

**Med-Cert Training Center – Maple Heights**  
**5416 Northfield Road**  
**Maple Heights, OH 44137**  
**Phone (440) 786-2378, Fax (440) 786-7327**  
**Email:medcertraining@yahoo.com**

**Med-Cert Training Center – AKRON**  
**733 West Market Street, Suite 101**  
**Akron, OH 44303**  
**Phone (877)-514-2378, Fax (440) 786-7327**  
**Email:medcertraining@yahoo.com**

**Application for Admission Nurse Aide Training Program**

Interested in taking classes at this location:     Maple Heights     Akron

How did you hear about us?     Web     Friend     Radio     Other \_\_\_\_\_

I plan to enroll in the class scheduled for the month of \_\_\_\_\_

Check one of the following:     Day (Mon/Wed)     Day (2 Week)     Evening     Weekend

Full Name _____				
Last	First	Middle		
Mailing Address _____				
Street	City	State	Zip	
Home Telephone Number _____		Social Security # _____		
Cell Number _____		Email Address _____		
Date of Birth _____		<input type="checkbox"/> Male <input type="checkbox"/> Female		
In Case of Emergency Notify _____			Phone Number _____	

**Education History:** List High School, College or other schools attended including other Nurse Aide Training Programs

School	Address	Years Attended (mm-yy) / (mm-yy)	Area of Study	Highest Level Completed	Did You Graduate?

**Employment History:** List your two most recent positions.

Date (month and year)	Employer	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				

**\*\*\*IMPORTANT INFORMATION\*\*\***

Physical and TB Test

Completed physical form **and** evidence of TB test **must** be submitted to Med-Cert by the second Monday of the 2 week class and by the beginning of the third week for all other classes.

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

Criminal Background Check

Complete background check **must** be submitted to Med-Cert by the second Monday of the 2 week class and by the beginning of the third week for all other classes.

I swear and affirm that I have not committed or have been convicted of a violent crime, theft, or exploitation of the elderly. I understand that Senate Bill 160 will not permit individuals with certain misdemeanors and felonies to work in Long-Term Care Facilities.

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

**By signing below, I verify that the information I have supplied in this document is true and complete to the best of my knowledge, and that I have read Med-Cert Training Center's General Information and Policies.**

\_\_\_\_\_  
**Student Signature**

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

**\*\*\*Note: Application must be made no later than 5 business days before class start date\*\*\***

**For Med-Cert Use Only:**

Tuition Amount Paid \$ \_\_\_\_\_

T-Shirt Amount Paid \$ \_\_\_\_\_

Background Check Amount Paid \$ \_\_\_\_\_

**TOTAL AMOUNT PAID \$ \_\_\_\_\_**

Payment information:    Cash            Check or Money Order # \_\_\_\_\_            Credit Card

Received by \_\_\_\_\_    Date: \_\_\_\_\_

TB Test Attached

Physical form Attached

Background Check Attached

*Med-Cert Training Center  
5416 Northfield Road  
Maple Heights, OH 44137  
Phone (440) 786-2378, Fax (440) 786-7327  
Email: medcerttraining@yahoo.com*

## **State Tested Nurse Aide (STNA) Training Program Overview & General Information**

### **Course Description**

A 76-hour State approved course covering Basic Nursing Skills, Personal Care Skills, Mental Health, and Social Service Needs. Basic Restorative Services, Residents' Rights, Communication and Interpersonal Skills, Infection Prevention and Control, Safety and Emergency Procedures, Promoting Residents Independence and Respecting Resident's Rights. To receive a Certificate of Successful Completion student must pass written exams with an overall score of 80% or greater and demonstrate proficiency in all skills learned. Student must also complete 16 hours of mandatory hands-on clinical.

### **Admission Guidelines**

Diploma or GED is not required, but candidate must be able to read and perform basic math skills. Student must be at least 16 years old to begin training. Good physical health exam, TB tests and background check **must** be submitted to Med-Cert by the second Monday of the 2 week class and by the beginning of the third week for all other classes.

### **The Role of the Nurse Aide**

The Nurse Aide is an important member of the nursing team. This individual is instrumental in providing residents with basic nursing and personal care, as well as providing emotional and physical support

### **Employers**

There is a high demand for State tested Nurse Assistants in Nursing Homes, Hospitals, Home Health Care, Hospice and Assisted Living Facilities.

### **NOTE**

We train students with the information that is required to take the Ohio Department of Health's Nurse Aide competency test, a multiple choice written/oral test and skills test to become a State-Tested Nurse Aide (STNA). The State Exam is scheduled after the completion of classes & Clinicals.

The training received at Med-Cert will fully prepare students to take the state exam. We encourage all of the students to take the exam as soon as possible after completing the training curriculum.

