

Nursing Assistant (NA) Training Apprenticeship Program

Internal Program Application

1 Internal Applicant Information

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 Opportunity, Affirmative Action employer that values diversity. All qualified applicants will receive consideration for participation in this training program without regard to race, religion, color, national origin, sex, gender identity or expression, sexual orientation, age, status as a protected veteran, among other things, or status as a qualified individual with disability.

The following class times and clinicals will be your work schedule for 6 weeks of the program

(Note: If you are selected to participate in the program, you will need to be here for the FULL duration of the 6-week program). NO missed days will be allowed. Clinicals are located at: 600 Highland Ave, Madison, WI. Skills lab and/or class is located at: 610 N. Whitney Way, Madison, WI.

Either In-Person or Hybrid Class Schedule 6 Weeks - 7:00am - 3:30pm
Monday/Tuesday/Wednesday/Thursday/Friday Clinical experience begins at Week 5

How would you describe your current level of English language proficiency?

- ☐ **Beginner**
(e.g., I don't speak English often. It is difficult to understand my co-workers in English. I cannot read or understand written language well.)
- ☐ **Intermediate**
(e.g., I can usually understand my co-workers in English. It's difficult sometimes, but I can ask questions when I don't understand. I can read and comprehend words in English but need some assistance with English.
- ☐ **Advanced**
(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 understanding written English language).

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 year _____ 1-2 years _____ 2-3 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 programs? If yes, which one?

☐ Yes Program: _____

☐ No

2 Applicant Statement of Interest (Please print legibly)

Why are you interested in becoming a Nursing Assistant?

3 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:
<ul style="list-style-type: none"> Has completed all requirements including interview. Has earned a high school diploma or equivalent. 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). Per Department of Health Services (DHS) guideline, must have functional abilities form filled out and approved. 	<ul style="list-style-type: none"> Attend and participate in all classroom and clinical sessions for the full 6 weeks. NO missed days are accepted in the whole program per DHS guidelines. Complete all homework assignments (approx. 3-5 hours/week or more) outside of the classroom on your own time. 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 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.	

4 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: _____

Applications submitted to Oracle-will not be accepted to email address-Questions only to email - NAProgram@UWHealth.org