Thank you for inquiring about the Certified Nurse Aide program at Pontotoc Technology Center. The Certified Nurse Aide program provides an introduction to basic nursing skills with supportive theory and clinical experiences. Nursing skills are taught in the classroom and laboratory, with clinical experience being provided through on the job training in long term care settings. This course is approved by the OSDH Nurse Aide Registry and meets all requirements to be a CNA in Oklahoma. Class includes 60 hours of theory & lab and 16 hours of clinical. Within this packet you will find the required pre-requisite list which must be returned no later than the Wednesday prior to the first scheduled day of class. Please fill out the required paper work to attend this class and return it to the BIS department as soon as possible. Refer to our website for a class dates and times www.pontotoctech.edu or pick up a hard copy of the schedule at PTC. Thank you again for choosing Pontotoc Technology Center and we hope to see you soon!

Business and Industry Programs
1. Classes will be held at Pontotoc Technology Center, 601 W. 33rd Street, Ada, Oklahoma.

   Items to be brought to class **PRIOR** to the first day:
   - Proof of a TB test **within the past year**
   - Copy of your GED, HS Diploma, or a recent college transcript and you must bring your Social Security card and driver’s license or other official photo id with you when you come to class. We must see the Social Security card itself for you to be in compliance with state regulations. If no GED, HS Diploma, or college transcript can be provided you will need to schedule a TABE (evaluation) test to be administered here at PTC. An application form to apply to take the TABE test is obtainable at the evening enrollment desk. Call 310-2248 for further information.
   - **NOTE: AN OSBI BACKGROUND CHECK (WITHIN THE PAST YEAR) IS REQUIRED TO PERFORM CLINICALS AND SATISFACTORILY COMPLETE THE COURSE. (FORMS AVAILABLE AT THE EVENING ENROLLMENT DESK)** COST: $19.00 PAYABLE TO THE OSBI.

2. Total training time for CNA: 76 hours

   The Certified Nurse Aide program provides an introduction to basic nursing skills with supportive theory and clinical experiences. Nursing skills are taught in the classroom and laboratory, with clinical experience being provided through on the job training in long term care settings. This course is approved by the OSDH-Nurse Aide Registry and meets all requirements to be a CNA in Oklahoma. (CPR for Health Care Providers (8 hrs) is recommended prior to this training but not required. Cost for CPR: see current schedule for pricing. Contact short-term enrollment at 310-2248 or 310-2266 prior to the start of the Nurse Aide class to enroll in a CPR class if you choose to attend.)

3. Fees for private pay or agency funded students:
   Please ask for current fee schedule.

   (One set of scrubs for clinical days will be required)

   **Those private pay students who live in a school district which has “opted out” of the Career Tech system and are not associated with any Career Tech school will be charged 200% of the fees for classes.**

   NOTE: CNA textbooks are kept in our library. Books are checked out to students on a daily basis and never allowed out of the classroom. No tests will be administered until the text is checked back in and verified to be in acceptable condition. If deemed unacceptable, there will be a fee charged for the book prior to testing.

   - Certification tests include a clinical test and a written test. Both are conducted at Pontotoc Technology Center. Testing for most classes is normally on the last day of class or the earliest possible date following the completion of class unless otherwise stated. The written test is administered via the internet with a printout of the results given to the student at the end of the test. If the on-line testing site is down a paper test would be administered that is mailed in or we will reschedule your online test at your request. Certification cards are normally mailed out from the Oklahoma Nurse Aide Registry within two weeks.

   If you have any questions regarding this health program contact:
   Andrea Pogue, RN, Health Programs Coordinator
   apogue@pontotoctech.edu

   Pontotoc Technology Center
   601 West 33rd Street
   Ada, Oklahoma 74820
   580-310-2248 BIS phone  580-310-2295 fax number

   NON-DISCRIMINATION STATEMENT: Pontotoc Technology Center, in compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and Title IX of the Education Amendment of 1972, does not discriminate on the basis of race, ethnicity, religion, national origin, age, gender, disability or veteran status in any of its policies, practices or procedures. These equal opportunity provisions include, but are not limited to admissions, employment, financial aid and student services.
The following information should be provided to PTC **PRIOR to the first class session**. If all required documentation is not provided in the time frame stated, we reserve the right to move the student to the **next** scheduled class session. Our students must have the required documents to be able to attend clinical sessions at health facilities. Failure to have these documents means the student cannot be allowed to attend clinical training, and therefore the student will be incomplete on their required training which makes them ineligible to take the certification tests.

If any of the following information needs to be clarified with PTC, please notify us **before** the student attends class. You may contact us at **580-310-2248**.

