NURSE AIDE

TRAINING PROGRAM

APPLICATION

Lancaster County Career & Technology Center
1730 Hans Herr Drive
P.O. Box 527
Willow Street, PA 17584

Revised May 29, 2015
Dear Nurse Aide Program applicant:

Thank you for your interest in LCCTC’s Nurse Aide Training Program. You will find enclosed the required application and health forms. It is strongly recommended you begin the application process at least one month prior to the start of training. All steps outlined below must be completed **one week** prior to start date of the program.

1. **Pay a registration and tuition fee of $750.** Payment must be in full and accompany the completed application. You may pay with a personal check or money order made out to LCCTC. Visa or MasterCard are also accepted. Cash will **not** be accepted.

2. **Submit the completed Health Examination Form.** Results for a negative 2-step Tuberculin (TB) test, physical examination, and verification of a current flu shot must be documented on the Health Examination Form. Results are valid for up to 1 year.

3. **Submit a Request for Criminal Record check.** This must be completed using the PA State Police form SP4-164. Criminal record checks are also valid for 1 year. LCCTC can process your request for a **$10 fee.**

4. **Complete the Verification of PA Residency form.** Two (2) forms of identification are required. Applicants living in PA less than 2 years are required to provide FBI clearance information. Please contact our offices for assistance.

You may submit your application and payment in person (or mail) to one of the following:

Lancaster County CTC  
1730 Hans Herr Drive  
Willow Street, PA 17584  
Attn: Susan Cazillo, Registrar

Lancaster County CTC at Career Link  
1016 N. Charlotte Street  
Lancaster, PA 17603  
Attn: Quentin Moore, Admissions Counselor

Your application will be reviewed upon receipt of all required documents and payment. Seating will be given on a “**first come, first served**” basis. Only those who have completed all steps of the application process will be granted a seat. **You are not considered enrolled until you have received confirmation from the Registrar.** If you need assistance, please call (717) 464-7065 or (717) 735-3762 for an appointment.

Thank you for choosing our school. We look forward to providing you with an excellent educational experience.

Thank you,

Nurse Aide Coordinator-Adult Education
NURSE AIDE TRAINING APPLICATION

Date of Application: __________/__________/__________

Name (Please Print): ____________________________________________

First ___________________ Middle ___________________ Last __________

Address: _______________________________________________________

Street ___________________ City __________ State __________ Zip ______

Email: __________________________________________________________

Primary Phone Number: ________________________ (Home/Cell/Work) (Day/Evening)

Alternate Phone Number: ________________________ (Home/Cell/Work) (Day/Evening)

Date of Birth: __________/__________/__________ Gender: Male _____ Female _____

Social Security #: ______-____-_______

School District of Residence: _______________________________________

Requested Date of Training: (First Choice) __________/__________/__________

(Second Choice) __________/__________/__________

Have you been a continuous resident of Pennsylvania for the past 2 years? Yes ____ No ____

*If No, see the Registrar for further instruction

Do you have a current criminal background check?

Yes ____ Date of Completion: ______/______/______ __ □ Official copy enclosed

No ____ □ Complete Form SP 4-164 and include $10.00 with your application

Will your employer or another organization be assisting you with funding? Yes ____ No ____

Name of Employer/Organization: __________________________________________________

Address: __________________________________________________________

Street ___________________ City __________ State __________ Zip ______

Point of Contact/Case Worker: ____________________ Phone: ______________________

Are you currently employed? Yes ____ No ____

Are you a migrant worker? Yes ____ No ____

Please provide a brief explanation of your interest in becoming a nurse aide:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature: ____________________________ Date: ______/______/_______
TRY OUR WEBSITE FOR A QUICKER RESPONSE
https://epatch.state.pa.us

NAME/REQUESTER

ADDRESS

CITY/STATE/ZIP CODE

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

NAME/SUBJECT OF RECORD CHECK (FIRST) MIDDLE LAST

MAIDEN NAME AND/OR ALIASES
SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

SEX RACE

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only.

