

Certified Medical Assistant Registration Form 2024



Fall 2024 (Registration closes August 9, 2024)

August 26 - March 9, 2025 (dates are subject to minor changes)

Online Theory (144 hrs): August 26 - March 9, 2025

Lab (Five 8-hour days): December 7, January 18, February 3, February 15, March 1

Practicum (40 hrs): February 23 - March 1 or March 2 - March 8

REGISTRATION *All fields are **required** unless otherwise indicated; please fill out this registration form completely.*

Date of Registration _____

First Name _____ Middle _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____ *A confirmation and other correspondence will be sent to this address.*

Social Security Number _____ Date of Birth _____ CNA License No _____

Would you like to receive class notifications via text message to the cell phone number provided above? Yes No

This program receives funding from the U.S. Department of Labor allowing Veterans and eligible spouses to receive priority of service over a non-covered person. (20 CFR 1010) If claiming Veteran's Preference, you must provide a DD 214, Military ID Card, VA documents, or official college documentation that demonstrated eligibility using one of the aforementioned documents to verify eligibility.

Are you claiming Veteran's Preference? Yes No

Have you taken an online class with a ND University System institution in the last 5 years? If so, please indicate your Blackboard username if known.

Blackboard Username: _____ Yes No

Please check one: *All checks should be made payable to BSC.*

- Enclosed is the \$500 non-refundable deposit (full amount is due ten (10) days prior to class start)
- Enclosed is the full tuition of \$3,385, which includes the non-refundable deposit
- I am a sponsored student. Enclosed is the Third Party Authorization Letter as well as the name and address of the sponsoring business/agency provided below. Sponsoring Business/Agency: _____

Lab Location Preference:

In-person lab will be on the BSC Campus or at the Bakken Area Skills Center in Watford City. Please indicate your location preference. Note, a minimum number is required for the lab to be held at the BASC. If minimum is not met, students will be required to attend lab on the BSC Campus.

- I will attend in-person lab practice on the BSC Campus.
- I will attend in-person lab practice at the Bakken Area Skills Center in Watford City. *I understand if minimum enrollment is not met I will need to attend lab practice on the BSC Campus.*

Student Requirements and General Acknowledgement:

I have read and understand the essential requirements of the course: at least 18 years old, the recommendation of an English assessment for ESL students, a computer or tablet for online learning, mandatory attendance for lab and clinical, the ability to lift a minimum of 50 pounds, a 40-hour lab and a 40-hour practicum both with minimal rest periods, a passing grade in theory and lab before allowed into practicum, and that a valid North Dakota Certified Nursing Assistant (CNA) license in good standing as a CNA with the ND Dept. of Health and Human Services is strongly recommended. I understand this is an 224 hour course and attendance is mandatory. I understand that if I fail to access the course and begin work within the first week of class I may be withdrawn from the class. I further understand I may be dropped if attendance requirements are not met such as missing more than 8 hours of lab or practicum regardless of the reason.

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Student Requirements and General Acknowledgement (CONTINUED):

I agree to meet all requirements within the deadlines stated. I understand that if I have not met these requirements in a timely manner I will not be allowed to attend or complete the class. If I must cancel my registration, I understand that I must notify BSC Continuing Education at least ten (10) business days prior to the start of class in order to receive a refund of the tuition less the \$500 non-refundable deposit.

This is a hybrid class. 144 hours of theory will be held online, labs will be on the BSC campus, and practicum will be within a facility. A personal laptop or tablet will be required to complete the class. This class will have five (5) eight (8)-hour days of required lab practice and 40 hours of practicum with minimal rest periods. These days are mandatory and cannot be missed.

Required immunizations include: the disclosure of COVID-19 vaccination status, the COVID-19 vaccination (optional, may be required based on clinical facility placement), Varicella, MMR, Tuberculosis, Influenza, and Hepatitis B (optional with a signed waiver). I acknowledge that prior to the practicum start I must provide ND UAP Registry placement, which requires a background check and any fees associated with obtaining the ND UAP Registry are my responsibility. Further, I acknowledge I will be required to adhere to any other policies of the facility in which I am placed for practicum.

Students will receive an email from BSC Continuing Education outlining how to fulfill the course prerequisites including how to establish an online account with CastleBranch. The following prerequisite documents must be uploaded by the student into CastleBranch ten (10) business days prior to the course start: (1) Varicella vaccination record, (2) Measles, Mumps, and Rubella vaccination record, (3) Tuberculosis test results within three (3) months of the start of the class, (4) Seasonal Flu, and (5) Hepatitis B Series vaccination record or waiver, and (6) criminal background check.

The course prerequisites and full tuition payment must be completed no later than ten (10) business days prior to the course start date. Failure to adhere to complete these items will delay access to the course. In addition, a student may incur additional costs.

_____ My initials indicate that I understand the above statements.

STUDENT EXPECTATIONS:

Because quality and commitment is of utmost importance, the instructor has the authority to dismiss a student who does not meet the expected standards of the class for a number of reasons, including, but not limited to: lack of responsibility, safety, respect for instructors and others students, or any other negative issue related to the student completing the program. In any of the above cases, the instructor or TrainND Southwest will notify the student's employer and/or program sponsor of the first offense. Continued offenses or behavior could result in unsuccessful completion of the program. Additional student expectations are outlined below:

- Students must attend in clean and neat attire.
- Students must be prepared and have proper clothing.
- Students must respect other students and instructors.
- Students must operate the equipment in a safe and responsible manner.
- No discrimination of any kind will be tolerated.
- No use of cell phone during classroom lab or clinical instruction. Limit use to breaks or emergency-related situations only.

_____ My initials indicate that I understand this requirement.

Signing below verifies that all information provided to BSC Continuing Education & TrainND is true and accurate and verifies that you are physically able to fulfill the student requirements of the course or that any temporary or permanent condition limiting your ability to fulfill the student requirements will be addressed with the program manager and further, that you understand attendance is an essential part of the educational process of this training and that it is mandatory. Any student who fails to access the course and begin work within the first week of class may be withdrawn from the class. Students may be dropped if attendance requirements are not met such as missing more than 8 hours of lab or practicum regardless of the reason.

Student's Name (please print) _____

Student's Signature _____ Date _____

Please return this completed form to BSC Continuing Education & TrainND either:

- In-Person: BSC National Energy Center of Excellence Building, 1200 Schafer Street, 1st Floor, Room 107
- By Email: bsc.training@bismarckstate.edu

OFFICE USE ONLY

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3rd Party Company _____ Invoice # _____ Date _____ Invoice Amount _____

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