



State Tested Nurse Aide

Getting started at Scioto Tech

*Program Cost: \$748.00

2018-2019 Entrance Requirements

Program Hours: 76

Application

Complete and Submit Application for Admission.

Post-Secondary Office
740.259.5526

Financial Arrangements

Security deposit of \$50 or proof of Agency funding is required before program start date in order to reserve a seat in the program.

Post-Secondary Office
740.259.5526

Potential outside agencies to contact for funding or additional funding to cover program cost. Contact agencies at least 30 days prior to program start date.

- o BridgePort Healthcare Center - 2125 Royce Street, Portsmouth, Ohio 740.354.6635
- o Bureau of Vocational Rehabilitation - 4303 Old Scioto Trail, Portsmouth, Ohio 740.354.7951
- o Bureau of Workers' Compensation - 1005 4th Street, Portsmouth, Ohio 740.354.7974
- o CAO - Workforce Investment Act (WIA) - 433 Third Street, Portsmouth, Ohio 740.354.4531
- o Workforce Investment Act (WIA) - 941 Market Street, Piketon, Ohio 740.289.2371



Scioto County Career Technical Center
Post-Secondary Education

For Office Use Only

Nurse Aide Application for Admission

Please print clearly and return to the SCCTC Post-Secondary Office, 951 Vern Riffe Drive, Lucasville, OH 45648, Phone 740.259.5526, Fax 740.259.8312.

**All questions must be answered. If not applicable, answer N/A.

First Name _____ Last Name _____ MI _____ Maiden Name _____

Date of Birth: _____ Social Security Number: _____

Home Phone _____ Cell Phone _____

E-Mail Address: _____

Street Address _____ City _____ State _____ Zip _____

Potential Start Date: _____ Preference: Days Evenings

High School Attended: _____ Year of Graduation: _____

High School Location: _____
City _____ State _____

Year GED Earned: _____

NOTE: High School Diploma or GED is not required for enrollment in the Nurse Aide class.

Funding

Self Pay CAO BridgePort Sponsorship Other

Equal Opportunity Statement

Scioto County Career Technical Center does not discriminate in admission, access, or treatment in programs, and activities or employment policies or practices on the basis of race, creed, sex, color, national or ethnic origin, religion, marital status, age, sexual orientation, or disability. Inquiries regarding Title IX may be directed to the Title IX coordinator at 740.259.5522 ext. 2234.

Alternate Contact Information:

Name: _____	Relationship: _____		
Home Phone: _____	Cell Phone: _____		
Address: _____	_____	_____	_____
Street	City	State	Zip

I authorize the Scioto County Career Technical Center, Post-Secondary Education, to obtain and exchange any information about myself as required from past and future employers, training facilities, and other organizations for the purpose of determining eligibility, suitability, and providing services. This also includes obtaining any income verification from employers, public assistance agencies, and/or any other social service agency.

I certify that the statements included in this application are accurate and true to the best of my knowledge. I understand that my enrollment is voluntary and that I shall not hold the Board of Education or school officials responsible for injury resulting from my actions or conduct.

I have read and agree to all the above:

Print Name: _____

Signature: _____ Date: _____

Mission Statement

The mission of Scioto County Career Technical Center, the region’s driving force for re-energizing the economy, is to provide a superior workforce through personalized training, new technologies, and community partnerships.

Refund Policy

Short-Term/up to 599 hours
If a program is cancelled for any reason, or a student withdraws prior to the start date of a program, a 100% refund will be given.
No refund will be given after the start date of the program.