

Scan for interest list & to
receive more info

bit.ly/4adulted



Valley Regional Occupational Program

SUMMER 2022 – EARLY REGISTRATION ADULT CERTIFIED NURSE ASSISTANT COURSES

Early Registration – February 7th through April 29th – Total Cost \$850.00

- Download, complete and return Early Registration form to Valley ROP, 1305 Q Street, Sanger, CA 93657, with valid California Photo ID and **Original** Social Security Card **or** Individual Tax ID Number.
- \$425 **non-refundable deposit** to secure a spot at preferred class site – cash, credit card, cashier's check or money order made out to Valley ROP will be accepted. **No personal checks.**
- Must have proof of vaccination for COVID-19
- Must read, write, and speak English
- Must pass basic entrance exam with 70% or better

Mandatory Orientation:

- Must attend orientation to complete enrollment. Failure to attend the **MANDATORY** Orientation will result in loss of reserved spot and non-refundable deposit.
- Remaining balance due: \$425.00 – cash, credit card, cashier's check or money order made out to Valley ROP will be accepted. **No personal checks. NO REFUNDS.**
- **Cost includes skills handbook, 1 uniform and fingerprinting fee. Book will be provided.**
- Uniform sizing
- Must show proof of fingerprint clearance

Must provide valid California Photo ID and **Original** Social Security Card
or Individual Tax ID Number at Orientation

Sanger High School

Mon., May 2, 2022
3:30 p.m. - 6:00 p.m.
Room 710

Selma High School

Tues., May 3, 2022
3:30 p.m. - 6:00 p.m.
Room 1003

Palm Village, Reedley

Thurs., May 5, 2022
3:30 p.m. - 6:00 p.m.
VROP Classroom

DO NOT ARRIVE PRIOR TO 2:45 P.M. AT ANY OF THE SITES

First day of class Requirements – June 13, 2022

- Must show proof of a negative tuberculosis immunization or chest x-ray
- Must show proof of physical exam

Schedule:

Monday – Friday

7:00 a.m. – 3:30 p.m.

6/13/2022 – 7/15/2022

(No class July 4th)

State Certification:

State exam to be determined at a later date (Student will be responsible for exam fee)

Questions? Call 559-876-2122
or visit our website www.valleyrop.net

Complete and return to:
Valley ROP Office
1305 Q Street
Sanger, CA 93657
Ph: (559) 876-2122



EARLY REGISTRATION Summer CNA

PLEASE PRINT

Name: _____

Address: _____
(Street, State, Zip Code)

Home Number: _____ Cell Number: _____

Email: _____

A Basic Entrance Exam will be given at the Valley ROP office. **Must bring original California ID, Social Security Card or Individual Tax ID Number and COVID-19 Vaccination Card.**

Class sites, choose order of preference 1-3 (First come, first served)

_____ Reedley

_____ Sanger

_____ Selma

I have received my Early Registration Packet. I understand that failure to attend the **MANDATORY** Orientation will result in loss of my reserved spot and non-refundable deposit. **I also understand the tuition of \$850.00 is non-refundable.**

Date: _____

Student Signature

FOR VROP OFFICE USE ONLY

Cards will be copied in the VROP office. **Must bring original documents.**

Copy of Social Security Card or ITIN

Copy of CA Driver's License or CA ID

Entrance Exam: Pass with 70% or more ☐ Yes ☐ No

\$425.00 non-refundable deposit (\$425.00 balance due at Orientation – non-refundable)

☐ Credit Card

☐ Money Order

☐ Cash

☐ Cashier's check



CRIMINAL BACKGROUND CLEARANCE

Students who wish to enroll in a CNA program are required to be Live Scan fingerprinted to determine if the student has any criminal convictions.

The California Department of Public Health (CDPH) evaluates criminal convictions for any offense and either grants or denies criminal record clearance by reviewing evidence of good character and rehabilitation provided by applicants, or information gathered by CDPH in relation to criteria outlined in the Health and Safety Code Section 1337.9.

Valley ROP is informing you that any conviction you may have receives an evaluation by the CDPH. Due to longer processing times and the possibility that the student may complete the CNA training program, pass the State examination, pay tuition and testing fees, you still may not obtain background clearance. Failure to obtain background clearance prohibits students from obtaining CNA certification. Valley ROP is responsible for providing you with this information and will not refund any tuition/testing fees paid for the course due to failure to obtain background clearance.

