

Bay Nurse Assistant Program
619 Main Street, Essexville, MI 48732
Tel 989-894-2151/Fax 734-533-6022
info@baynurseassistantprogram.com
www.baynurseassistantprogram.com



REGISTRATION CHECKLIST

- Application Form
- Student Contract
- Background Check Consent Form
- Negative TB test within one year
- Deposit Payment - \$300

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Application Form

Name: _____

Address: _____

Phone: _____ Date of Birth: _____

E-mail Address: _____

Emergency Contact: _____ Relationship: _____

Phone: _____ Secondary Phone: _____

Dates of class you are registering for: _____

Are you able to lift 50 pounds? YES NO

Do you have any medical restrictions or conditions? YES NO

Have you ever been convicted of a misdemeanor or felony? YES NO

If yes to any of the above, describe in full:

How did you hear about us?



STUDENT CONTRACT

STUDENT NAME: _____

Attendance Policy

1. Students are expected to attend all classroom, laboratory, and clinical experiences.
2. Absences and tardiness' are not allowed. If an emergency should occur, the student must have permission from the Healthcare Director.
3. Absences or tardiness' without permission by the Healthcare Director will result in immediate termination from the program.
4. There are absolutely no refunds once the class has started.

Dress Code

1. Classroom Dress Code: Students must wear navy blue scrubs to class with closed toed shoes. No baseball caps or flip flops. All clothes are to be clean and pressed.
2. Clinical Dress Code: Navy blue scrubs, and clean shoes. A watch with second hand is required.
3. Piercings and Tattoos: No face or tongue piercing is allowed. Tattoos must be covered.
4. Jewelry: Must be kept to a minimum, such as wedding ring, watch, and small ear studs.

Grading Criteria

1. Classroom: Written exams follow chapters. Students must receive a 75% in order to pass. If the student scores below a 75% they will be allowed to retake the exam. A one on one instruction will be made available. If a 75% score is not obtained through review and retest the student will be terminated from the program.
2. Laboratory: Students receive either a satisfactory or unsatisfactory grade. If the student receives an unsatisfactory grade, they must do the skill over until a satisfactory grade is achieved.
3. Clinical: Students receive either a satisfactory or unsatisfactory grade. If the student receives an unsatisfactory grade, they must do the skill over until a satisfactory grade is achieved.

I, _____, indicate that I have read and understand the above terms and conditions of Bay Nurse Assistant Program. I acknowledge that any violation of these terms and conditions can result in termination from the program.

Student signature

Date



BACKGROUND CHECK CONSENT FORM

Full Name : _____

Street Address : _____

City, State, Zip Code : _____

Race : _____

Sex (Circle): MALE FEMALE

Date of Birth: _____

Maiden Names or Previously Used Names : _____

Drivers License Number : _____

As part of our agreement with the long-term care facilities which allow us to provide clinical experience at their location, we are required to obtain criminal background information on each student. This information may be made available to the long-term care facility.

I certify that the information completed on this form is accurate, and to the best of my knowledge.

I understand that if the background check determines that I have certain misdemeanors or felonies, I may be prohibited from attending the clinical training and therefore not eligible to complete the certified nurse assistant program.

SIGNATURE : _____ DATE : _____