<table>
<thead>
<tr>
<th>Enrollment Form</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Copy of Valid Driver’s License or government issued Photo ID</td>
<td></td>
</tr>
<tr>
<td>Social Security Card (Original card required - no copy will be made, but it will be checked as a required as a form of ID).</td>
<td></td>
</tr>
<tr>
<td>TB Skin Test – 1 required. <strong>TB Test must have taken place</strong> within 6 months of the dates of the class session you will be attending.</td>
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<tr>
<td>Copy of HS Diploma or GED or a College Transcript (THIS IS AN ABSOLUTE REQUIREMENT FOR CMA)</td>
<td></td>
</tr>
<tr>
<td>If you have none of the above documentations, and are attending <strong>CNA ONLY</strong>, you may schedule a TABE test here at PTC or use one from another testing facility. (<strong>TABE not accepted for CMA</strong>) <strong>The TABE MUST BE COMPLETED BEFORE THE COMMENCEMENT OF YOUR CLASS DATES.</strong></td>
<td></td>
</tr>
<tr>
<td>OSBI Background check (<strong>must have been run</strong> within 6 months of the dates of the class session you will be attending)</td>
<td></td>
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<tr>
<td>NAME BASED only - No fingerprints required</td>
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</tr>
<tr>
<td>You may obtain this form from us at the time you enroll. Ask for details about this documentation (re: required time to get it back from the OSBI, in OKC where the completed form will be mailed to, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

**Updated 9-2014**

**AMERICAN HEART BASIC LIFE SUPPORT FOR HEALTH CARE PROVIDERS IS**

**HIGHLY RECOMMENDED** **BUT NOT REQUIRED** **PRIOR TO ATTENDING CLASS**
**BUSINESS & INDUSTRY SERVICES / PONTOTOC TECHNOLOGY CENTER**

**ENROLLMENT FORM**  ALL Enrollment forms should be faxed to (580) 310-2295 if not completed in person

<table>
<thead>
<tr>
<th>COURSE DATE</th>
<th>COURSE NAME</th>
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</tbody>
</table>

**PLEASE COMPLETE THIS SECTION IN FULL**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>M.I.</th>
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<th>SSN</th>
<th>E-MAIL</th>
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<tr>
<th>HOME PHONE</th>
<th>WORK PHONE</th>
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<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

**PLEASE CHECK THE SCHOOL DISTRICT IN WHICH YOU LIVE.**

- [ ] Ada
- [ ] Allen
- [ ] Byng
- [ ] Latta
- [ ] McLish
- [ ] Pickett-Center
- [ ] Roff
- [ ] Sasakwa
- [ ] Stonewall
- [ ] Tupelo
- [ ] Vanoss
- [ ] Other ____________

**PLEASE CHECK THE HIGHEST EDUCATION LEVEL ACHIEVED.**

- [ ] (30) Less than a H.S. diploma
- [ ] (31) High School graduate
- [ ] (32) Some college, no degree
- [ ] (33) Technical diploma
- [ ] (34) Associate degree
- [ ] (35) Bachelor degree
- [ ] (36) Master degree
- [ ] (37) Doctorate degree
- [ ] (38) GED

<table>
<thead>
<tr>
<th>PAYMENT METHOD</th>
<th>Receipt #</th>
<th>Discover</th>
<th>Master Card</th>
<th>Visa</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tr>
</tbody>
</table>

**EMPLOYER’S NAME OR FUNDING AGENCY OR PAYING OWN FEES (write Self-Pay)**

**IF MEMBER OF A VOLUNTEER FIRE DEPT. DOING FIRE FIGHTER TRAINING PLEASE LIST FIRE DEPARTMENT HERE**

**BIRTHDATE**

- [ ] (0) American Indian or Alaska Native
- [ ] (1) Black or African American
- [ ] (2) Hispanic/Latino
- [ ] (3) White
- [ ] (4) Asian
- [ ] (5) Native Hawaiian or other Pacific Islander
- [ ] (6) Other

**GENDER**

- [ ] Male
- [ ] Female

Pontotoc Technology Center, in compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and Title IX of the Education Amendment of 1972, does not discriminate on the basis of race, ethnicity, religion, national origin, age, gender, disability or veteran status in any of its policies, practices or procedures. These equal opportunity provisions include, but are not limited to admissions, employment, financial aid and student services.