### **STATE REQUIREMENTS**

- Course length is 60 hours of classroom training plus 16 hours of clinical training.
- See attached calendars for class times and dates.
- Clinicals — The State of Ohio mandates at least 16 hours of clinical training. Failure to attend all 16 hours (due to absence or tardiness) will result in an incomplete. Training must be completed within 60 days of the last day of your program. Make-up training will be completed based on space and availability in the next scheduled class.

## **UNIFORM REQUIREMENT**

- *S.T.N.A. Class* – Any classroom **appropriate** clothing can be worn.
- *CLINICAL* – Green Med-Cert Trainee T-shirt (purchased through Med-Cert for \$11.00 (\$15.00 sizes 2XL and 3XL), WHITE Scrub Pants and SHOES (No exceptions)
- *NAME BADGE* – provided by Med-Cert

## **ATTENDANCE - NO EXCEPTIONS**

- **DUE TO THE LENGTH OF THE PROGRAM ABSENCE FROM CLASS IS STRONGLY DISCOURAGED.**
- THERE IS ONLY ONE (1) MAKE-UP DAY!
- CLINICALS CANNOT BE MADE-UP!
- S.T.N.A. TRAINEE'S ARE ALSO GRADED FOR PUNCTUALITY!
- IF LATE FOR CLINICAL STUDENT IS NOT ALLOWED OR ADMITTED ON FACILITY FLOOR!

## **CELL PHONES PROHIBITED**

- CELL PHONES ARE TO BE TURNED OFF PRIOR TO CLASS & CLINICALS! (NO RINGING - NO VIBRATING - NO BEEPING - NO TEXTING)!
- Telephones may ONLY be used during your 15-minute break or scheduled lunch time!

### **What do I receive once I complete the course?**

You will receive your certificate of completion for nurse assistant training and you will be eligible to register for the Ohio State Test.

### **Are the class times flexible?**

No, you must be on time for each and every class.

### **What happens if I miss a day?**

We have incorporated ONE makeup day for students that miss time, however, if you miss more than one day you will be dropped from the course, regardless of the reason for missing more than one day.

### **How old can the physical & TB Test (or chest x-ray) be?**

Your Physical cannot be more than 6 months old from the start of class, your TB Test cannot be more than one year old and chest x-ray cannot be more than 2 years old.

### **Where can I get a physical or TB Test be done?**

You can get a physical & TB test from your own healthcare provider or the free clinic. Metro Health Tuberculosis Clinic does TB testing to Cuyahoga County residents. You can also obtain a physical/TB test from Neon Health, CVS Minute Clinic or Walgreen Take Care Clinics.

### **Where can I obtain a criminal record check?**

A **county wide background check** may be obtained from the Justice Center downtown for a total of \$6.00.

Cuyahoga County Sheriff's Office  
1215 West 3<sup>rd</sup> Street  
Cleveland, OH 44113

**If you live outside of Cuyahoga County you may contact your local sheriff's department.**

**List of locations that offer TB Test/Physicals**

**AKRON AREA**

Akron/North Canton CVS – 330-966-4703  
Akron CVS – 330-867-5410  
Hudson CVS – 330-650-0605  
Kent CVS – 330-678-4009

**CLEVELAND AREA – 866-389-2727**

CVS – Physical - \$79  
TB - \$35  
[www.cvs.com/minuteclinic](http://www.cvs.com/minuteclinic)

**ALL WALGREENS LOCATIONS  
\$60 PHYSICALS AND \$28 TB TEST**

Cleveland Area – 866-825-3227  
Elyria Walgreens  
Mentor Walgreens  
Solon Walgreens

**AKRON AREA – 866-825-3227**

Barberton Walgreens  
Cuyahoga Falls Walgreens

**FREE CLINICS**

**Free Clinic Cleveland – 216-721-4010**

Physicals – Wednesday 9:30am first 10 – 15 people  
TB shot – Tuesday & Wednesday 10am – 12pm

**Free Clinic Canton – 330-455-3663**

Tuesday only 8am – 3pm

**ADVANCE MEDICAL SERVICES – 216-502-4320**

Physical - \$55  
TB - \$20

**EXPRESSWORKS (AKRON) – 330-645-0411**

Physical - \$60  
TB Test – 1 step \$20; 2 step \$40

**THOMAS F. MCCAFFERTY HEALTH CENTER – 216-957-4848**

TB Test – \$5

**J. GLENN SMITH HEALTH CENTER – 216-249-3600**

TB Test – \$5

\*All prices subject to change

## **TB Test**

*Med-Cert requires at least a one step TB Test. Your TB (Mantoux) Test or the results of a chest x-ray cannot be more than one year old.*

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### **Step 1 of TB Test**

**Your 1<sup>st</sup> shot is given in one of your arms.**

**After 48-72 hours you go back and have the area read.**

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### **Step 2 of TB Test**

Between 7 to 21 day after the first shot is given, **a second shot** will be administered in the other arm.

