NURSE AIDE I REFRESHER APPLICATION

ALL INFORMATION ON THIS FORM IS HELD CONFIDENTIAL

Registration is subject to class availability. Students must register with their legal name on all documents. Names must match exactly.

Rowan-Cabarrus COMMUNITY COLLEGE

<u>(PRINT)</u>

Last Name:_____First Name:_____Middle Name:_____

Maiden Name:_____Birth Date:_____

Mailing Address:_____City:_____State:_____Zip:_____

Home #:_____Cell #:_____Email:_____

Education: High School Diploma ☐   or   High School Equivalency *(formerly known as GED)* ☐

School attended:_____

Are you a United States Citizen? Yes ☐   No ☐ Place of Birth:_____State of legal residency:_____

Are you currently enrolled at RCCC? Yes ☐   No ☐ *If yes,* which program of study?_____

Are you taking this course as a prerequisite? Yes ☐ No ☐

Do you plan to enter the RCCC Nursing Program? Yes ☐ No ☐ *If no,* which school do you plan to attend?_____

Contact In Case Of Emergency:

Name:_____Relationship:_____ Phone #:_____

Registration Information

- Register by contacting Casey Hinson, 704 216-3452, casey.hinson@rccc.edu
- Tuition of $130.00 is due at time of registration Visit www.rccc.edu/corporatecontinuing/continuing-education-scholarship-application for more information.

Students seeking accommodations due to a documented disability should refer to the RCCC Catalog, Disability Services *or contact a disability services counselor by calling 704-216-7222 or visiting www.rccc.edu/disability.*

Documents & Supplies Required for First Day of Class

☐ Completed Nurse Aide I Refresher Application
- Proof of nurse aide 1 listing in North Carolina or any state, which has not been expired more than 4 years OR proof of successful completion of a state approved nurse aide 1 course within the past 4 years
- Unexpired Government-issued picture ID
- A book will be LOANED to you
- There is no clinical component

You may miss only one day of class to receive a satisfactory for the course. You must arrive to class on time. If you are more than ten(10) minutes late, you will be counted absent for the entire class and this will count as your one allowed absence.

Document Policy: Copies of education and identification documents are filed in RCCC's archives and are not returned to the student. Please do not give us your original or your only copy.

Attendance Policy: There is a strict attendance and time policy in this program. **If you are more than 10 minutes late for class, you will be counted absent.** If you wish to attend class after missing the first class day, you will need to contact Casey Hinson, Health Occupations Program Manager, at 704-216-3452, before you may attend the class.   **Student Initials:_____**

Refund Policy: For a **full** refund, you must make your refund request **before** the class starts. For a **75%** refund, you must make your refund request before the second class day. **No refunds will be given after the second class day. Student Initials:_____**

By signing this document, I attest that the information given above is complete and accurate. I understand and agree to the program requirements and will abide by all RCCC policies and regulations.

Student Signature:_____ Date:_____