

Wilkes-Barre Area Career and Technical Center  
School of Practical Nursing and Health Careers

*Nurse Assistant Training Program*

**Where:** Wilkes-Barre Career and Technical Center  
Jumper Road  
Plains, PA 18705  
570 822-6539  
Practical Nursing Department Classroom #1

**When:** Dates Available Upon Request  
Course 125 hours

**Cost:** \$50.00 down payment at time of application  
\$1200.00 paid in full prior to first day of class  
\*Classes are filled on a first contact basis meeting all program requirements

*Program requirements prior to the first day of class:*

- ❖ Applicants residing in the Commonwealth of Pennsylvania for the last (2) years must complete and submit a State Police-Criminal History Record Information Report (CHRI).
- ❖ A resident of the Commonwealth for less than (2) full years, prior to the date of application, must complete and submit a PA CHRI and a FBI report.
- ❖ A physical exam is required and must indicate the applicant is free of communicable disease.
- ❖ The applicant must have a 2-step Mantoux test for TB. If the test is documented as positive, a negative chest x-ray, less than (5) years old must be submitted.
- ❖ Applicants must possess basic reading, writing, and math skills.

**Applicants must have all requirements completed prior to the first day of class. Allow at least (1) month's time to complete.**

**PRACTICAL NURSING PROGRAM & HEALTH CAREERS  
WILKES-BARRE AREA CAREER & TECHNICAL CENTER  
P.O. BOX 1699, 350 JUMPER ROAD  
WILKES-BARRE, PA 18705-0699**

MARY ELIZABETH PACUSKA, M.S.N., R.N., Director

(570) 822-6539 Ext. 112

E-Mail: [mpacuska@wbpracnsg.com](mailto:mpacuska@wbpracnsg.com)

FAX: (570) 829-5013



Dear Prospective Nurse Aide Student:

Thank you for your interest in the Nurse Aide Program. We are pleased to provide you with the information you will need to apply to our program.

In order to be accepted and enrolled, you need to complete and return all the attached paperwork in this packet. Upon satisfactory clearance of all screenings, you will be notified and at which time a \$50.00 non-refundable deposit is required. Full payment is required before the first day of class. Registrations will be taken on a first come first served basis as class size is limited.

Mandated requirements per our program are those imposed by the Pennsylvania Department of Education:

1. Applicants residing in the Commonwealth of PA for the last (2) years must complete and submit a Pennsylvania (PA) – Criminal History Record Information (CHRI) which must be obtained during the year prior to enrolling and must not include any Prohibitive Offenses.
2. A resident of the Commonwealth for less than (2) full years, prior to the date of application, must complete and submit a PA CHRI and a FBI report.
3. A physical exam is required.
4. The applicant must have a 2- step Mantoux test for TB. If the test is documented as positive, a negative chest x-ray, less than (5) years old must be submitted.
5. Applicants must possess basic reading, writing and math skills.

If you have any questions, please call (570) 822-6539 ext 230 or email [cluksic@wbpracnsg.com](mailto:cluksic@wbpracnsg.com).

Sincerely

Catherine Luksic BSN RN  
Health Careers Coordinator  
WBACTC School of Practical Nursing and Health Careers

Accredited by the National League for Nursing A.C.  
3343 Peachtree Road, NE, Suite 500  
Atlanta, GA 30326  
Phone: (404) 975-5000; FAX (404)975-5020 [[www.nlnac.org/](http://www.nlnac.org/)]



Certified Nurse Aide Program  
**Health Data & Physical Exam**

**Applicant Information:**

Last Name	First Name	M.I.	Maiden	
Address		City	State	Zip
email		Birth date		Gender M      F
Phone (day)		Phone (eve)		Phone (cell)

**HEALTH HISTORY**

Please rate your current health status:    Excellent    Good    Fair    Poor

Certain minimum physical abilities and characteristics are required in health sciences professions. See attached for specific requirements. Do you have any condition that would interfere with your ability to perform the minimum technical skills standards for the program to which you are applying?

Yes                  No                  If yes, explain:

\_\_\_\_\_

Are you pregnant?    Yes                  No                  Due Date: \_\_\_\_\_

Allergies/sensitivities (i.e., medications, foods, Latex/Powder): Please List: \_\_\_\_\_

\_\_\_\_\_

Do you have any lifting restrictions:    Yes                  No                  If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**The information provided is true and correct to the best of my knowledge. I am aware that any change in my physical or mental health, including pregnancy, during the program may require that I obtain medical clearance to continue in the program.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**HEALTH DATA FORM/PHYSICAL EXAM (continued)**

Applicant Name: _____	Date: _____
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**Part II: To be completed by health care provider.**

**Identify any health conditions in the following:**

Head, ears, nose, throat	Yes	or	No	Gastrointestinal	Yes	or	No
Eyes	Yes	or	No	Genitourinary (by report)	Yes	or	No
Respiratory	Yes	or	No	Musculoskeletal	Yes	or	No
Cardiovascular	Yes	or	No	Neurological	Yes	or	No
Hernia	Yes	or	No	Skin	Yes	or	No

