

WEST VIRGINIA NURSING ASSISTANT REFRESHER COURSE APPLICATION

Part 1: General Information

Legal Name _____ Soc. Sec. No. _____
Last First Middle (XXX-XX-XXXX)

Name on application must exactly match photo ID and name on Social Security Card (laminated social security cards not accepted)

SOCIAL SECURITY NUMBER DISCLOSURE: Disclosure of your social security number should only be made if obtained from you in accordance with Section 7 of the Privacy Act of 1974. Your disclosure is voluntary for the purpose of internal identification, and may be used to verify information on your application, (class admissions and completions, competency evaluation testing, re-registration and reciprocity applications, etc), to verify certification with another state's certification authority, for exam identification, for identification purposes in national disciplinary databases or as the basis of a disciplinary action against you. In accordance to the 42CFR 483.156(c), failure to provide requested information may result in your application being returned, or a delay in processing.

Maiden Name: (above name will be use if left blank)

Email Address _____

Mailing Address Street _____

City _____ State _____ Zip Code _____ County _____

Home phone: (xxx-xxx-xxxx) _____ Birth date (MM/DD/YYYY) _____

Applications must be received at PHD, LLC's office two weeks prior to course date with payment of \$200.00 (no refunds after registration deadline date)

LOCATION

FRED EBERLE TECHNICAL CENTER BUCKHANNON, WV BOONE CAREER & TECHNICAL CENTER FOSTER, WV

~~November 18 & 19, 2017~~

~~October 10 & 12, 2017~~

March 18 & 19, 2018

April 10 & 12, 2018

July 21 & 22, 2018

May 8 & 10, 2018

REGISTRATION To be registered for the WEST VIRGINIA REGISTERED NURSING ASSISTANT REFRESHER COURSE, the West Virginia Nursing Assistant Registry web site <https://ohflac.wvdhhr.org/NA/NALookup.aspx> must have this message : **"This nurse aide is eligible for the Refresher Course Program and CEP until (date)"** and **NOT** listed on the **National Sex Offenders Registry**.

A copy of any letter received from the Nursing Assistant Registry mandating re-training or alternative measure of discipline must be sent with application.

If you are pregnant or injured, a doctors release must be sent with application stating "NO RESTRICTIONS" dated for the course date.

Additional information may be required.

Candidate Signature Date

Payment Options Certified Check Facility Check Money Order VISA MC Discover AMX
NO PERSONAL CHECKS

Credit Card # _____ Expiration Date (MM/YYYY) _____ CVV2 _____

Print/Type name as it appears on credit card _____

Billing address of Credit Card: Street _____ State _____ Zip Code _____

Amount to Charge Card _____ Phone number (xxx-xxx-xxxx) _____

Authorized Card Holder Signature _____ Date _____

Mail application and correct fees to:

Professional Healthcare Development, LLC

P.O. Box 399

Ona, WV 25545

CORRECT FEES MUST ACCOMPANY THIS APPLICATION

If you have questions regarding this application, call PHD directly at (304) 733-6145 f (304-733-6146).

KEEP THIS PAGE

You must bring the following items with you to the training site:

- Your admission ticket. Name and SS number on admission ticket must exactly match photo ID and SS card.
- Two (2) forms of ID. One must be a current photo ID (i.e., driver's license, government issued ID, employment badge) and the other **MUST** be your original unaltered (not a copy) social security card (laminated social security cards not accepted). If you arrive without the proper ID, you will not be able to take the refresher course and you will lose your fees.
- Notebook and pencils or pens
- A watch with a second hand

You **MUST** follow rules at the training site:

- If you are late for your scheduled class, or do not bring all of your required items (see above) you may not be allowed to take the class.
- You may not eat, drink, or smoke during the class.
- If you cause a disturbance, or do not behave yourself at the training site, you will be asked to leave and you will be reported to the Nursing Assistant Registry.
- You may not bring visitors, guests, pets, or children with you to the training site.
- If you come to the training site under the influence of any substance, whether prescribed by a physician or not, you will not be permitted to take the course. The instructor will decide whether you will be permitted to take the course and the instructor's decision will be final. If you are asked to leave the training site, your course fee will be forfeited.
- If you come to the training site, are pregnant or injured and have not submitted a **CURRENT** doctor's release stating "**NO RESTRICTIONS**" to PHD's office stating "NO RESTRICTIONS" for the date of the class with the application, you will not be permitted to take the course and the fee will be forfeited.