

Phalanx Family Services

1201 W. 115th Street
Chicago, Illinois 60643
(773)291-1086

BASIC NURSING ASSISTANT TRAINING PROGRAM CATALOG

“Certificate of Approval To Operate Issued By the Illinois Board of Higher Education, 1 North Old State Capitol Plaza, Suite 333, Springfield, IL 62701.”

Phalanx Family Services is not accredited with the US Department of Education accrediting body.

Phalanx (fa'langks'): a close knit body of people, unified by a common goal.

"Our mission is to assist economically disadvantaged children and families in the pursuit of self-sufficiency."

Effective: February 1, 2015

Phalanx Family Services

Basic Nursing Assistant (BNA)

Training Program

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Phalanx Family Services
Basic Nursing Assistant Service Locations

Administrative Office:

Phalanx Family Services
1201 W. 115th Street
Chicago, Illinois 60643
Office number: (773)291-1086
Fax number: (773)291-1434

Training Location Extension Site(s):

Site 1: Phalanx Family Services
 1201 W. 115th Street
 Chicago, Illinois 60643

Clinical Site Location (s):

Advocate Trinity Hospital
2320 East 93rd Street
Chicago, Illinois 60617
(773)967-2000

Phalanx Family Services
 Basic Nursing Assistant Training Schedule
 FY 2016 - 2017

Please see the following 2016 - 2017 academic calendar. There will be 4 terms during academic year. Each term is eight (8) weeks in length.

BNA Class Start Date	BNA Class End Date	Postmark Date 2016	BNA State Exam Date 2016
August 22, 2016	October 12, 2016	10/15/2016	11/12/2016
October 17, 2016	December 7, 2016	12/10/16	01/21/2017
February 2017	2017 TBA	TBA	TBA
April 2017	2017 TBA	TBA	TBA

There will be No Class:

President's Day Observed -	February 15, 2016
Memorial Day Observed-	May 30, 2016
Independence Day Observed -	July 4, 2016
Labor Day Observed-	September 5, 2016
Columbus Day Observed-	October 10, 2016
Veterans Day Observed-	November 11, 2016
Thanksgiving Observed -	November 24 th & 25 th
Christmas Observed -	The week Dec. 26 th thru December 30 th
New Year Observed -	January 2, 2017

Effective: Monday, January 4, 2016

COURSE ADMISSIONS/PREREQUISITES REQUIREMENTS

- ❖ All students must pass a pretest with a minimum score of 9.0 in reading and 8.0 in math before entering the BNA Training program.
- ❖ All students must pass a pre-screening
- ❖ All students will be given a criminal background check as mandated by the State Regulation.
- ❖ All students must have a physical examination by a physician to determine that they are free of communicable diseases and have no limitations that would prevent them to function as a nursing assistant in training or for employment.
- ❖ All students must pass a pre-enrollment drug test

Phalanx Family Services
Basic Nursing Assistant Training Program
Syllabus

Course Description:

This course is designed to familiarize the student with the basic concepts and interventions required for the care of all ill patients.

Expected Learning Outcomes:

To prepare the student to function as a BNA in various care facilities, including the home, hospital and nursing home center settings.

To have the student gain basic knowledge of the physical and psychological needs of the ill individual.

To have the student acquire new skills that are essential for the total care and welfare of the ill individual.

To have the student gain a basic knowledge of the terminology pertinent to the medical field.

To have the student be able to communicate in a professional manner.

Instructional Objectives:

The student will be able to understand the rationale and goals for procedures being performed.

The student will be able to demonstrate and apply the twenty-one (21) skills, mandated by the State of Illinois, plus those skills and procedures pertinent to the every day safety and well being of the patient.

Skill Activities:

Activities are designed to enable the student to incorporate newly gained skills with previously learned knowledge for a complete overview of the BNA responsibilities.

Assessment:

Students must demonstrate to the instructor a proficiency in Theory, Clinical, and Professional attitude.

The BNA Training Program Components:

Eight (8) week Program (146 clock hours: 106 theory hours and 40 clinical hours)

Classroom lecture with Lab Skills

Clinical: Hospital or Nursing Home Facility

All classes are in residence/on site

Classroom Hours - Theory: Phalanx Family Services – 1201 W. 115th Street
(773)291-1086 Days may vary as need to follow the necessary schedule.

