

Medication Aide Admission Requirements

1. Only provide one original transcript of:
 1. High School Transcript
 2. GED Transcript; or
 3. College Transcript
2. Driver's License or State ID
3. Social Security Card (non-laminated)
4. Listed as a Nurse Assistant I with the Nurse Aide Registry with no substantiated case of abuse or neglect.

Enrollment Agreement

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Social Security #: _____

Home Phone #: _____ Cell: _____

Alternate Contact #: _____ Emergency #: _____

E-mail Address: _____

Program Information:

- | | |
|---|---|
| <input type="checkbox"/> Nursing Assistant I | <input type="checkbox"/> Maintaining a Home Care Agency |
| <input type="checkbox"/> Nursing Assistant II | <input type="checkbox"/> Telemetry Technician |
| <input checked="" type="checkbox"/> Medication Aide | <input type="checkbox"/> Medical Assisting |
| <input type="checkbox"/> Phlebotomy | <input type="checkbox"/> Dialysis Technician |
| <input type="checkbox"/> Wound Care Program | |

Start Date: _____ End Date: _____

A class schedule for which you enrolled (meets on day of week): _____

A **Certificate of Completion** will be awarded at the end of the program and successful students will be eligible to take the NC Medication Aide Exam.

Education:

SCHOOL NAME AND ADDRESS	START MO/YR	END DATE MO/YR	DID YOU GRADUATE?	DEGREE

College/University:

SCHOOL	START MO/YR	END DATE MO/YR	DID YOU GRADUATE?	DEGREE

Other Education:

Other Certifications:

Employment History: (most recent employment first)

Employer Name and Address	START MO/YR	END DATE MO/YR	POSITION

Fees and Charges:

You are responsible for paying the following Fees and Charges:

- Registration Fee \$ 25.00
- Tuition \$ 250.00
- Text Book \$ 25.00

- Total \$ 300.00

Total charges for Registration and the Medication Aide Course is due and payable on or before the first day of class, if you choose to make a payment plan, **you are still responsible to complete the payment even if you did not complete the program.**

Terms and Understanding:

As a Student of American Academy of Healthcare, I understand that:

1. The school does not guarantee employment following graduation.
2. The school deserves the right to terminate a student’s training for failure to abide by the Attendance Policy, failure to maintain satisfactory academic progress, failure to abide by the school rules and regulations and for other reasons as detailed by the school catalog.
3. All fees such as tuition, uniforms, stethoscopes, books, CPR and other miscellaneous items are to be **paid prior to completing the program**, _____ or the school
Initials
deserves the right to terminate a student’s training for failure to abide by the Payment Policy. _____
Initials
4. The textbook is provided by the school and I am paying for it under the heading textbook, all other materials that I will use in the lab and in the process of learning does not belong to me and should not be removed from the classroom.
5. The school does not guarantee the transfer of credit to any other institution.
6. Any notification of withdrawal or cancellation must be in writing.

7. This agreement is legally binding instrument when signing by you and accepted by the school. Your signature on this agreement acknowledges that you have been given reasonable time to read and understand it and that you have been given the school catalog including a description of this program, including all material facts concerning the school and the program of instruction which are likely to affect your decision to enroll.

Students Right to Cancel:

You may cancel this enrollment agreement for the school at any time up to the first day of class. If you cancel this agreement, any payment you have made will be refunded to you within 60 days. To cancel the enrollment agreement for the school you must mail or deliver a signed and dated copy of the cancellation notice or any written notice to the school at its' official address. For all other refunds, please see the refund policy.

Acknowledgement:

Do not sign this contract before you read it or if it contains blank spaces. You are entitled to an exact copy of the contract that you sign. Keep it to protect your legal rights.

My signature certifies that I have read, understood and agreed to my rights and responsibilities, that the institution's cancellation and refund policies have been clearly explained to me and that I have a copy of this agreement.

I hereby accept this agreement with the school.

Student Signature

Date

Return the following items:

***Completed Application**

***Driver's License (Color Copy)**

***Student Interview Form**

***Social Security Card (Color Copy)**

***\$25.00 Non-refundable Registration Fee**

**MAIL TO:
American Academy of Healthcare, LLC
4822 Albemarle Road
Suite 110
Charlotte, NC 28205-6621**

Accepted Forms of Payment

**Cash
Money Order**

NO CHECKS

STUDENT ACKNOWLEDGEMENT

Name: _____

Date: _____

I hereby acknowledge that I have received the American Academy of Healthcare Orientation Policy Manual and I have reviewed the policies in this booklet with the Instructor assigned.

- Attendance
- Competency Evaluation Skills Testing Procedures

Initials

I have been given the opportunity to ask any questions needed to clarify the information contained within. I also understand that I may request additional information or explanation at any time while I am a student with American Academy of Healthcare.

Initials

I understand that if any part of my student file is incomplete at the time of completion of the course, I will not receive Transcripts and/or a Certificate of Completion.

- Education Criteria
- Driver's License
- Social Security Card
- Final Exam/Mock Skills Exam

Initials

Student Signature

Date

Attendance Policy

All students are expected to attend required class, laboratory and related experiences, show evidence of preparation for learning and activity and be punctual.

Students must complete **24.0 hours** instruction/skill practicum as approved by the program.

Absences should occur only in situations of personal illness, immediate family illness, military leave or death. It is the responsibility of the student to arrange for a make up which is at the discretion of the Program Director.

No absences – due to the time limit of the class, any absences will result in failure to meet program requirement and the student may be asked to withdraw or join the next class. A Physician’s verification for illness may be required at the program director’s discretion.

Signature

Date

Student Interview Form

Date: _____

Student: _____

1. What do you think it takes to be a good Medication Aide?

2. What are (3) three words your friends would use to describe you?

3. Give me an example of a time when you had to learn something new i.e. task or procedure. How did you learn the new task or procedure?

4. Describe your best learning experience. What made the experience a good one?

5. Where do you see yourself in 3-5 years?

Results of Interview:

- Eligible for Enrollment Not eligible for Enrollment
- Other _____

Representative Signature

Date

EMERGENCY NOTIFICATION INFORMATION

Name: _____

Address: _____ Apt No: _____

City: _____ State: _____ Zip: _____

Phone Number: [____ _] _____ - _____

HOSPITAL PREFERENCE:



ALLERGIES:



NEW ADDRESS INFORMATION

Address: _____ Apt No: _____

City: _____ State: _____ Zip: _____

Phone Number: [____ _] _____ - _____

Mobile Number: [____ _] _____ - _____

Pager Number: [____ _] _____ - _____

Fax Number: [____ _] _____ - _____

Other Contact Number: [____ _] _____ - _____

E-Mail Address: _____

Contact Name: _____

Phone Number: [____ _] _____ - _____

Competency Evaluation Skills Testing Procedures

To successfully pass the skills competency evaluation, the student must demonstrate unassisted, 100% mastery of all skills based on identified critical elements as outlined in the North Carolina Medication Aide Curriculum.

The skills evaluation will be completed in the clinical setting as well as the classroom, but the student must complete a simulation practice test and show competency before clinical demonstration in a skilled facility.

The student has two other opportunities to prove 100% mastery of skills to be allowed to continue with the program, which is not more than three total attempts. If the student fails on the third attempt, they will be asked to withdraw from the program. **NO REFUND WILL BE MADE.**

It is the RN instructors' responsibility to ensure that the skills the competency skills the student's demonstrate are signed off on an appropriate documentation as necessary are made.

The RN instructor is responsible for the students training and evaluation through out the program.

Print Student Name

Last 4-digits of S.S. #

Student Signature

Date