After 48-72 hours go back and have the second area results read.

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## **Physical**

*Your physical cannot be more than one year old.*

*We do not need an invasive physical, just a statement from your medical professional stating that you are able to perform the duties of an STNA & have no restrictions.*

## **Background Check**

*We require a County background (criminal) check. It cannot be more than one year old.*

*A BCI or FBI criminal check cannot be more than a year old.*



## Enrollment Agreement

MED-CERT  
5416 Northfield Road, Maple Heights, OH 44137 •  
733 West Market St, Suite #101, Akron, OH 44303  
440 786-2378 (phone) • 440-786-7327 (fax)

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ S.S. Number: \_\_\_\_\_

*I am hereby enrolling in the following academic program and my enrollment is subject to the terms and conditions stated in this enrollment agreement.*

Check	Program	Registration Fee	Book Fee	Laboratory Fee	Tuition	Total Cost
	Phlebotomy Technician	\$65	\$0	\$0	\$585	\$650
	Home Health Aide	\$30	\$0	\$0	\$195	\$225
	STNA	\$47	\$0	\$0	\$428	\$475

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

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

**Program Name:** Phlebotomy Technician

**Program length:** 60 Clock Hours. This program is normally completed in 7-1/2 calendar weeks. Total cost of program at current tuition and fee rates: \$650.00

**Program Name:** Home Health Aide

**Program length:** 76 Clock Hours. This program is normally completed in 2 calendar weeks for the day class or 5 weeks for the weekend class. Total cost of program at current tuition and fee rates: \$225.00

**Program Name:** State Tested Nursing Assistant (STNA)

**Program length:** 76 Clock Hours. This program is normally completed in 2 calendar weeks for the day class or 5 weeks for the weekend class. Total cost of program at current tuition and fee rates: \$475.00

**Payment:** Payable in full or by payment plan listed on page Exhibit A1 – A2.

Tuition and fee charges are subject to change at the school's discretion. Any tuition or fee increases will become effective for the school term following student notification of the increase.

### **Cancellation and Settlement policy**

This enrollment agreement may be canceled within five calendar days after the date of signing provided that the school is notified of the cancellation in writing. If such cancellation is made, the school will promptly refund in full all tuition and fees paid pursuant to the enrollment agreement and the refund shall be made no later than thirty days after cancellation. This provision shall not apply if the student has already started academic classes.

### **Refund Policy**

If the student is not accepted into the training program, all monies paid by the student shall be refunded. Refunds for books, supplies and consumable fees shall be made in accordance with Ohio Administrative Code section 3332-1-10.1. There is one (1) academic term for the Phlebotomy program that is 60 clock hours in length and (1) academic term for the STNA and Home Health Aide programs that is 76 clock hours in length. Refunds for tuition and refundable fees shall be made in accordance with following provisions as established by Ohio Administrative Code section 3332-1-10:

- (1) A student who withdraws before the first class and after the 5-day cancellation period shall be obligated for the registration fee.
- (2) A student who starts class and withdraws before the academic term is 15% completed will be obligated for 25% of the tuition paid plus the registration fee.
- (3) A student who starts class and withdraws after the academic term is 15% but before the academic term is 25% completed will be obligated for 50% of the tuition paid plus the registration fee.
- (4) A student who starts class and withdraws after the academic term is 25% complete but before the academic term is 40% completed will be obligated for 75% of the tuition paid plus the registration fee.
- (5) A student who starts class and withdraws after the academic term is 40% completed will not be entitled to a refund of the tuition and fees paid.

The school shall make the appropriate refund within thirty days of the date the school is able to determine that a student has withdrawn or has been terminated from a program. Refunds shall be based upon the last date of a student's attendance or participation in an academic school activity.



## Complaint or Grievance Procedure

All student complaints should be first directed to the school personnel involved. If no resolution is forthcoming, a written complaint shall be submitted to the director of the school. Whether or not the problem or complaint has been resolved to his/her satisfaction by the school, the student may direct any problem or complaint to the Executive Director, State Board of Career Colleges and Schools, 30 East Broad Street, Suite 2481, Columbus, Ohio, 43215, Phone 614-466-2752; toll free 877-275-4219.