Days: Monday thru Friday (3 days per week only)

Time: 9:00am – 3:30pm

Evenings: N/A

Time: N/A

Clinical Hours and Placement: Advocate Trinity Hospital
2320 East 93rd Street, Chicago, Illinois 60617 (773)967-2000

Days: Monday thru Saturday (you will be assigned a day)

Time: 7:00am – 3:45pm

Evenings: N/A

Time: N/A

Teaching Methods:

Lectures
Reading Assignments
Homework Assignments
Audio Visual Material
Laboratory Skills with return demonstrations
Role Playing
Chapter Examinations
Pop Quizzes
Midterm Examination
Final Examination
Clinical Evaluation and Theory Evaluation

Grading Procedure:

Grading Scale Theory: 100 -----95 = A
 94 ----- 86 = B
 85 ----- 80 = C
 79 ----- 70 = D
 69 --- below = F

Any student with a **Grade Point Average Below 80%** will receive a Written Warning to improve. A failure in Theory is an automatic failure in the training.

Clinical: A failure in Clinical is an automatic failure in the training. All clinical days must be attended. You must pass theory and clinical to successfully complete this training.

Clinical Grade: Pass or Fail Only

Examinations:

There are seven (7) examinations given in this program:

5 – quizzes

1 – midterm examination

1 – final examination

Students must pass these examinations with a grade of at least 80% to complete the theory training. All students will given examinations and pop quizzes from lectures, films, homework and reading assignments.

Care Plan:

Each student is responsible for one (1) major care plan assigned by the Clinical Instructor.

Research Paper/Project: Phalanx Computer Resource Center is made available to all students for completion of this project. Hours: Monday thru Friday 9:30am until 4:30pm

Each student is assigned a research paper or project by your Theory Instructor.

All Assignments Will Be Graded

Final Evaluation:

Evaluations will be completed by the Theory/Clinical Instructors on the last day of class.

Required Materials for Training:

Clinical Uniform with Overlay

Nursing Shoes

Watch with Second Hand

Stethoscope

Mosby's Textbook and Workbook Nursing Assistants

by: Sheila A. Sorrentino "current edition"

Transcripts:

Transcripts will be made available within 3 business days upon receipt of written request.

Phalanx Family Services
Student Agreement

CODE OF CONDUCT

DEAMENOR

A student whose behavior discredits Phalanx Family Services (PFS) or the Basic Nursing Assistant (BNA) Training Program will be subject to immediate dismissal.

A STUDENT MAY BE DISMISSED FROM THE BNA TRAINING PROGRAM
for:

1. Entering the training site or clinical site while under the influence of drugs or alcohol.
2. Cheating on quizzes or examinations.
3. Stealing or vandalizing PFS property, or the property of anyone on the school premises or clinical site.
4. Using abusive or profane language to administrators, instructors, peers, personnel, or patients at the school or clinical site.
5. Refusing to follow instructions in a courteous and sensible manner.
6. Behavior unbecoming a student not listed will be handled on an individual basis by the instructor or administrative staff.
7. Any student who feels s/he has been reprimanded unjustly has the right to seek redress with the BNA Coordinator, Instructor and Administrative Staff.

Phalanx Family Services Student Agreement

CODE OF CONDUCT

DRESS CODE:

The medical profession dictates certain standards of professional conduct and appearance appropriate for the work environment. The student must meet these standards while in the classroom and at the clinical site. All nursing assistant students must provide their own uniforms and shoes. **The UNIFORM MUST BE STANDARD FOR ALL NURSING ASSISTANT STUDENTS.**

1. Shoes must be white leather with rubber soles for safety.
2. White socks or hose may be worn with pants only.
3. **No Acrylic Nails/Tips or Like Will Be Allowed.** Finger nails must be professional length with clear polish only (no colored nail polish or designs allowed).
4. **No Excessive Jewelry Will Be Allowed.** Earrings are to be post or small hoops. (one earring per earlobe, no nose rings, or other visible pierced areas). No necklace or bracelets will be allowed in the clinical area.
5. Hats are not worn in the classroom or on the clinical unit. Hair must neatly groomed in class and clinical.
6. All students are expected to be dressed neatly and clean for class and neat and clean in uniform for clinical.
7. **Any student not dressed properly in uniform or who fails to follow the dress policy will be sent home and/or dropped from the training.**

ATTENDANCE POLICY

All students attending the Basic Nursing Assistant Program under the Phalanx Family Services must adhere to the following attendance policy:

THEORY:

All students are expected to be in class before the classes begin.

