



SAAD CNA SCHOOL

WELCOME TO SAAD CNA SCHOOL

GENERAL RULES AND GUIDELINES:

- 1. Tuition & Fees:** Unless sponsored by your employer or an agency, **class tuition is \$375.00**, which can be paid by cash, money order, or credit card (Visa, MC, Discover, Amex) and must be **paid in full at the time of registration**. The **State Certification Exam** fee of **\$100** must also be **paid in full** by all students at the time of registration. Students must purchase the class textbook, 5th edition of "The Nursing Assistant" by JoLynn Pulliam. This publication can be purchased here at Saad Healthcare. New books are **\$45.00** and used books are **\$30.00** (if available).
- 2. TB Skin Test:** In order to participate in the clinical portion of this course, it is a state requirement to have a TB skin test before entering a nursing home. The TB skin test will be administered during the first week of class. **PLEASE NOTE: If you are pregnant or think you may be pregnant, a physician's note is required to allow you to have the TB skin test, or you must have an X-Ray report showing you are currently free of the disease. This must be carefully considered before signing up for the course.**
- 3. Class Schedule:**
 - 1st Week:** Monday - Friday Classes meet 8:00am to 5:00pm with a **30 min. break for lunch**, (University location).
 - 2nd Week:** Monday & Tuesday: Classes meet 8:00am to 5:00pm with a 30 min. break for lunch, (University location).
 - Wednesday & Thursday: Clinicals**
 - Friday:** Report to University Blvd. location for CPR and **TESTING**. (State Certification Exam)
- 4. Late Policy:** You must be on time each day and not miss a day. If you miss a day of class or if you are more than 15 minutes late on any day, you may make it up in the next cycle (usually the next month). Your Certificate of Completion will be issued when the class is completed.
- 5. School Refund Policy:** If you decide to cancel your enrollment within 72 hours after enrollment, all money paid will be refunded to you. If you decide to cancel from a class after 72 hours of enrollment date, but before classes begin, we will refund your monies except for a \$15.00 processing fee. If you cancel after classes begin, you will have the option to enroll in the next available class without penalty, should space allow. If you request a refund and you have not attended any classes, you may receive a refund except for the \$15.00 processing fee. If you decide to withdraw after attending classes, you will be afforded a prorated refund of the prepaid fees except for the \$15.00 processing fee. A full refund is only available as defined in Ala. Code #16-46-1(7) and (8) (1975). **(Also see #9 below).**
- 6. State Certification Exam:** Satisfactory completion of the CNA course will qualify you to take the State Certification Exam. The cost for this exam is **\$100**, and you must be at least **18 years of age**. **NOTE: If you have ever been convicted of a FELONY you will not be eligible to take the State Certification Exam and you may want to reconsider taking the CNA course.**
- 7. Physical Requirements:** Listed below are the physical requirements for the course. You must be able to meet these physical requirements to take the course. Please review these requirements and, if you have any questions or know of anything that would prevent you from meeting these requirements, please speak with the school representative when you register. Physical demands are as follows:



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Physical Activity – Physical activity involves walking, standing, carrying, crawling, bending, lifting, sitting, crouching, reaching, pushing, pulling, fingering, grasping, feeling, talking, hearing, all resulting in heavy work.

Exertion Requirements – You must be able to lift and carry from 50 to 100 pounds of weight up to 10 feet occasionally (up to 1/3 of the time), lift and carry from 25 – 50 pounds of weight up to 10 feet frequently (from 1/3 to 2/3 of the time), and lift and carry from 10 to 20 pounds of weight regularly.