I acknowledge that I have received a school catalog and agree with the school policies and procedures stated. I acknowledge that I have received and read a copy of this enrollment agreement.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

School representative: \_\_\_\_\_ Date: \_\_\_\_\_



STATE OF OHIO  
BOARD OF CAREER COLLEGES AND SCHOOLS  
30 EAST BROAD STREET, SUITE 2481 COLUMBUS, OHIO 43215-3414  
(614) 466-2752 Fax (614) 466-2219  
Toll Free (877) 275-4219  
E-mail: bpsr@scr.state.oh.us Website: http://scr.ohio.gov/

## State of Ohio Student Disclosure Form

Name of School Med-Cert, Inc  
5416 Northfield Road  
*This school is registered with and approved by the State Board of Career Colleges & Schools*

### 1. Enrollment Agreement & Catalog

I have read and received a copy of the enrollment agreement and received a copy of the school catalog.  
I understand that the terms and conditions of the enrollment agreement are not subject to amendment or modification by oral agreements. All changes must be in writing and signed by both parties.

\_\_\_\_\_ Student's Initials

### 2. School Outcomes

I have been informed of the school's placement and graduation rates for each of the preceding three years as well as the most recent Ohio state licensure test results, if applicable, for the program I am entering.

\_\_\_\_\_ Student's Initials

### 3. Employment

I understand that upon successful completion of my training program, this school will provide placement assistance. However, I understand that the school does not guarantee any graduate a job. I have not been guaranteed employment or been guaranteed to earn a specific salary range upon graduation.

\_\_\_\_\_ Student's Initials

### 4. Transferability of Credits

I understand that the transferability of credits to another institution is determined exclusively by the receiving institution. No person can imply or guarantee that my credits will be transferable. \_\_\_\_\_ Student's Initials

### 5. Grievance Procedure

I understand the grievance procedure listed on the enrollment agreement and my right to contact the State Board at the address and phone number listed above. \_\_\_\_\_ Student's Initials

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

School Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Student must receive a copy of this form and a copy must be kept in student's file.



Med-Cert offers a background check service.

For \$15.00 Med-Cert can get a background check for you to save you a little time. All you have to do is fill out the attached form and enclose payment of \$15.00.

All background check requests must be received at least 1 week prior to clinical.

**Med-Cert Training Center**  
**AUTHORIZATION TO RELEASE INFORMATION FORM**

**Note: Submitting an incomplete or illegible form may delay the background check results.**

I hereby AUTHORIZE and request any law enforcement agency to furnish bearer with criminal history and identity check information in their possession regarding me in connection with my enrollment at Med-Cert Training Center. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I understand this AUTHORIZATION is to be part of the application process for participation in clinicals. I also understand that any misrepresentation, falsification or omission of facts herein may be grounds for omission from participation in clinicals.

*Class enrolling in (if applicable):* month \_\_\_\_\_ *Mon/Wed 2-Week Weekend Evening Other*

**PRINT NAME:** \_\_\_\_\_  
Last First Middle

**Current Address (if less than one year please provide previous address at the bottom of this form):**

\_\_\_\_\_  
Street Number & Name City State Zip How Long?

**DATE OF BIRTH:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_

**HOME PHONE #:** \_\_\_\_\_ **CELL PHONE #:** \_\_\_\_\_

**OTHER NAMES YOU HAVE USED:** \_\_\_\_\_

*Have you been background checked at Med-Cert Training Center previously?*  YES  NO

*If yes, please note date (approximate):* \_\_\_\_\_

**SINCE YOUR 18<sup>TH</sup> BIRTHDAY, HAVE YOU BEEN CONVICTED OF A FELONY OR FELONY-REDUCED-TO MISDEMEANOR CONVICTION BY ANY COURT? YOU MAY OMIT CONVICTION OF A MISDEMEANOR WHILE UNDER AGE 18 IF THE RECORD WAS SEALED UNDER PENAL CODE 1203.45, MINOR TRAFFIC VIOLATIONS FOR WHICH THE FINE IMPOSED WAS \$400.00 OR LESS, ANY OFFENSE THAT WAS FINALLY SETTLED IN JUVENILE COURT OR REFERRED TO THE YOUTH AUTHORITY, OR ANY CONVICTION SPECIFIED IN HEALTH AND SAFETY CODE SECTION 11361.5 WHICH PERTAINS TO CERTAIN MARIJUANA OFFENSES.**  YES  NO

*If yes, please indicate date, location and explanation:*

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

**Previous address (if at current address for less than one year):**

\_\_\_\_\_  
**DRIVER'S LICENSE INFORMATION:**  
License number Expiration Date State of Issue

I hereby certify that all statements on this application are true and correct to the best of my knowledge and belief. I understand that Med-Cert solicits this information so as to be informed of my previous record and character. I understand that my enrollment with Med-Cert depends upon successful completion of a criminal background investigation. I understand that any falsification, misrepresentation or omission of facts of this record may be considered cause for release or dismissal.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_