- Tardiness 5 minutes after class begin
- Three, five minute tardiness throughout the program = 1 day of absence
- Anyone later than 15 minutes will be sent home = 1 day absent
- Absences after two days of absences, you will receive a written warning. On the 3rd day of absence, you will be dropped from the training.

Note: class make up can only be done if the student make up class for class. No other class make up will be allowed. If a student cannot make up a class, he or she is responsible for material that they missed.

CLINICAL:

You must complete all clinical hours. No tardiness or absences will be allowed. If an emergency is deemed by the coordinator, the clinical hours must be made up, this includes tardiness as well as absences.

Note: all tardiness and absences deemed as an emergency will be determined by the coordinator of the program.

COURSE COMPLETION REQUIREMENTS

To successfully complete the Basic Nursing Assistant program under the Phalanx Family Services program and in accordance with the State Regulations, all students must meet the following requirements to be awarded a completion certificate and register for the Illinois Nurse Aide Competency Examination:

- ❖ All students must complete and pass 106 hours of theory with 80% or higher.
- ❖ All students must pass 40 hours of clinical training.
- ❖ All students must pass the manual skill's portion of the Nurse Aide Competency Written Exam.
- ❖ All students must take and pass the Illinois Nurse Aide Competency Examination.

BASIC NURSING ASSISTANT & 21 SKILLS AGREEMENT

I _____, social security# _____ - _____ - _____ am voluntarily enrolling and committing to the Basic Nursing Assistant 8 week training program sponsored by Phalanx Family Services. I have been orientated on the requirements for enrollment and the State of Illinois 21 Skills requirements:

- | | |
|-------------------------|---|
| • Performance Skill #1 | Wash Hands |
| • Performance Skill #2 | Perform Oral Hygiene |
| • Performance Skill #3 | Shave a Resident |
| • Performance Skill #4 | Perform Nail Care |
| • Performance Skill #5 | Perform Perineal Care |
| • Performance Skill #6 | Give a Partial Bath |
| • Performance Skill #7 | Give a Shower or Tub Bath |
| • Performance Skill #8 | Make Occupied Bed |
| • Performance Skill #9 | Dress a Resident |
| • Performance Skill #10 | Transfer Resident to Wheelchair using a Transfer Belt |
| • Performance Skill #11 | Transfer Using Mechanical Lift |
| • Performance Skill #12 | Ambulate with Transfer Belt |
| • Performance Skill #13 | Feed a Resident |
| • Performance Skill #14 | Calculate Intake and Output |
| • Performance Skill #15 | Place Resident in a Side-Lying Position |
| • Performance Skill #16 | Perform Passive Range of Motion |
| • Performance Skill #17 | Apply and Remove Personal Protective Equipment |
| • Performance Skill #18 | Measure and Record Temperature, Pulse and Respiration |
| • Performance Skill #19 | Measure and Record Blood Pressure |
| • Performance Skill #20 | Measure and Record Weight |
| • Performance Skill #21 | Measure and Record Height |

Students must show competence in all 21 of these performance skills in order to successfully complete Basic Nursing Assistant (BNA) Training Program.

Performance skills 1, 8, 11, 12, 14, 17, 18, 19, 20, 21 can be performed in a lab setting.

I agree to fully participate and adhere to the attendance, clinical examinations, care plan, research paper project and final evaluation requirements necessary to complete and pass the training. I will also take the State License Exam on the scheduled date.

I further agree to participate in all job search activities and accept any reasonable job offer as a BNA after completing training.