REASON FOR REQUEST: All requests $10.00

***MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA***

INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED.

☐ ADOPTION (DOMESTIC) ☐ EMPLOYMENT/SCREENING ☐ PASSPORT
☐ ATTORNEY ☐ FOSTER CARE ☐ PRIVATE INVESTIGATIONS
☐ BANKING ☐ HEALTHCARE ☐ SOCIAL SERVICES
☐ BAR ASSOCIATION ☐ HOUSING ☐ TENANT CHECK
☐ CHURCH ☐ INSURANCE LICENSE ☐ VISA
☐ CHILD CARE ☐ MENTAL HEALTH ☐ VOLUNTEER AMBULANCE/FIREIGHTER
☐ EDUCATION ☐ NURSE AID TRAINING ☐ VOLUNTEER
☐ ELDER CARE ☐ OTHER

ACCESS & REVIEW - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY.)

AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.

Homeland Security is Everyone’s Responsibility - Pennsylvania Terrorism Tip Line 1-888-292-1919
HEALTH EXAMINATION FOR NURSE AIDE PROGRAM

To be completed by applicant:

Name (Please Print): _____________________________________________
First                        Middle                        Last
Address: ________________________________ ____________________________
Street                            City                           State                           Zip
Phone Number: ____________________________ (Home/Cell/Work) (Day/Evening)

HEALTH EXAMINATION

I certify that I have examined ___________________________ and have determined the following:

Yes ____ No ____ Applicant is free from communicable diseases in the communicable state.
Yes ____ No ____ Applicant is able to lift 50 lbs. to waist level.
Yes ____ No ____ Applicant is free of medical conditions/restrictions which will prevent them from performing the essential functions of the job.

Provider Signature ___________________________________________ Date: _____/_____/_____
Address: ______________________________________________________
Street                            City                           State                           Zip

PPD (TB) DOCUMENTATION

A Tuberculin Skin Test (Mantoux) was given to ___________________________

Initial TB test
Date Given: _____/_____/_____
Date Read: _____/_____/_____
Results: ________________________

Secondary TB test
Date Given: _____/_____/_____
Date Read: _____/_____/_____
Results: ________________________

There must be 7 days between the reading of the first TB and when the 2nd TB is given, but no more than 21 days.

FLU SHOT ADMINISTERED

Date Given: _____/_____/_____

Provider Signature ___________________________________________ Date: _____/_____/_____
Address: ______________________________________________________
Street                            City                           State                           Zip

Vaccine Not Available (state reason): ______________________________
VERIFICATION OF PENNSYLVANIA RESIDENCY

Please print legibly in ink

Date of Application ________________________ Proposed Date of NA Class Enrollment ________________

Name ____________________________________________________________________________________

Current PA Mailing Address __________________________________________________________________________________

☐ Yes, I have lived in Pennsylvania for at least 2 years prior to the date of NATCEP application.*

No. of Months _____ and Years_____ at this Address Telephone: (_______) _____________________

Provide an official photo identification showing a PA address.  Verified by ________________________________

Signature of an Authorized NATCEP Representative  

*If you resided at your current address less than two years, record previous addresses and months and years of residency on the back of this form. It is important that you record at least two (2) years of residency in Pennsylvania.

I understand that by submitting this completed form for Verification of Pennsylvania Residency to enroll in a Nurse Aide Training Program, I am certifying that all of the information I have provided on this application is complete, accurate, true and correct. I make this declaration subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Applicant’s Signature __________________________ Date 5/23/14

ATTESTATION OF COMPLIANCE WITH ACT 14

- All candidates must submit an original or copy of an original PA CHRI obtained through the Pennsylvania State Police during the year prior to enrolling in a PA NATCEP as required by Act 14. If a candidate has not been a resident of Pennsylvania for the last two (2) years, a PA CHRI and an FBI report are required prior to enrollment.

