



# RIPLEY CERTIFIED NURSE AIDE TRAINING PROGRAM

## CLASS INFORMATION:

### DATES

- June 10-28, 2024 (Monday-Friday)

### TIME

- 8:00AM-5:00PM

### LOCATION

- Classes at Tippah Career & Technology Center (2560 CR 501 Ripley, MS 38663)
- Clinicals at Tippah County Nursing Home

### ATTENDANCE

- No absences allowed due to the short class term

### OTHER INFORMATION

- Class is LIMITED TO 12 students
- Uniform (navy scrubs & white sneakers) required
- One stethoscope, blood pressure cuff, and watch with second hand required
- Black pen and pocket sized notebook
- Student registers & pays CNA exam fee (skills/written exam - \$101) after class completion
- Student responsible for their own transportation to/from testing center
- Potential employment with hospitals, nursing homes, or home/hospice health agencies

### FEES

- **\$400 fee for Tuition & Books**  
*Payment may be made by check, money order, or debit/credit card*
- **\$55 fee for fingerprinting and background check**  
*Must be paid by debit/credit card*

### SELECTION CRITERIA

- **Proof of age (18 years old)**  
*Driver's License*
- **Prerequisite**  
*ACT (16) or Work Keys Test (Silver)*
- **COMPLETED PACKET**  
*including ALL shot records and COVID-19 vaccination*
- **FULL PAYMENT**  
*required to reserve class slot on a first come, first served basis*

### HOW TO APPLY

- **Scan QR code or use link below**  
[https://nemcc.formstack.com/forms/cna\\_trainee\\_application](https://nemcc.formstack.com/forms/cna_trainee_application)



**NORTHEAST**  
MISSISSIPPI COMMUNITY COLLEGE  
CONTINUING EDUCATION

**662-720-7296**

**continuinged@nemcc.edu**





## **C.N.A. TRAINEE APPLICATION**

Please Circle Which Site: **BOONEVILLE**

**CORINTH**

**RIPLEY**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ County of Residence \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Text-Yes ( ) No ( ) Emergency Contact \_\_\_\_\_ Telephone# \_\_\_\_\_

**Racial/Ethnic Group (Please choose only one):**

White/Caucasian  Black/African American  American Indian/Alaska Native  
 Hispanic/Latino  Hawaiian Native/Pacific Islander  Asian  More than one Race

**Level of Education (Please choose only one):**

Less than High School  High School Diploma / GED  Some College without Degree  
 Associate Degree  Bachelor Degree  Graduate / Professional Degree

**Employment Status/Type:**

Employed  Unemployed  Retired

Full-time  Part-time  Seasonal  Temporary

**Current or most recent employer:** \_\_\_\_\_

**Gender:**  Male  Female **Age:** \_\_\_\_\_

**Enrollment Status:**

Part-Time (less than 12 credit hours in fall or spring; less than 6 in the summer)  
 Full-Time (12 or more credit hours in the fall or spring, 6 in the summer)  
 Degree Program  Certificate Program

**Please check all that apply:**

Veteran  Disabled  Pell Grant Eligible  TAA Eligible

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



## **STUDENT REQUIREMENTS CHECKLIST**

(Keep for your records)

You will be expected to attend class and clinical. Three absences are allowed, with a reasonable excuse, for the class instruction. **The fourth (4<sup>th</sup>) class absence will result in dismissal.**  
**All clinical sessions must be attended.**

### **Items to be submitted before acceptance: Due BEFORE Class Begins**

- \_\_\_\_\_ Tuition (\$400.00 payable by Check, Money Order or Debit/Credit Card) will include your textbooks and liability insurance.
- \_\_\_\_\_ Trainee Application (Page 2)
- \_\_\_\_\_ Proof of High School Diploma **or** G.E.D
- \_\_\_\_\_ Copy of ID (Driver's License)
- \_\_\_\_\_ ACT (15) or Workkeys Assessment (Silver) (Contact Adult Basic Education @ 662.720.7184 to schedule Workkeys if needed)
- \_\_\_\_\_ American Heart Association Basic Life Support (BLS) Certification. Contact local hospitals, clinics, or fire departments and ask about their next available training session. MUST BE AHA-BLS and have a hands-on component. (Online Classes Are Not Accepted)
- \_\_\_\_\_ General Physical Examination (School Physical)
- \_\_\_\_\_ 5 or 10-panel in-house Drug Screen from your healthcare provider. (We do not provide a form for either exam.)
- \_\_\_\_\_ **Vaccination Records (Shot) of the following:**
  - Flu Shot**
  - TB Skin Test** (Current within 12 months must carry you through course completion)
  - Hepatitis B Series** (3 Injections)
  - MMR Series** (2 Injections or proof of Measles immunity) **NOTE: The MMR vaccine is contraindicated with pregnancy or conception within 3 months of immunization.**
    - Provide documentation of having received two (2) live Measles containing vaccinations after first birthday.
    - OR provide documentation of physician diagnosed measles and laboratory evidence of measles immunity.
    - OR birth before 1957 (Copy of Driver's License)

If you have any questions/concerns, please feel free to contact us in Holliday Hall room 303, call us at (662) 720-7296, or e-mail [continuinged@nemcc.edu](mailto:continuinged@nemcc.edu).