**If health conditions are present, do they create a limitation in the ability to provide health care?**

Yes    or    No

Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	#1	#2	Provider Signature
<b>PPD TUBERCULIN SKIN TEST:</b>	DATE: _____	_____	_____
(2-step required if > 1 year since last test)	RESULT: _____	_____	_____

**Does your examination of the student reveal any limitations in the following:**

SPINE:	LIFTING:	BENDING:	<b>NO LIMITATIONS OF ANY TYPE</b>
Yes    or    No	Yes    or    No	Yes    or    No	

**Does your examination of the student reveal any communicable diseases?**

Yes    or    No

**Explain:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Physician or Approved Licensed Health Professional Information:**

**Based upon today's exam and the disclosed health history, this student does not have any health condition that would create a hazard to self or others, or limit their ability to provide health care.**

Agency or Clinic providing service	
Printed Name:	Title:
Signature:	Date:

# VERIFICATION OF PA RESIDENCY

## SAMPLE

Please type or print legibly in ink.

Date of Application \_\_\_\_\_ Proposed Date of N.A. Class Enrollment \_\_\_\_\_

### I. Personal Information

A) Name: \_\_\_\_\_

B) Current Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

C) Months/Years at this Address: \_\_\_\_\_ D) Telephone: \_\_\_\_\_

*If you have resided at your current address for less than two years:*

Previous Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Months/Years at this Address \_\_\_\_\_

\*If necessary, attach a list of other places of residence to demonstrate that you have lived in Pennsylvania for the past two (2) years.

### II. Forms of Identification – must be verified by program representative

A) Birth Date: Month/Day/Year \_\_\_ / \_\_\_ / \_\_\_\_\_

B) Please provide two (2) additional forms of official, signature-bearing identification (**one of which must be a current photo identification document**). Examples of proper identification include:

- Driver's License
- Clinic card
- Credit card
- State-issued identification card
- Passport
- Library card
- Alien registration card
- Other \_\_\_\_\_

### III. Education

A) Do you have a high school diploma or GED?  Yes  No

B) Name of high school: \_\_\_\_\_

\_\_\_\_\_  
Address City & State Dates Attended Date of Graduation

C) Did you attend an educational institution beyond high school?  Yes  No  
If yes, enter the name of the school (s): \_\_\_\_\_

### IV. Nurse Aide Signature

I understand that by submitting this completed form for Verification of PA Residency to enroll in a nurse aide Training program, I am certifying that all of the information I have provided on this application is complete, accurate, true and correct. I make this declaration subject to the penalties of 18 PA.C.S 4904 relating to unsworn falsification to authorities.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **GUIDELINES FOR CRIMINAL HISTORY RECORD INFORMATION REPORTS**

A CHRI request is made to the Pennsylvania State Police. A form titled SP4-164 can be obtained at a police station or on line. A CHRI can also be processed electronically at <https://epatch.state.pa.us>. The electronic version has a state seal embedded in the final report.

A FBI finger-print based criminal record check requires applicant to follow procedural process form enclosed in packet.

## Pennsylvania Department of Education

### Guidelines for Criminal History Record Information Reports

#### **Regulation:**

In compliance with Act 14 of 1997 (63 P.S. 671-680) each applicant is required to submit a completed PA - Criminal History Record Information (CHRI) report which was obtained during the **year prior** to enrolling in the nurse aide training program.

- The Pennsylvania State Police CHRI report and FBI report may not include the Prohibitive Offenses Contained in Act 14 of 1997.

#### **Procedure for Obtaining a PA CHRI report from the State Police**

- If the applicant has resided in the Commonwealth for the last 2 years, prior to entering the nurse aide training program, a CHRI request is made to the Pennsylvania State Police. A form titled SP4-164 can be obtained at a police station or on line. A CHRI can also be processed electronically at <https://epatch.state.pa.us>. The electronic version has a state seal embedded in the final report.
- If the applicant has not resided in the Commonwealth for the last 2 years, the applicant must request a CHRI report from the PA State Police **and** process a Federal Bureau of Investigation (FBI) report through Cogent Systems.
- Applicants whose record documents a prohibitive offense as “disposition unreported” will be directed to the Clerk of Courts of Municipality where the arrest was made in order to clarify in writing the disposition of the arrest. The applicant will not be admitted into the nurse aide training class until clarification of the arrest and compliance to Act 14 is established.

#### **Procedure for Obtaining an FBI report through Cogent Systems**

- Applicant follows the procedural process as outlined below.
- Based on the FBI findings, the PA Department of Education will send the applicant an official letter of approval or disapproval letter. The official letter of approval **must** be given to the nurse aide training program.
- Please direct questions regarding the above procedures to Arthur Richardson, our designated and approved staff, at [arichardso@state.pa.us](mailto:arichardso@state.pa.us) or by telephone at (717) 772-0814.
- For more information click on [Cogent Systems Fingerprint Services for Pennsylvania](#).