- As evidence that you have not been convicted of any of the Prohibitive Offenses Contained in 63 P.S. § 675, check the box and sign and date the Attestation of Compliance with Act 14.

- Candidates who were convicted of a Federal or out-of-State offense similar in nature to those crimes listed under paragraphs (1) and (2) of the Prohibitive Offenses Contained in 63 P.S. § 675 must provide a PA CHRI and an FBI report to determine eligibility for enrollment in a PA Nurse Aide Training Program.

Attestation of Compliance with Act 14  
Nurse Aide Resident Abuse Prevention Training Act, 63 P.S. § 671 et seq.

This form represents my request to enroll in a nurse aide training program and verification of Compliance with Act 14 – Nurse Aide Resident Abuse Prevention Training Act, 63 P.S. § 671 et seq.

I have reviewed the list of Prohibitive Offenses Contained in 63 P.S. § 675 and hereby testify that I have not been convicted of any of the criminal offenses set forth in 63 P.S. §§ 675(a)(1)-(3).

(1) an offense designated as a felony under the act known as “The Controlled Substance, Drug, Device and Cosmetic Act”,
(2) an offense under one or more of the following provisions of Title 18, and
(3) a Federal or out-of-State offense similar in nature to those crimes listed under paragraphs (1) and (2).

☐ By checking this box I state that I have not been convicted of any of the Prohibitive Offenses Contained in Act 14 of 1997 (set forth in 63 P.S. § 675 and found on the following page).

I understand that if I have been convicted of any of the criminal offenses set forth in 63 P.S. §§ 675(a)(1)-(3), it is possible that I will not be eligible for employment in a long term care or other health care setting. A potential employer is also responsible for reviewing my Criminal History Record Information report.

By signing this form, I certify under penalty of law that the information I have provided on this application is true, correct and complete. I understand that false statements herein shall subject me to criminal prosecution under 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

Applicant’s Signature __________________________ Date 5/23/14
Prohibitive Offenses Contained in 63 P.S. § 675

In no case shall an applicant for enrollment in a State-approved nurse aide training program be approved for admission into such program if the applicant’s criminal history record information indicates the applicant has been convicted of any of the following offenses:

1) An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as “The Controlled Substance, Drug, Device and Cosmetic Act." (See 35 P.S. § 780-101 et seq.)

2) An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes:

