

Nursing Assistant (NA) Training Apprenticeship Program

External Application (LTE Position)

1 External Applicant	Information
First Name:	Last Name:
Current Job:	Time at Current Job:
Personal Email:	Phone No:
Supervisor's Name:	Supervisor's Phone:
Applicant Address:	
applicants will receive consideration	nt Opportunity, Affirmative Action employer that values diversity. All qualified for participation in this training program without regard to race, religion, color, or expression, sexual orientation, age, status as a protected veteran, among individual with disability.
The following class times and cli	nicals will be your work schedule for 6 weeks of the program
of the 6-week program). NO mi	ticipate in the program, you will need to be here for the FULL duration ssed days will be allowed. Clinicals are located at: 600 Highland Ave, ass is located at: 610 N. Whitney Way, Madison, WI.
Either In-Person or Hybrid Class Monday/Tuesday/Wednesday/	s Schedule 6 Weeks - 7:00am - 3:30pm Thursday/Friday Clinical experience begins at Week 5
How would you describe your o	current level of English language proficiency?
read or understand written la Intermediate (e.g., I can usually understand	ten. It is difficult to understand my co-workers in English. I cannot anguage well.) d my co-workers in English. It's difficult sometimes, but I can ask stand. I can read and comprehend words in English but need some
Advanced (e.g., I am comfortable speak	ring English and understand my co-workers and supervisors well. It and write in English. I have no trouble with reading or hanguage).

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	rams? 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?

3 Admissions Requirements & Program Expectations

Admissions Requirements	Program Expectations
If you meet these requirement please apply:	If accepted, you will be required to:
 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. 	 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.

*** This is an LTE position throughout the NA program. You will not be guaranteed a position until program completed and you start a Nursing Assistant position inside of UW Health.

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	d and agree to all program expectations.
Signature:	Date:

<u>Please apply to Oracle-will not accept applications to email address-Questions only to UW Health - Nursing Assistant Program-UWH <NAProgram@uwhealth.org></u>