8. **Supplies:** Please bring your own supplies (pen/pencil and notebook).
9. **Lunch/Parking:** There will be a **30 minute** break for lunch. Lunch is to be taken off premises or out back at the picnic table when at the University location. There is absolutely no smoking or eating allowed on the side stairs. **Reserved student parking** is on the **South side** of the building, in the farthest two lanes.
10. **Cancellations:** If you need to CANCEL for any reason and are requesting a refund, you must call at least 24 hours in advance to **WANDA DARAWICH** at **251-343-9600 Ext. 8875** to have it arranged.
11. **Cell Phone Usage:** **POSITIVELY NO CELL PHONES OR PAGERS MAY BE USED INSIDE THE BUILDING.**
12. **Clinical Uniform:** The last three days of the class are spent in a clinical setting at a local skilled nursing facility. You will need white uniforms and white nursing-style shoes. No colored hose, socks or underwear may be worn – **white only**.

Date and time your class begins: _____

WE TRUST THAT THIS WILL BE A VERY REWARDING EXPERIENCE FOR YOU!

Saad Healthcare Services



SAAD CNA SCHOOL

**SAAD CNA SCHOOL/SAAD NURSING SERVICES
ACKNOWLEDGMENT, RELEASE AND INDEMNITY AGREEMENT**

In consideration of Saad Healthcare Services and a contracted, local skilled nursing facility, permitting me to utilize the skilled nursing facility to participate in the CNA clinical course requirements, the undersigned acknowledges, represents and warrants that the undersigned does so entirely voluntarily upon the undersigned's own initiative, risk and responsibility with full knowledge and awareness of the risks, dangers and hazards that are inherent in a skilled nursing facility clinical setting. For the undersigned's dependents, heirs, executors, administrators, assigns and personal representatives, the undersigned hereby voluntarily:

- 1) assumes all such risks, dangers and hazards;
- 2) releases and forever discharges Saad Healthcare Services, its parent, subsidiaries, partners, joint ventures and affiliates, their shareholders, directors, officers, agents and employees, and their successors, executors, administrators, heirs and assigns (collectively referred to as "Saad")
- 3) releases and forever discharges Gordon Oaks Convalescent Center, Inc., Eight Mile Nursing Home and Lynwood Nursing and Rehab, their parent companies, subsidiaries, partners, joint ventures and affiliates, their shareholders, directors, officers, agents and employees, and their successors, executors, administrators, heirs and assigns (collectively referred to as "Clinical Facility")
- 4) agrees to defend, indemnify and hold harmless Saad and Clinical Facility of any and all claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, including property damage, or injury, including death, sustained by the undersigned resulting from any cause while attending the CNA clinical course work whether caused by the negligence of Saad or Clinical Facility in whole or in part.

SIGNATURE

DATE

PRINTED NAME

SOCIAL SECURITY NUMBER



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INDIVIDUAL REGISTRATION INFORMATION

NAME <i>Please give your name exactly as you would like to have it printed on your graduation certificate (e.g., Richard R. Smith, Jr.)</i>	
Name You Go By <i>(e.g., Rick Smith)</i>	
Address	
City	State Zip
Phone Number	
Email Address	
Date of Birth	
Social Security Number	
Year of High School Graduation or GED	
Date	
Signature	



SAAD CNA SCHOOL

CNA VERIFICATION

Call 1-334-206-5171

Saad Identification Number: 52405

Applicant's Name: _____

Applicant's Phone Number: _____

Applicant's Social Security Number: _____

Results In Good Standing

Other

I, _____, give permission to Saad CNA School to request information from the Alabama Department of Health regarding my nursing assistant certification status. I further give Saad CNA School permission to release all above information to the Alabama Department of Health.

Signature of Applicant

Date

Signature of Verifier/Witness

Date



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DRESS CODE FOR SAAD CNA SCHOOL

1. Clean scrubs of any color, or clean white uniform, are required for all classes.
2. During the first 7 days of class only, you may wear Crocs or tennis shoes.
3. I understand that to attend clinical experience the second week of school, I must have a solid white uniform to include white shoes that fully enclose the foot and are vinyl or leather.
4. No Perfume is allowed in the classroom or in the clinical setting.
5. All clothing must fit properly. Overly tight scrubs, or scrubs that are too loose, are not permitted.
6. Nails should be short, smooth, clean with no polish. Hair should be worn pulled back or pinned up. Jewelry is limited to your wedding band, a clinical watch with second hand, and earrings are limited to one pair of stud (post) earrings no larger than 3mm.
7. If in doubt, DON'T.