<table>
<thead>
<tr>
<th>Offense Code</th>
<th>Prohibitive Offense Description</th>
<th>Type/Grading of Conviction</th>
</tr>
</thead>
<tbody>
<tr>
<td>CC2501</td>
<td>Criminal Homicide</td>
<td>Any</td>
</tr>
<tr>
<td>CC2502</td>
<td>Murder</td>
<td>Any</td>
</tr>
<tr>
<td>CC2503</td>
<td>Voluntary Manslaughter</td>
<td>Any</td>
</tr>
<tr>
<td>CC2504</td>
<td>Involuntary Manslaughter</td>
<td>Any</td>
</tr>
<tr>
<td>CC2505</td>
<td>Causing or Aiding Suicide</td>
<td>Any</td>
</tr>
<tr>
<td>CC2506</td>
<td>Drug Delivery Resulting in Death</td>
<td>Any</td>
</tr>
<tr>
<td>CC2507</td>
<td>Criminal Homicide of Law Enforcement Officer</td>
<td>Any</td>
</tr>
<tr>
<td>CC2702</td>
<td>Aggravated Assault</td>
<td>Any</td>
</tr>
<tr>
<td>CC2901</td>
<td>Kidnapping</td>
<td>Any</td>
</tr>
<tr>
<td>CC2902</td>
<td>Unlawful Restraint</td>
<td>Any</td>
</tr>
<tr>
<td>CC3121</td>
<td>Rape</td>
<td>Any</td>
</tr>
<tr>
<td>CC3122.1</td>
<td>Statutory Sexual Assault</td>
<td>Any</td>
</tr>
<tr>
<td>CC3123</td>
<td>Involuntary Deviate Sexual Intercourse</td>
<td>Any</td>
</tr>
<tr>
<td>CC3124.1</td>
<td>Sexual Assault</td>
<td>Any</td>
</tr>
<tr>
<td>CC3125</td>
<td>Aggravated Indecent Assault</td>
<td>Any</td>
</tr>
<tr>
<td>CC3126</td>
<td>Indecent Assault</td>
<td>Any</td>
</tr>
<tr>
<td>CC3127</td>
<td>Indecent Exposure</td>
<td>Any</td>
</tr>
<tr>
<td>CC3301</td>
<td>Arson and Related Offenses</td>
<td>Any</td>
</tr>
<tr>
<td>CC3502</td>
<td>Burglary</td>
<td>Any</td>
</tr>
<tr>
<td>CC3701</td>
<td>Robbery</td>
<td>Any</td>
</tr>
<tr>
<td>CC3901</td>
<td>Theft</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3921</td>
<td>Theft by Unlawful Taking</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3922</td>
<td>Theft by Deception</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3923</td>
<td>Theft by Extortion</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3924</td>
<td>Theft by Property Lost</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3925</td>
<td>Receiving Stolen Property</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3926</td>
<td>Theft of Services</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3927</td>
<td>Theft by Failure to Deposit</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3928</td>
<td>Unauthorized Use of a Motor Vehicle</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3929</td>
<td>Retail Theft</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3929.1</td>
<td>Library Theft</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3929.2</td>
<td>Unlawful Possession of Retail or Library Theft Instruments</td>
<td>------------- 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3929.3</td>
<td>Organized Retail Theft</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3930</td>
<td>Theft of Trade Secrets</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3931</td>
<td>Theft of Unpublished Dramas or Musicals</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3932</td>
<td>Theft of Leased Properties</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3934</td>
<td>Theft From a Motor Vehicle</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC4101</td>
<td>Forgery</td>
<td>Any</td>
</tr>
<tr>
<td>CC4114</td>
<td>Securing Execution of Document by Deception</td>
<td>Any</td>
</tr>
<tr>
<td>CC4302</td>
<td>Incest</td>
<td>Any</td>
</tr>
<tr>
<td>CC4303</td>
<td>Concealing Death of a Child</td>
<td>Any</td>
</tr>
<tr>
<td>CC4304</td>
<td>Endangering Welfare of a Child</td>
<td>Any</td>
</tr>
<tr>
<td>CC4305</td>
<td>Dealing in Infant Children</td>
<td>Any</td>
</tr>
<tr>
<td>CC4952</td>
<td>Intimidation of Witnesses or Victims</td>
<td>Any</td>
</tr>
<tr>
<td>CC4953</td>
<td>Retaliation Against Witness or Victim</td>
<td>Any</td>
</tr>
<tr>
<td>CC5902B</td>
<td>Promoting Prostitution</td>
<td>Felony</td>
</tr>
<tr>
<td>CC5903C or D</td>
<td>Obscene and Other Sexual Materials and Performances</td>
<td>Any</td>
</tr>
<tr>
<td>CC5301</td>
<td>Corruption of Minors</td>
<td>Any</td>
</tr>
<tr>
<td>CC5312</td>
<td>Sexual Abuse of Children</td>
<td>Any</td>
</tr>
</tbody>
</table>

3) A Federal or out-of-State offense similar in nature to those crimes listed under paragraphs (1) and (2) above.

For questions pertaining to codes, offenses, or convictions, contact PA Department of Education at (717) 772-0814 or ra-natcep@pa.gov.

1 These offenses could be designated as “CS” on a criminal rap sheet.

294 (Rev 5/11, 5/23/14)