**THIS SECTION IS REQUIRED FOR CHICKASAW NATION EMPLOYEES ONLY.**

**PLEASE CHECK ONE OF THE DIVISIONS BELOW:**

**HEADQUARTERS (A-L)**

- [ ] (A) Division of Administrative Services
- [ ] (B) Division of Aging
- [ ] (C) Division of Arts and Humanities
- [ ] (D) Division of Communications
- [ ] (E) Division of Education and Training
- [ ] (F) Division of Facilities and Support
- [ ] (G) Division of Heritage Preservation
- [ ] (H) Division of Legal Services
- [ ] (I) Division of Program Operations
- [ ] (J) Division of Youth & Family Services
- [ ] (K) Division of Treasury
- [ ] (L) Other ____________

**OTHER DIVISIONS (M-O)**

- [ ] (M) Division of Commerce (Chickasaw Enterprises)
- [ ] (N) Division of Housing & Tribal Development
- [ ] (O) Division of Health Systems

**CHICKASAW EMPLOYEE SIGNATURE**

- [ ] ____________________________

**NAME OF YOUR DEPARTMENT**

- [ ] ____________________________

**JOB TITLE**

- [ ] ____________________________

I acknowledge that my department will be billed for the class for which I am enrolling. I understand that if I cannot attend, I must give at least twenty-four (24) hours notice or my department will be billed regardless of attendance

**SUPERVISOR SIGNATURE:**

- [ ] ____________________________

**RETURN TO: Chickasaw Nation Training Division**

- [ ] ACCOUNT NUMBER: ____________________________
Pontotoc Technology Center
PPD/TST Form

Student Name:________________________________________

Date:_________    Time:_________

Location (circle):  Left   or    Right  Forearm or Trapezius

Medication used:__________

Lot #:_____________

Signature:__________________________________

Reading

Date:_________  Time:_________

Reactive______  Non-Reactive______

Signature:__________________________________

-----------------------------------------------
CONSENT FOR HEALTH PROGRAMS DRUG/ALCOHOL SCREEN:
(Applicant will read each statement and sign below. Pontotoc Technology Center reserves the right to deny a student admission to any Medical Program if student refuses to sign this consent form.)

1. In applying for admission to any medical program at Pontotoc Technology Center, I understand that a drug/alcohol screening test could be administered based on suspicion of drugs or alcohol at school or at a clinical site.

2. The drug/alcohol test will consist of an initial screening test and a confirmatory test for any sample that produces a positive result. The drug/alcohol testing is to be done within 24 hours of suspicion. Once you enter the drug testing facility, you cannot leave the facility until the sample is collected.

3. The undersigned hereby authorizes the designated drug testing facility to perform a drug/alcohol screening test as a requirement to stay in any medical program if suspicion exists.

4. I understand the presence of chemical substances in my body fluids may result in dismissal from any medical program at Pontotoc Technology Center.

I hereby authorize that the results of the drug/alcohol screening test be given to officials at Pontotoc Technology Center for review of continued enrollment in the medical programs. I release and hold Pontotoc Technology Center, its agents, and employees harmless for any action in taking or testing of the sample. I also release and hold harmless Pontotoc Technology Center, its board of education, superintendent, management, instructors, or any other agent or employee for the use of any information received as a result of the screening test process.

I also acknowledge that an offer of admission and continued enrollment to any health program will be contingent upon my submission to and the subsequent results of this drug/alcohol screen.

______________________________
Printed Name

______________________________
Applicant Signature

______________________________
Date
HEALTH PROGRAMS CRIMINAL RECORDS CHECK POLICY

Health care providers are entrusted with the health, safety, and welfare of patients; have access to controlled substances and confidential information; and operate in settings that require the exercise of good judgment and ethical behavior. Clinical facilities area increasingly required by accreditation agencies, such as Joint Commission for Accreditation of Healthcare Organizations (JACHO), to conduct background checks on individuals who provide services within the facility and especially those who supervise records check for all prospective employees for positions where the individual will be caring for older adults or children.

Clinical learning experiences are an essential element of the curriculum of health care programs. All students enrolled in Pontotoc Technology Center’s health care programs must successfully complete a criminal records check as a criterion for participating in clinical courses. Participation in clinical courses is required for progression and completion of health care programs.

The check must be completed by the Oklahoma State Bureau Investigation (OSBI). The criminal records check must be completed within the six months immediately prior to the student’s entry into clinical courses. The student shall be responsible for all costs associated with the criminal records check.

The information provided in the criminal records report will only be used to evaluate the student’s qualifications for entry into clinical courses. Reports will be kept in secured confidential files separate from the student’s academic file with access limited to approved members of the Adult Training and Development Division.

Criminal record reports will undergo administrative review. If a student has been convicted of or pled guilty to a disqualifying offense (or any substantially equivalent offenses in any state), the student may be unable to complete clinical learning experiences and may therefore be disqualified from admission, readmission, or progression in the health care program. Some of the disqualifying offenses are absolute bars while others might bar the student from admission, readmission or progression in the program. The absolute and potentially disqualifying offenses are listed in the table attached to this packet.

