

Nurse Assistant Training Certificate

MassBay Community College – Fall 2020

WHAT IS A NURSE ASSISTANT?

Nursing assistants perform vital hygiene and daily living functions of patients in their care. They are also responsible for positioning and transporting patients, obtaining vital signs, maintaining a clean and safe environment, and for monitoring the overall health and safety of their patients.

At MassBay, students learn how to perform routine healthcare tasks for today's increasingly diverse population, plus hygiene and infection control, and work ethics of a professional member of the nursing and health team.

EMPLOYMENT OPPORTUNITIES:

Nurse Assistants find employment in nursing homes, hospitals, rehabilitation facilities working directly with patients and under the supervision of Registered Nurses or Licensed Nurse Practitioners.



Fall 2020 CNA Course

DATES: September 7 – October 27

MODE: Webex remote instruction of didactic and intro to labs. Lab testing & clinical at a longterm care facility

COST: \$1100

*Scholarships are available

Register [Here](#) or email attached form

MASSBAY'S PROGRAM:

- 8 weeks, 120 hours total: 40 hours each of didactic, lab and clinical
- Includes Alzheimer's Training.
- Preparation for the Nurse Aide Competency Evaluation (NACE) test.
- Approved by the Department of Public Health.
- **Approval #91262P.**
- **Helps prepare for Fall 2021 admissions for the ADN – Associate Degree in Nursing Program**

PROGRAM REQUIREMENTS: Be 18 years of age or older; have obtained a high school diploma or GED, complete CORI and SORI forms to authorize a search of records for past criminal or sexual offenses, meet all technical standards, and **attend a mandatory interview.**

For more information about the program, please contact:
Paula Forcier
pforcier@massbay.edu

Tentative CNA Schedule_Fall 2020

Week	Date	Time	Activities
1	Tuesday, Sept. 8	3:00 - 6:30 pm	Didactic (WebEx)
	Wednesday, Sept. 9	2:00 – 6:00pm	Laboratory Orientation (WebEx)
	Thursday, Sept. 10	3:00 - 6:30 pm	Didactic (WebEx)
2	Tuesday, Sept. 15	3:00 - 6:30 pm	Didactic (WebEx)
	Wednesday, Sept. 16	2:00 - 6:00pm	Laboratory Orientation (WebEx)
	Thursday, Sept. 17	3:00 - 6:30 pm	Didactic (WebEx)
3	Tuesday, Sept. 22	3:00 - 6:30 pm	Didactic (WebEx)
	Wednesday, Sept. 23	2:00 - 6:00pm	Laboratory Orientation (WebEx)
	Thursday, Sept. 24	3:00 - 6:30 pm	Didactic (WebEx)
4	Tuesday, Sept. 29	3:00 - 6:30 pm	Didactic (WebEx)
	Wednesday, Sept. 30	2:00 - 6:00pm	Laboratory Orientation (WebEx)
	Thursday, Oct. 1	3:00 - 6:30 pm	Didactic (WebEx)
	Saturday, Oct. 3	7 am - 3:00 pm	Lab Testing MBCC (FRAMINGHAM)
5	Sunday, Oct. 4	7 am - 3:00 pm	Lab Testing MBCC (FRAMINGHAM)
	Tuesday, Oct. 6	3:00 - 6:30 pm	Didactic (WebEx)
	Wednesday, Oct. 7	2:00 - 6:00pm	Laboratory Orientation (WebEx)
	Thursday, Oct. 8	3:00 - 6:30 pm	Didactic (WebEx)
6	Tuesday, Oct. 13	3:00 - 6:30 pm	Didactic (WebEx)
	Wednesday, Oct. 14	2:00 - 6:00pm	Lab Testing & Orientation at MAM
	Thursday, Oct. 15	3:00 - 6:30 pm	Didactic (WebEx)
	Saturday, Oct. 17	7 am-3:00 pm	Clinical at MAM
7	Sunday, Oct. 18	7 am-3:00 pm	Clinical at MAM
	Tuesday, Oct. 20	7 am-3:00 pm	Clinical at MAM
	Thursday, Oct. 22	7 am-3:00 pm	Clinical at MAM
8	Tuesday, Oct. 27	7 am-3:00 pm	Clinical at MAM

Corporate Partnerships and Workforce Development Registration Form (non-credit courses)

Please be advised that, if there are any, additional fees may be applied to your bill. Anyone who registers, in any acceptable way, and fails to attend classes is still subject to full tuition and fee charges. Students must officially drop or withdraw from class in order to be reimbursed according to the published refund schedule. **All charges must be paid in full at time of registration.** This form may be mailed to address as indicated above or emailed. **To complete the form:** Save this file to your desktop as a .pdf and open the .pdf version on your desktop; enter the required information into the form, print the form and sign the one (or two for credit card payment) field(s) on the printed form. The phone numbers and email addresses entered on this form will be used for the College's emergency notification system. Please contact the Office of Public Safety for more information or to opt out of the system.

1. _____ Social Security Number (optional)	OR	_____ Student ID (if available)	SEMESTER & YEAR: FALL 20 <u>20</u> WINTER 20 _____ SPRING 20 _____ SUMMER 20 _____
2. _____ Last Name	_____ First Name	_____ Middle Initial	
3. _____ Birth Date (mm/dd/yyyy)	4. Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
5. Home Phone _____ Cell Phone _____ Business Phone _____			
6. Ethnic Group: American Indian or Alaskan Native <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Cape Verdean <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/>			
7. _____ Permanent Address		_____ City / State / Postal Code / Country	
8. _____ Mailing Address (If different from above)		_____ City / State / Postal Code / Country	
9. _____ Personal E-mail Address		10. Military Status: Active Military <input type="checkbox"/> Active Reserve <input type="checkbox"/> Veteran <input type="checkbox"/> Not a Veteran <input type="checkbox"/>	
10. Country of Citizenship: _____			

4-Digit Class Number	Course Subject & Number	Section Number	Course Title	Meeting Days	Meeting Times	Campus
5452	CU 152	301	Certified Nurse Assistant	online		

_____ Signature of Student <i>Sign after printing out the form</i>	_____ Date	_____ If younger than 18, signature of legal parent/guardian & relationship to student	_____ Date
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Payment Options:

Visa MasterCard Discover **Amount Authorized To Be Charged: \$** \$375 + 2.75% credit card fee

Card Holder Name: _____ **Card Number:** _____

Expiration Date: _____ **Security Code:** _____ (Three digits from the back of the card)

Signature of Card Holder (sign after printing out form): _____ **Date:** _____

Office Use Only: Student ID #: _____ Date Credit Card Processed: _____ Employee Initials: _____