

****Before completing any of the clearances, please make sure your printer is in working order.**

[Pennsylvania State Police Criminal History Record Check Form \(SP4-164\)](#)

Fee: \$22.00

Pennsylvania Access To Criminal History (PATCH) website: <https://epatch.state.pa.us/Home.jsp>.

Under Credit Card Users click "Submit A New Record Check", accept the Terms and Conditions, fill out all information requested, then click on "Enter This Request", go to the bottom of the next page and click on "Finished", on the next page click "Submit", and enter payment information. Once this is all done, the clearance will run. If you see "Under Review" it will take 2-4 weeks to process your clearance and it will be sent directly to you. If it says "No Record", click on "No Record", this will take you to a Record Check Details page, at the bottom of the page click on "Certification Form". Print two (2) copies of the certification form, turn one copy into CPI and retain the other one for your records. If you receive your clearance in the mail, bring the original copy to the President's office and we will make a copy and return the original to you.

[Pennsylvania Child Abuse History Clearance](#)

Fee: \$13.00

Child Abuse History Clearance Online: <https://www.compass.state.pa.us/CWIS>

First you must create an account, then log in and complete the clearance request. You will be notified by email when your clearance is available (usually 7-14 days) and you will then need to log back in with the same credentials and print two (2) copies, turn one copy into CPI and retain the other one for your records.

[FBI Criminal History Records -- Only needed for Nurse Aide if not a PA resident for at least 2 years.](#)

Fee: \$23.85

Applicants will register in advance to be fingerprinted with IDEMIA at this web address: <https://uenroll.identogo.com>, enter the service code **1KG6NX** then choose schedule or manage appointments and then continue through the process. Print the pre-enrollment page and take it to the printing site along with the form of identification that you chose. Once you have gotten your fingerprints taken, please bring the verification receipt into Mrs. Theresa Brickley, Executive Secretary. Please do not wait until the unofficial copy comes in the mail. She can check it online much faster than you will get it in the mail.

See website for fingerprint sites.

Application for Continuing Education Course Nurse Aide Program

Last Name _____ First Name _____ Middle Init. _____

Social Security Number _____ Fee: \$1,350.00

Street _____

City _____ State _____ Zip Code _____

Contact Telephone Number: _____ Email: _____

Name & Emergency Contact Telephone: _____

Method of Payment/Funding:

- | | |
|---|---|
| <input type="checkbox"/> Self Pay | <input type="checkbox"/> OVR |
| Check # _____ | <input type="checkbox"/> Veterans |
| Money Order # _____ | <input type="checkbox"/> Workforce Investment Act |
| Charge: <input type="checkbox"/> Visa : <input type="checkbox"/> MasterCard | <input type="checkbox"/> Trade Act / NAFTA |
| Card #: _____ | <input type="checkbox"/> Student Loans / Aid: _____ |
| Expiration: _____ | <input type="checkbox"/> Other: _____ |

I hereby make an adult education application to the Central Pennsylvania Institute of Science and Technology (CPI) according to the policies, rules, and regulations set forth in the school catalog. I wish to enroll in the program indicated above and understand the following:

I am responsible for providing current copies of a Criminal Records Check and Child Abuse Clearances before entering the program (completed clearances dated within year of starting the program will be accepted).

Refunds for this program will follow the applicable CPI Refund Policy. CPI is not liable for damage to or theft of any personal belongings brought on the premises. CPI is not responsible for payment of medical expenses or other damages incurred by students during course activities.

As required by the Pennsylvania Department of Education (PDE), I may be contacted by CPI or PDE with regard to completion, placement, satisfaction, or wages related to this course.

If an agency or organization is funding this course on my behalf, in the event that this agency or organization were to withdrawal funding for any reason, I am responsible for all costs associated with enrollment in this course.

Signature _____ Date: _____

CPI Office Staff Only
Program Start Date: _____
Non-refundable application fee of \$50 received? Y / N

The Central Pennsylvania Institute of Science & Technology is an equal opportunity educational institution and will not discriminate on the basis of race, color, age, creed, religion, sex, sexual orientation, ancestry, national origin, marital status, pregnancy, or handicap/disability in its activities or programs as required by Title VI, Title IX and Section 504. For more information regarding civil rights or grievance procedures, contact the Title IX and Section 504 Coordinator mavolders@cpi.edu, 540 N. Harrison Road, Pleasant Gap, PA 16823 (814) 359-2793 ext. 240. For information regarding services, activities, and facilities that are accessible to and usable by handicapped persons, contact the Section 504 Coordinator.