For potential students who have any convictions, or have questions about their ability to obtain the Live Scan/DOJ background clearance, they can request an "inquiry" with the Department by doing the following:

1. Fill out the top two sections of the CDPH 283B form and sign the applicant signature line. At the top of the form, write the following: "CLEARANCE ONLY WITH LETTER". The school does not fill out any information on the form.
2. Write at the top of the Live Scan form (BCIA8016) "CLEARANCE ONLY WITH LETTER", when filling out the form at the Live Scan vendor site.

CDPH will review the Live Scan/DOJ results and determine if the individual is "cleared" or not "cleared" and send the individual a letter explaining the results.

Students who submitted the CDPH 283B application and Live Scan to the DOJ and want verbal acknowledgement regarding "clearance" may call the Aide and Technician IVR line at 916-327-2445 and request information from the ATCS phone representative.



CRIMINAL BACKGROUND CLEARANCE ACKNOWLEDGEMENT

I _____ acknowledge that I have been informed of the process of
Student Name

obtaining criminal background clearance for any conviction that I may have.

I also acknowledge that tuition/testing fees for the CNA course that I paid is non-refundable for the lack of obtaining criminal background clearance.

Student Signature

Date



SUMMER SCHOOL POLICIES

PLEASE BE AWARE OF OUR POLICIES FOR SUMMER SCHOOL

1. Summer CNA students will be limited to a 2hr. absence during theory training and/or 1 day absence during clinical and/or 2 tardies anytime during the course. If absences/or tardies occur more than this during the program it is cause for automatic termination and without a refund of tuition.
2. Please note that Valley ROP is unable to provide special accommodations for students in our Summer CNA Program.
3. I am aware that per Title 22 California Code of Regulations 71835 f 2 that the facility that is used for my clinical training, will receive a form indicating that I had a TB test and History/physical.

Student Signature

Date

Parent/Student Signature

Date



Dear Student,

The main goal for the student who is taking the Certified Nurse Assistant class is to be successful in the class and become eligible to take and pass the optional State Certification exam at the end of the school year. The certification that the student receives allows them to apply for CNA positions in a variety of health care settings.

- **Two (2) Legal IDs:** The IDs listed below, along with the State Application or State Approval Letter, are required by the State of California Department of Public Health (CDPH) for testing, as well as re-testing.

* One (1) ID MUST be your "Photo ID", as listed below :

1. Driver's License or a State ID Card issued by a governmental agency or entity thereof provided it contains a photograph and information including, but not limited to, date of birth, sex, height, eye color, hair color, and address.
2. U.S. Military ID Card
3. Military Dependant's ID Card
4. U.S. Coast Guard Merchant Mariner Card
5. Native American Tribal Document
6. U.S. Passport or Foreign Passport
7. Alien Registration Card

In addition they must also have a Social Security card or a Tax ID number form. **The Social Security card must be signed and not laminated.** The name on the photo ID needs to also match the name on the Social Security card/Tax ID number form.

Both the picture ID and the Social Security card/Tax ID number form are brought by the student to the testing site. Without these items, the student will not be allowed to test. If the student does not have any of the above photo ID's, it is suggested that they get a state issued ID which has the information on it that is required by testing vendor. These can be obtained at your local DMV and it must be done prior to the State testing dates.

If you have any questions, please contact the student's Instructor.

Thank you,

A handwritten signature in cursive script that reads "Pam Backhaus RN".

Pam Backhaus RN
Health Science Administrator
Valley ROP

VALLEY REGIONAL OCCUPATIONAL PROGRAM
STUDENT BEHAVIORAL EXPECTATIONS AND
WAIVER AND RELEASE FORM FOR IN-PERSON INSTRUCTION

STUDENT:

First Name _____ Last Name _____
Date of Birth: _____ Class Enrollment for 2020-2021 _____
Address: _____ Home Phone: _____
Alternate Phone: _____
Email: _____
Emergency Contact: _____ Relationship: _____
Phone: _____ Alternate Phone: _____

I, _____ agree to abide by the following behavioral expectations,
Name of Student
which I have reviewed prior to engaging in the Valley ROP class entitled _____ CNA _____

