

assistance with English.

understanding written English language).

Advanced

Nurse Aid/ Nursing Assistant (NA) Apprenticeship Program External Program Application

| 1 External Applicant Inform | nation | |
|--|---|--|
| First Name: | Last Name: | |
| Current Job: | Time at Current Job: | |
| Personal Email: | Phone No: | |
| Supervisor's Name: | Supervisor's Phone: | |
| Applicant Address: | | |
| UW Health is an Equal Employment Opportor applicants will receive consideration for participational origin, sex, gender identity or expressional original or | cipation in this training program without regall ssion, sexual orientation, age, status as a program without regall sion, sexual orientation, age, status as a program with disability. If the your work schedule for 6 weeks of the theory of the program, you will need to be here for will be allowed. Clinicals are located at | rd to race, religion, colo otected veteran, amon he program or the FULL duration : 600 Highland Ave, |
| Either In-Person or Hybrid Class Schedul Monday/Tuesday/Wednesday/Thursday Week 4. Hybrid program skills days are are spent doing independent bookwork, | y/Friday Clinical experience begins at two days out of the week. Other days | 6:30 am – 3:00 pm |
| How would you describe your current le | evel of English language proficiency? | |
| read or understand written langua Intermediate | t is difficult to understand my co-workers ge well.) co-workers in English. It's difficult someti | - |

questions when I don't understand. I can read and comprehend words in English but need some

(e.g., I am comfortable speaking English and understand my co-workers and supervisors well. It

is not difficult for me to read and write in English. I have no trouble with reading or

What is the highest educational level you have completed? (Please check only ONE and complete the associated information.)

| | College Degree and/or Certificate | | |
|---|--|--|--|
| | Major/Program completed: | | |
| | Name of university, college or technical school: | | |
| | Date of graduation: Month Year | | |
| | College Degree and/or Certificate | | |
| | Major/Program started: | | |
| | Name of university, college or technical school: | | |
| | How much have you completed?less than 1 year1-2 years2-3 years | | |
| | Last date attended: Month Year | | |
| □ High School Diploma/ GED (or equivalent) | | | |
| Have you participated in any Learn@Work program in the community or other community | | | |
| progr | ams? If yes, which one? | | |
| | | | |
| | Yes Program: | | |
| | N_{Ω} | | |

2 Applicant Statement of Interest (Please print legibly)

Why are you interested in becoming a Nursing Assistant?

Admissions Requirements & Program Expectations

| Admissions Requirements | Program Expectations | | |
|--|--|--|--|
| Any UW Health employee* who meets the following requirements is encouraged to apply: | If accepted, you will be required to: | | |
| Passes background check and Employee Health Services (EHS) screening. Has completed all requirements including | Attend and participate in all classroom and clinical sessions for the full 6 weeks. NO missed days are accepted in the | | |
| interview. | whole program per DHS guidelines. | | |
| Has earned a high school diploma or equivalent. | Complete all homework assignments (approx. 3-5 hours/week or more) outside of the classroom on your own time. | | |
| Has resume and references. Has taken a medical terminology class in the last 5 years. If you have not taken a class, UW Health offers a short course. Discuss options with NA program manager. Continues to meet eligibility requirements throughout the application process. Applicants must be 18 years of age (or 17 with requirements). | Maintain a passing grade of 80% or higher in course work. Successfully pass the WI state competency exam and skills test. Maintain all eligibility requirements to participate for the duration of the program (6 weeks). American Heart Association (AHA) Basic Life Support (BLS) Certification for | | |
| Per Department of Health Services (DHS) guideline, must have functional abilities form filled out and approved. | Healthcare Providers (CPR) which is done as part of this course. | | |
| *Temporary employees, employees in training, and student employees are not eligible to participate in the paid portion of the program. | | | |

Applicant Signature

I am aware of the responsibilities, time commitments, and expectations associated with the Nursing Assistant Program. I understand that I will be contacted through email and, if I meet the eligibility requirements, will be provided with upcoming program dates.

| My signature below indicates that I have read and agree to all program expectations. | | |
|--|---------------------------------------|--|
| Signature: | Date: | |
| For program questions, contact Janice Simmonsen, Program | Manager, at jsimmonsen@uwhealth.org o | |

(608) 444-6022. Completed applications should be e-mailed to NAProgram@uwhealth.org.