In the event that the student’s background check includes a disqualifying offense, the student will be asked to schedule a meeting with the Program Coordinator to discuss the information received. If the background check identifies offenses that the student considers incorrect, the concerns or issues must be addressed, by the student, to the Oklahoma State Bureau Investigation for resolution. If the background check identifies offenses that may preclude, admission, the student will be given an opportunity to respond to the information. Relevant considerations may include but are not limited to: the date, nature and number of convictions; the relationship the conviction bears to the duties and responsibilities of the health care provider; and successful efforts toward rehabilitation. The decision to allow or disallow participation in a clinical course for a student whose background check includes a disqualifying offense is solely at the discretion of the Program Coordinator and the Director of Business and Industry.

All students who are admitted to a health care program have a continual obligation to report any criminal conviction that may impact the student’s continued ability to participate in the clinical program to the Program Coordinator or the Director of Business and Industry within 30 days of its occurrence. Failure to do so will result in immediate dismissal from the program.
# Absolute* and Potentially Disqualifying Offenses

**That May Prevent An Applicant From Obtaining a Health Related Oklahoma Licensure or Certificate**

<table>
<thead>
<tr>
<th>Absolute Disqualifying Offense</th>
<th>Compelling Prostitution</th>
<th>Unlawful Abortion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggravated Murder *</td>
<td>Promoting Prostitution</td>
<td>Endangering Children</td>
</tr>
<tr>
<td>Murder*</td>
<td>Procuring</td>
<td>Contributing to the Unruliness or Delinquency of a Child</td>
</tr>
<tr>
<td>Voluntary Manslaughter*</td>
<td>Disseminating Matter Harmful to Juveniles</td>
<td></td>
</tr>
<tr>
<td>Involuntary Manslaughter</td>
<td>Pandering Obscenity</td>
<td>Domestic Violence</td>
</tr>
<tr>
<td>Felony Assault</td>
<td>Pandering Obscenity Involving a Minor</td>
<td></td>
</tr>
<tr>
<td>Assault</td>
<td>Pandering Sexually Oriented Matter Involving Minor</td>
<td></td>
</tr>
<tr>
<td>Failure to Provide for a Functionally Impaired Person</td>
<td>Illegal Use of a Minor in Nudity-Oriented Material or Performance</td>
<td></td>
</tr>
<tr>
<td>Aggravated Menacing</td>
<td>Aggravated Arson*</td>
<td>Prohibition of Conveyance of Certain Items onto Grounds of Detention Facility or Mental Health or Mental Retardation and Developmental Disabilities Facility.</td>
</tr>
<tr>
<td>Patient abuse or neglect</td>
<td>Aggravated Robbery*</td>
<td>Carrying Concealed Weapons</td>
</tr>
<tr>
<td>Abduction</td>
<td>Robbery</td>
<td>Having Weapon while under Disability</td>
</tr>
<tr>
<td>Child Stealing</td>
<td>Aggravated Burglary*</td>
<td>Improperly Discharging a Firearm/Habitation or School</td>
</tr>
<tr>
<td>Criminal Child Enticement</td>
<td>Burglary</td>
<td>Corrupting Another With Drugs</td>
</tr>
<tr>
<td>Coercion</td>
<td>Breaking and Entering</td>
<td>Drug Trafficking Offenses</td>
</tr>
<tr>
<td>Extortion</td>
<td>Theft, Aggravated Theft</td>
<td>Illegal Manufacturing of Drugs</td>
</tr>
<tr>
<td>Rape*</td>
<td>Unauthorized Use of a Vehicle</td>
<td>Funding Drug Trafficking</td>
</tr>
<tr>
<td>Sexual Battery*</td>
<td>Unauthorized Use of Property/Unauthorized Access to Computer Systems</td>
<td>Illegal Administration or Distribution of Anabolic Steroids</td>
</tr>
<tr>
<td>Corruption of a Minor</td>
<td>Passing Bad Checks</td>
<td>Drug Abuse</td>
</tr>
<tr>
<td>Gross Sexual Imposition*</td>
<td>Misuse of Credit Cards</td>
<td>Permitting Drug Abuse</td>
</tr>
<tr>
<td>Sexual Imposition</td>
<td>Forgery</td>
<td>Deception to Obtain Dangerous Drugs</td>
</tr>
<tr>
<td>Importuning</td>
<td>Medicaid Fraud</td>
<td>Illegal Processing of Drug Documents</td>
</tr>
<tr>
<td>Voyeurism</td>
<td>Securing Writings by Deception</td>
<td>Adulteration of Food</td>
</tr>
<tr>
<td>Public Indecency</td>
<td>Insurance Fraud</td>
<td></td>
</tr>
<tr>
<td>Felonious Sexual Penetration</td>
<td>Receiving Stolen Property</td>
<td></td>
</tr>
</tbody>
</table>

*Absolute disqualifying offense