GENERAL CODE OF CONDUCT

1. I understand that I must attend the entire two (2) week school.
2. I further understand that I can not be absent from any class time or clinical experience time.
3. I understand that all personal electronics, such as cell phones and pagers, must be turned off in the building.
4. I further understand that personal electronics are not to be taken to the clinical experience facility.
5. I understand that I must have a watch with a sweep second hand.
6. I understand that if I wear or need eyeglasses, I will bring same to class and the clinical experience setting so that I may fully participate.



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DRESS CODE FOR SAAD CNA SCHOOL CLINICALS

1. White uniform (scrubs), white tennis or nursing shoes and white socks or hose. Skirt or dress hems should be just below the knees. No sleeveless attire, mini or low-cut tops. No shorts.
2. White underwear – this means for ladies – full cut briefs and plain full-cup bras
this means for men – full cut white boxers or briefs.
3. Nails, hair, and jewelry guidelines are the same as for the school.
4. Bathe daily and use deodorant. No perfume or cologne will be allowed.
5. No personal telephone calls are to be made or taken without permission from the instructor.
6. Students may not leave their assigned unit without permission from the instructor.
7. If granted break time, this is to be taken in the employee break area. There are snack and drink machines for your use.
8. NO ONE is to take snacks from the residents' snack area.
9. You may bring a bag lunch to clinicals. It may be left in the refrigerator in the employee break room.
10. Wear your name badge in a visible location to identify that you are a CNA student and not an employee.
11. You may not be in the building unless your instructor is present and aware that you are there.
12. You may not leave the facility without the express permission of your instructor.
13. You are expected to conduct yourself in a professional, dignified manner at all times.
14. Break time is a privilege. One 10-minute break may be taken per 8 hours of work. You may take a break only with your instructor's permission.
15. Lunch is 30 minutes and must be taken at the facility. You may purchase food at the facility or bring something to eat.
16. You may NOT leave the facility to purchase food. Lunch is to be eaten in the employee break room.
17. Smoking is not permitted anywhere in the facility. There is one designated area for smoking for employees/students.
18. Smoking is allowed only during lunch or granted break.
19. Facility phones may not be used for personal calls without the express permission of the instructor.
20. You may not have personal visitors while at the facility.
21. No gambling, alcoholic beverages, drugs or weapons (including firearms and knives) are allowed.
22. Do not bring purses or bags with valuables into the facility. There are no secure lockers for students to use.
23. Report any unusual or threatening behavior by anyone to your instructor and/or the Director of Nurses (DON) or facility Administrator.
24. Report any evidence of the presence of ants immediately to the nurse, DON, Instructor or Administrator. Check all at risk residents and their areas at least every 2 hours for ant activity. There should be no open food containers in the residents' rooms. All left over food from meals or snacks is to be removed from the room and disposed of properly. All residents who are fed are to have their clothing/bed linen checked and cleaned if necessary after meals.



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STUDENT ACKNOWLEDGEMENT SIGNATURE SHEET

By my signature below, I acknowledge that I have received a copy of Saad CNA School Registration Information Booklet which includes the General Information Sheet, General Code of Conduct, the Dress Code for Classroom Participation, the Dress Code for Clinical Participation. I will familiarize myself with this information and I understand that I agree to comply with it.

I also understand that, if I have any questions or do not understand any provisions of this Booklet, I should consult my instructor for answers or clarification.

By signing this statement, I acknowledge my complete understanding and acceptance of these terms.

STUDENT SIGNATURE

DATE

WITNESS

DATE



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