Client Signature/Date

Staff Signature/Date

PHALANX FAMILY SERVICES

1201 W. 115th Street
Chicago, Illinois 60643
(773) 291-1086
(773) 291-1434
www.phalanxgrpservices.org
lbailey@phalanxgrpservices.org

ENROLLMENT AGREEMENT

STUDENT INFORMATION

STUDENT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBERS: H) _____ C) _____ W) _____

E-MAIL ADDRESS: _____

SOCIAL SECURITY #: _____ STUDENT ID #: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ TELEPHONE #: _____

PROGRAM INFORMATION

DATE OF ADMISSION: ____ / ____ / ____

PROGRAM / COURSE NAME: **Basic Nursing Assistant** _____

DESCRIPTION OF PROGRAM / COURSE: The Basic Nursing Assistant Training Program (BNATP) prepares students for their roles and responsibilities as nurse assistants in both clinical and home care setting.

PREREQUISITE COURSES & OTHER REQUIREMENTS FOR ADMISSION TO PROGRAM / COURSE:

Pass a pretest with a minimum score of 9.0 in reading and 8.0 in math; pass a pre-admission prescreening for suitability; medical screening (Physical Exam, TB, Hepatitis); Drug Test; Fingerprint Background Check;

PROGRAM / COURSE OBJECTIVES: Through CPR, theory/lecture discussion, supervised laboratory and actual hands-on clinical experience, students will acquire knowledge and the 21 skills needed to provide basic nursing care for residents of long-term care facilities as well as patients in hospitals, private homes and/or other health care facilities.

PROGRAM INFORMATION (CONTINUED)

PROGRAM START DATE: _____ SCHEDULED END DATE: _____

FULL-TIME PART-TIME DAY EVENING

DAYS/EVENINGS CLASS MEETS: (circle) M T W Th F Sa Su

TIME CLASS BEGINS: _____ TIME CLASS ENDS: _____

NUMBER OF WEEKS: 8 TOTAL CREDIT or CLOCK HOURS: 146

CONSUMER INFORMATION

All schools are required to make available, at a minimum, the following disclosure information clearly and conspicuously on their 1) internet website, 2) school catalog, and 3) as an addendum to their Enrollment Agreement:

- The number of students who were admitted in the program as of July 1 of that reporting period. 43
- The number of additional students who were admitted in the program during the next 12 months and classified in one of the following categories: new starts, re-enrollments, and transfers into the program from other programs at the school. 0
- The total number of students admitted in the program during the 12-month reporting period. 43
- The number of students enrolled in the program during the 12-month reporting period who: transferred out of the program and into another program at the school, completed or graduated from a program- 22, withdrew from the school, and are still enrolled. 0
- The number of students enrolled in the program that were: placed in their field of study- 12, placed in a related field- 0, placed out of the field- 0, not available for placement due to personal reasons- 10, and not employed- 0.
- The number of students who took a State licensing exam or professional certification exam, if any, during the reporting period, as well as the number who passed. Took state exam: 20 Pass state exam: 14
- The number of graduates who obtained employment in the field who did not use the school’s placement assistance during the reporting period (pending reasonable efforts to obtain this information from graduates). 0
- The average starting salary for all school graduates employed during the reporting period (pending reasonable efforts to obtain this information from graduates). \$9.40

FINANCIAL AID

Financial Aid is not available for this training. Please inquiry about other funding assistance.

TUITION & FEES

NON-REFUNDABLE REGISTRATION FEE:	\$75.00
TUITION:	\$445.00
BOOKS & SUPPLIES:	\$210.00
MISC. EXPENSES:	\$92.50
OTHER:	\$113.00
Other Includes: CPR Training, CPR Certification Card, State Exam Fee	

TOTAL COST FOR **Basic Nursing Assistant PROGRAM / COURSE: \$935.50**

REFUND / CANCELLATION POLICY

- **Tuition Refund Policy**

All student refunds shall be made by Phalanx Family Services within 30 calendar days from the date of receipt of the student's cancellation.

When notice of cancellation is given before midnight of the fifth business day after the date of enrollment but prior to the first day of class, all application-registration fees, tuition, and any other charges shall be refunded to the student.