This Enrollment Agreement is between the Central Pennsylvania Institute of Science and Technology (CPI) and:

STUDENT'S NAME _____ Telephone _____

Address _____

CPI agrees to provide the following training:

Course or program title: Nurse Aide

Start date: _____ Completion date: _____

Program consists of 120 clock hours and takes 5 weeks to complete. Students will receive the following award upon completion of this program: Certificate

This training will cost:

Application Fee.....	\$50
Technology Fee.....	\$20
Tuition.....	\$1,350
NNAAP Exam Fee & Text Book.....	\$135
Student hours make-up time (if needed).....	\$45/hr
TOTAL COST FOR THE COURSE.....	\$1555

Methods of Payment:

CPI accepts cash, personal/cashier's check, money order, Visa, MasterCard, Discover and state / federal financial aid (where applicable) for payment of tuition and related program expenses.

Quarterly Payments:

If making payments quarterly, the first payment will be due prior to the start of class, with subsequent quarterly payments due on the first Wednesday of CPI's next Term start (CPI's utilizes quarterly term starts). CPI calculates quarterly payments by taking the program cost and dividing it by the number of quarters. CPI does not charge interest to students making quarterly payments.

Agreement is Binding:

This agreement will be binding only when it has been fully completed, signed, and dated by the student and an authorized representative of CPI prior to the time instruction begins.

Employment Guarantee Disclaimer:

CPI makes **no guarantee of employment** upon completion of this program.

Effective Date of Acceptance:

I certify that I have read and understand the cancellation and refund policy and the complaint procedure; I have received a copy of the CPI catalog; and I have received an exact copy of this Enrollment Agreement and any other papers I sign.

Cancellation of Classes:

CPI reserves the right to cancel a starting class if the number of students enrolling is insufficient. Such a cancellation will be considered a rejection by CPI and will entitle the student to a full refund of all money paid.

Cancellation and Refund Policy:

1. CPI must refund all money paid if the applicant is not accepted. This includes instances where a class is canceled by CPI.
2. All monies paid by the applicant will be refunded in full if requested within three days after signing an enrollment agreement and making payment - even after beginning training.
3. Regarding the Program Application fee, the Application fee is fully refundable if the student notifies the school of intent to cancel in writing within five calendar days of signing the contract. A request for cancellation that is not made in writing shall be confirmed in writing by the student within an extended refund period of five additional calendar days provided. The school may retain the student's application fee after five calendar days or after ten calendar days absent written confirmation. After ten calendar days, CPI's application fee is non-refundable.
4. If training is terminated after the student enters classes, CPI may retain the application fee established under part 3 of this subsection, plus a percentage of the total tuition as described in the following table:

If the student completes this amount of training:	CPI may keep this percentage of the tuition cost:
One week or up to 10%, whichever is less	10%
More than one week or 10% whichever is less but less than 25%	25%
25% through 50%	50%
More than 50%	100%

5. When calculating refunds, the official date of a student's termination is the last day of recorded attendance:
 - (a) When CPI receives notice of the student's intention to discontinue the training program; or,
 - (b) When the student is terminated for a violation of a published school policy which provides for termination; or
 - (c) When a student, without notice, fails to attend classes for thirty calendar days.
6. Textbooks are released to students by term. Used textbooks are non-refundable.
7. All refunds must be paid within thirty calendar days of the student's official termination date.

Financial Aid (if applicable)

For eligibility and questions, contact CPI's Financial Aid Office at (814)359-2793(262)

Student Complaint Procedure

The purpose of this procedure is to assist with the process of coming to equitable solutions to a claim of the aggrieved party.

Step I:

Any student initiating an alleged grievance shall present grievance in writing to the Vice-President within five (5) days after the occurrence of the alleged misinterpretation, violation, or misapplication of program policies and/or procedures. The Vice-President shall reply in writing to the aggrieved party within five (5) days after the initial presentation of the grievance.

Step II:

If the action in Step I fails to resolve the grievance to the satisfaction of the aggrieved party, the grievance shall be referred in writing to the President within five (5) days from the date of reply from the Vice-President. The President shall reply in writing to the aggrieved party within five (5) days after receipt of said grievance.

Step III:

If the action in Step II fails to resolve the grievance to the satisfaction of the aggrieved party, the grievance shall be referred in writing to the School's Joint Operating Committee (JOC). At the next regularly scheduled JOC meeting, the board will meet to discuss the matter with the aggrieved party, a faculty member, a student representative, and an administrative representative(s). The Board shall officially notify the aggrieved party in writing, of the final decision on the grievance within five (5) days of the Board meeting.

Note: CPI is licensed by the State Board of Private Licensed Schools. Any grievances that are not resolved at the institutional level may be forwarded to the State Board of Private Licensed Schools, Pennsylvania Department of Education, 333 Market Street, 12th Floor, Harrisburg, PA 17126-0333 and to Accrediting Commission of Career Schools & Colleges, 2101 Wilson BLVD, Suite 302, Arlington, VA, 22201.