1. I understand activities will primarily be focused on skills development.
2. I will wear a mask or other appropriate facial covering at all times during class, and when entering or exiting a facility where training is being held.
3. I will wear gloves, if directed, by the instructor or supervisor.
4. I will follow hygiene/sanitation protocols which include: Washing hands with soap and water for at least 20 seconds; Using hand sanitizer (at least 60% alcohol) when soap and water are not available; Avoiding touching eyes, nose and mouth with unwashed hands; Avoiding people who are sick while away from training; and Staying at home as much as possible while not in class.
5. Prior to the start of each class I agree to answer health questions (e.g., are you or a family member sick or showing symptoms) and have my temperature checked.
6. I will endeavor to maintain a minimum of 6 feet of physical distancing between myself and others to the extent possible.
7. I understand that my enrollment in this class is voluntary and I assume the risk for participating in the class.
8. I understand that if I experience any COVID-19 related symptoms, I will not attend. This includes fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headaches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, etc. I understand that if I exhibit these symptoms or pretend to exhibit these symptoms, I will be sent home.
9. I will not loiter around the classroom or facility where training is held before or after sessions. I will arrive and depart as close to the session's starting and ending time as possible.
10. I will arrive dressed for activities.
11. I recognize that I need to bring my own hydration products as shared water bottles are not allowed.
12. I acknowledge that these expectations may change based on state and county health guidelines and related protocols. I agree to adhere to these expectations as they may be modified.

WAIVER AND RELEASE

On behalf of myself, agents, heirs, and successors, I voluntarily agree to: (1) assume all risks of injury, illness, or death arising out of or resulting from my participation in and/or attendance at the above-stated program or activity, such risks to include but are not limited to, injury, illness, or death due to being exposed to or infected by contagious diseases, including COVID-19; (2) acknowledge that my participation in the above-stated program or activity is voluntary and I assume full responsibility for my participation (3) waive and release all claims, causes of actions, actions, liabilities, and costs against the Valley Regional Occupational Program (Valley ROP) and its governing board and members thereof, officers, employees, agents, and volunteers (collectively Valley ROP Personnel) and hold harmless the Valley ROP and Valley ROP Personnel from any claims, causes of actions, actions, liabilities, and costs that may arise out of or result from my participation in or attendance at such program or activity; (4) assume all obligations for any medical, financial, and other costs and/or liabilities that be sustained or incurred by myself or my agents, heirs, and/or successors; and (5) acknowledge this waiver and release is made notwithstanding section 1542 of the California Civil Code which provides: "A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor" and therefore, I expressly waive the benefits of this provision.

The Valley ROP assumes no responsibility and shall not be liable for any injury, illness, death, liabilities, damages, or costs that my student, myself, my agents, heirs, and/or successors may sustain or incur arising out of or resulting from the aforementioned program or activity.

Name of Student _____

Signature _____

Date _____



PROOF OF COVID-19 VACCINATION

PLEASE PRINT

Name: _____

In order to enter the clinical facility and perform the CNA skills, all students must have proof of a vaccination for COVID-19.

Date: _____

_____ Student Signature

FOR OFFICE USE ONLY

Card will be copied at the office. **Must have original document.**

Copy of Vaccination Card



I _____ understand that according to

Student Name

CDPH guidelines Long Term Care facilities are required to insure that their health care providers (HCP) get their Covid 19 booster as soon as it is due and this does include any students who are in the facility providing care to the residents.

Those HCP's that do not have their booster yet will be required to test for Covid twice weekly and give the results to their Instructors.

I agree with these guidelines and will follow through with them. If I don't follow these guidelines, I understand that I will be dropped from the VROP CNA program, without a refund of tuition.

Student Name

Date

February 2022



CNA PROGRAM – HEALTH INSURANCE FORM for CLINICAL TRAINING

PLEASE PRINT

Name: _____ Mailing Address: _____

Main Phone: _____ Email: _____

SSN: _____

As a part of the Certified Nursing Assistant Program each student must complete the minimum required theory hours and clinical hours. The clinical hours are to be completed assisting with patient care in a skilled nursing facility. The partnership that Valley ROP has with the skilled nursing facilities is very strong. This form is required for both Valley ROP and each skilled nursing facility to obtain the needed Health Insurance information.

A new protocol required by the Department of Public Health for the skilled nursing facilities is to have all employees tested for COVID-19 on a weekly basis or as needed based on the California COVID tier regulations.

By completing this form, I, _____ understand that as a part of the CNA program and the completion of the clinical hour requirement I will need to be tested for COVID-19 as required by the California Department of Public Health to comply with CDPH protocols at the skills nursing facilities.

Date: _____

Student Signature

Health Insurance Information

Do you currently have Health Insurance coverage? ☐ Yes ☐ No

Insurance Card Copy. **Must bring original documents/cards.**

If you don't have the Card Information please print a copy of Health Insurance from your provider

Copy of Health Insurance Card/Carrier Information.