# Procedural Process for Procuring a FBI Report and Letter of Approval for Nurse Aide Training

PROCEDURAL PROCESS	PREPARATION	OUTCOME
<p><b>Step 1 Applicant Registers with Cogent Systems</b></p> <p>a. 1-888-439-2486 Monday - Friday 8:00 AM - 6:00 PM EST</p> <p>b. <a href="http://www.pa.cogentid.com">www.pa.cogentid.com</a> - available 24 hours/day</p> <p>* <b>select the Pennsylvania Department of Education (PDE) service</b></p> <p>* <b>select any item listed for reason for fingerprinting</b></p>	<p>→ Credit/debit card acceptable for on-line registration</p> <p>→ <b>\$28.75</b> Money Order/Cashier's Checks <b>ONLY</b></p> <p>-Payable to Cogent System at the print location</p> <p>* Have demographic information available (i.e. Name, Address, Social Security number, etc.)</p> <p>* Have a pen/pencil and a piece of paper available</p> <p>* An copy will be mailed to the applicant The copy is <b>NOT AN OFFICIAL COPY. It is for the Applicants Use Only and cannot be used for admission into a nurse aide training program.</b></p> <p><b>Follow Steps #2, #3, #4, #5,</b></p>	<p>* <b>Registration ID Number</b> will be given to applicant i.e. PAE102B035159067</p> <p>* <b>FBI reports are not transferable between Departments.</b> If another Department, such as Department of Public Welfare is accidentally selected, the PDE <b>cannot</b> process the FBI report. The applicant will be required to complete a second registration process and fee.</p> <p>* <b>Students</b> who are employed or offered employment by a long term care facility must access FBI reports through the <b>Department of Aging</b>. 717-265-7887</p> <p>* Report is available (on-line) within 2 days.</p>
<p><b>Step 2 Applicant goes to a Fingerprint Location</b></p> <p>a. <a href="http://www.pa.cogentid.com">www.pa.cogentid.com</a> - to view listings</p> <p>b. Location determined during phone call</p> <p>c. Applicant Livescan Operator (ALO) will identify the applicant and scan all 10 digits</p>	<p>* No scheduled appointments</p> <p>* Have Registration Number available</p> <p>* Have photo identification available (driver's license) * To see other types of ID go to <a href="http://www.pa.cogentid.com">www.pa.cogentid.com</a></p>	<p>* 1 reprinting is available, if needed. Cogent will contact applicant.</p> <p>* If fingerprints are rejected or unreadable, reprinting can be applied one time only after which a name check would be performed through the FBI.</p>
<p><b>Step 3 Cogent forwards Finger prints to FBI and FBI returns Report to Cogent</b></p>	<p>* Have Registration Number available</p> <p>* Valid demographic information</p>	<p>* Wait at least 2 days, then check "Proof of Transaction" at <a href="https://www.pa.cogentid.com/index_pde.htm">https://www.pa.cogentid.com/index_pde.htm</a></p>
<p><b>Step 4 Applicant Contacts PDE designated and approved staff Arthur Richardson 717-772-0814 <a href="mailto:arichardso@pa.gov">arichardso@pa.gov</a></b></p>	<p>* Have Registration Number available</p> <p>* Valid demographic information</p>	<p>* PDE reviews reports then determines eligibility for enrollment into a nurse aide training program.</p>
<p><b>Step 5 PDE mails Applicant an Official Letter of Approval</b></p>	<p><b>Effective June 1, 2009</b></p>	<p>* Applicant submits an official letter of approval <a href="#">on state letterhead</a> to the state-approved nurse aide program.</p>





## RELEASE of APPROVAL LETTERS

I, \_\_\_\_\_  
(Requester - Print Name Clearly)

\_\_\_\_\_  
(Address of the Requester - Please print)

authorize the PA Department of Education - Nurse Aide Training Program, to release my approval letter for enrollment in a state-approved nurse aide training program based on my FBI Criminal Background Check provided by Cogent Systems. I understand that only approval letters will be released. If additional information is needed to complete the FBI clearance process, a letter will be mailed to the above address. To complete this release request, the requester (name that is printed above) must provide the following:

**Name of Facility Representative** \_\_\_\_\_

**Name of Facility** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Office Number** (     ) \_\_\_\_\_ **Fax Number** (     ) \_\_\_\_\_

**Registration Number provided by Cogent: PAE** \_\_\_\_\_

If applicable

Fax or mail form to the: *Department of Education, Attention: NATCEP 11<sup>th</sup> Floor, 333 Market Street, Harrisburg, PA 17126*     **Fax: (717) 783-6672.**

I hereby declare that the above information is complete, accurate, true and correct and I authorize the above named facility to receive by fax or mail this information. I make this declaration subject to the penalties of 18 PA.C.S. 4904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
(Signature of Requester)

\_\_\_\_\_  
(Date signed)