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ACKNOWLEDGMENT BY ENROLLEE

- 1. I understand and accept that any contract for training I enter into with the above named school contains legally binding obligations and responsibilities.
- 2. I understand and accept that repayment obligations will be placed upon me by any loans or other financing arrangements I enter into as a means to pay for my training.
- 3. I understand that any enrollment contract I enter into will not be binding or take effect for at least five days, following the last date such a contract is accepted and signed by CPI; provided that I have not entered classes sooner.
- 4. This agreement will not be binding unless signed by an authorized representative of CPI. By signing below, you are verifying that you have received a signed copy of this enrollment agreement and have read and agree to comply with all policies and procedures within CPI's Course Catalog with Student Handbook located on our website at www.cpi.edu.

Student:

If student is a minor, then parent/guardian signature:

Name (Please print) _____

Name (Please print) _____

Signed: _____

Signed: _____

Dated this ____ day of _____, 20__

Dated this ____ day of _____, 20__

Date of Birth ____/____/____

ACKNOWLEDGMENT BY SCHOOL

Prior to being enrolled in this school, the applicant whose name and signature appears above has been made aware of the legal obligations he/she takes on by entering into a contract for training.

Signed: _____

Title: Nurse Aide Coordinator

Dated this ____ day of _____, 20__

Central Pennsylvania Institute of Science and Technology
540 N. Harrison RD
Pleasant Gap, PA 16823

Staff: Reviewed enrollment criteria with
the student: ____ Y / ____N

For additional details on CPI programs to include educational objectives, scope and sequence, course descriptions and the nature and level of occupations for which training is provided, as well as detailed admission and student enrollment requirements and responsibilities, please see our complete CPI Course Catalog with Student Handbook.

Central Pennsylvania Institute of Science and Technology

Nurse Aide Program

Physical Examination Form

Last Name: _____ First Name: _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____

County: _____ Zip Code: _____ Phone Number: _____

Part I: MEDICAL HISTORY (Please check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Gastrointestinal disorder | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Hearing disorder | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Urologic disorder |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Vision disorder |
| <input type="checkbox"/> Back Injury | <input type="checkbox"/> Neurological disorder | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Cardiac problems | <input type="checkbox"/> Orthopedic condition | <input type="checkbox"/> |
| <input type="checkbox"/> Drug Addition | <input type="checkbox"/> Respiratory problems | <input type="checkbox"/> |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizure disorder | <input type="checkbox"/> |
| <input type="checkbox"/> Emotional/mental disorder | <input type="checkbox"/> Skin disorder | <input type="checkbox"/> |

Please provide information concerning any boxes checked: _____

Surgical History: _____

Current Medications: _____

Part II: PHYSICAL EXAMINATION

Height: _____

Pulse: _____

BP: _____

Weight: _____

Resp: _____

Temp: _____

Does the applicant wear glasses or contacts Yes

No

Vision Corrected: Left 20/_____

Color Blindness: Yes

No

Vision Corrected: Right 20/_____

Please mark the following Normal or Abnormal and Explain any Abnormals in the space provided:

	Normal	Abnormal	If Abnormal, Please explain
Skin	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing Assessment	<input type="checkbox"/>	<input type="checkbox"/>	
Teeth and Gingiva	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	

Does this applicant have any physical restrictions?

Yes

No

If yes, please explain: _____

Free of communicable disease?

Yes

No

Covid Vaccine Date /Dates _____

Able to lift a minimum of 40 lbs.

Yes

No

Date: _____

Healthcare Provider Signature
MD, DO, PA CRNP

Healthcare Provider Printed Name
MD, DO, PA, CRNP

Central Pennsylvania Institute of Science and Technology

540 N Harrison Rd.

Pleasant Gap, PA 16823

814-359-2582

www.cpi.edu

NURSE AIDE TRAINING PROGRAM

TUBERCULOSIS TESTING FORM

NAME _____ DATE _____ Age _____

ADDRESS _____

Two-step Tuberculin Test- PPD is required for the CPI Nurse Aide program.

#1. Administered by: _____ Date Read: _____

Results: _____ mm. Read by: _____

Second PPD is to be administered one (1) week after first PPD is read.

#2. Administered by: _____ Date Read: _____

Results: _____ mm Read by: _____

**If PPD is positive, or student, has received BCG, record date and results of last chest x-ray.
Circle negative or positive results.**

Copy of Chest x-ray report attached: _____ Results: Negative Positive

Free of Communicable Disease

Yes

No

Provider Signature: _____

Provider Title: _____

(MD, DO, PA, CRNP)

Address: _____

Phone: _____ Date: _____

Must be returned to CPI Nurse Aide Coordinator 2 weeks prior to orientation date.