills.
* Has been dependent on public assistance or on the income of a relative but is no longer supported by such income.
* Is a parent whose youngest child will become ineligible (at age 16) to receive assistance under the program for Aid to Families with Dependent children under Part A of the Title IV of the Social Security Act within two years of the parent’s application for assistance under the Act.
* Is employed or underemployed and is experiencing difficulty in obtaining any employment or suitable employment as appropriate.
* Is described in one of the above statements and is a criminal offender.

**APPLICATION MUST BE RETURNED TO**

Family Service Center - Division of Career and Adult Education

Attn: Theresa Wheeler

310 W. Whidden Street, Arcadia, Florida 34266

Accommodations and services are available to students with special needs.

DIS-WFD-1-9-009-R06/12



School District of DeSoto County

Division of Career and Adult Education

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Service Center \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

310 West Whidden Street

Arcadia, Florida 34266

RELEASE OF INFORMATION

I hereby grant permission to the School District of DeSoto County - Division of Career and Adult Education programs to make inquiries on my behalf to outside agencies, i.e. employers, schools / colleges, doctors, mental health agencies etc. and authorize these agencies to release information to the School District of DeSoto County - Division of Career and Adult Education.

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

Print name Date

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

Signature Student ID Number

EQUAL EDUCATIONAL OPPORTUNITIES ASSURANCES

**SCHOOL BOARD POLICY EPS CODES: AA & JFCL**

NON-DISCRIMINATORY MINORITY LANGUAGE EQUITY

“National origin minority or limited English proficient students shall not be subjected to any disciplinary action because of their use of a language other than English.” [FAC 6A-6.0908(3)]. If you feel you have been unfairly discriminated against and disciplined because of your use of a language other than English in the DeSoto County public schools, please notify the school principal and/or Mr. Phillip Nedley, Director of Human Resources at (863) 494-4222.

VOCATIONAL EDUCATION EQUITY

**SCHOOL BOARD POLICY EPS CODE: AA**

All vocational courses are open to all students without regard to race, color, national origin, sex or disability. If you feel you have been discriminated against in any one of these areas, please notify your principal and/or Mr. Phillip Nedley, Director of Human Resources at (863) 494-4222.

AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

**SCHOOL BOARD POLICY EPS CODE: AC**

Unlawful Discrimination Prohibited. The DeSoto County School Board subscribes to and will comply with the Florida Educational Equity Act. The school board will ensure implementation of this Act in the following areas: treatment of students, health services, interscholastic, club and intramural athletics, student financial assistance, student employment, educational and work environment, and personnel.

No person shall, on the basis of race, color, religion, sex, national origin, disability, age or marital status, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity except as provided by law.

General Authority 230.22 FS., 228.2001 FS, DOE Rules 6A-19.01, 6A-19.10.

Dr. Angela Staley, Director of the ESE Department

494 N. Manatee Ave.

Arcadia, FL 34266

(863) 494-0261

Contact Director Staley for a copy of the Customer Complaint Procedures (EPS Code: AA-R).