When notice of cancellation is given after midnight of the fifth business day following acceptance but prior to the close of business on the student's first day of class attendance, the school may retain no more than the application-registration fee which may not exceed \$75.00

- Should the student's enrollment be terminated or should the student withdraw for any reason, all refunds will be made according to the following refund schedule:

- **Tuition Reimbursement Scale or Schedule**

When notice of cancellation is given after the student's completion of the first day of scheduled class attendance, but prior to the student's completion of 5% of the course of instruction; Phalanx Family Services may retain the application-registration fee, an amount not to exceed 10% of the tuition and other instructional charges not to exceed \$300.00, whichever is less, plus the cost of any books or materials which have been provided by Phalanx Family Services.

Phalanx Family Services may retain an amount computed prorata by days in class plus 10% of tuition and other instructional charges up to completion of 60% of the course. Phalanx Family Services may retain the application/registration fee and the entire tuition and other charges.

When notice cancellation is given after the student has completed over 60% of the course, measured by days in class, PFS may retain the application/registration fee and the entire tuition and other charges.

- **Cancellation Policy**

The student has the right to cancel this contract until midnight of the 5th business day after this contract is signed by the student and the student is accepted by Phalanx Family Services. Notice of cancellation shall be made in writing to: Director of Operations – Phalanx Family Services, 1201 W. 115th Street, Chicago, Illinois 60643.

Phalanx Family Services shall mail a written acknowledgement of a student's cancellation or withdrawal within 15 calendar day of the postmark date of notification.

If Phalanx Family Services cancels or discontinues a course, the student shall have all tuition, fees, and other charges refunded by check.

- **Withdrawal Procedure**

Students who do not attend the first two days of class will be automatically withdrawn.

NOTICE TO STUDENT

1. Do not sign this agreement before you have read it or if it contains any blank spaces.
2. This agreement is a legally binding instrument and is only binding when the agreement is accepted, signed, and dated by the authorized official of the school or the admissions officer at the school's principal place of business. Read all pages of this contract before signing.

3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
4. This agreement and the school catalog constitute the entire agreement between the student and the school.
5. Any changes in this agreement must be made in writing and shall not be binding on either the student or the school unless such changes have been approved in writing by the authorized official of the school and by the student or the student's parent or guardian. All terms and conditions of the agreement are not subject to amendment or modification by oral agreement.
6. The school does not guarantee the transferability of credits to another school, college, or university. Credits or coursework are not likely to transfer; any decision on the comparability, appropriateness and applicability of credit and whether credit should be accepted is the decision of the receiving institution.
7. Phalanx Family Services is not accredited with the US Department of Education accrediting body.

STUDENT'S RIGHT TO CANCEL

The student has the right to cancel the initial enrollment agreement until (midnight) of the (5th) business day after the student has been admitted. If the right to cancel is not given to any prospective student at the time the agreement is signed, then the student has the right to cancel the agreement at any time and receive a refund on all monies paid to date within (30) days of cancellation. Cancellation should be submitted to the authorized official of the school in writing.

STUDENT ACKNOWLEDGMENTS

1. I hereby acknowledge receipt of the school's catalog, which contains information describing programs offered, and equipment or supplies provided. The school catalog is included as part of this enrollment agreement and I acknowledge that I have received a copy of this catalog.

Student Initials _____

2. I have carefully read and received an exact copy of this enrollment agreement.

Student Initials _____

3. I understand that the school may terminate my enrollment if I fail to comply with attendance, academic, and financial requirements or if I fail to abide by established standards of conduct, as outlined in the school catalog. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school catalog and that my financial obligation to the school must be paid in full before a certificate or credential may be awarded.

Student Initials _____

4. I hereby acknowledge that the school has made available to me all required disclosure information listed under the Consumer Information section of this Enrollment Agreement.

Student Initials _____

5. I understand that the school does not guarantee transferability of credit and that in most cases, credits or coursework are not likely to transfer to another institution. In cases where transferability is guaranteed, [school name] must provide me copies of transfer agreements that name the exact institution(s) and include agreement details and limitations.

Student Initials _____

6. I understand that the school does not guarantee job placement to graduates upon program completion.

Student Initials _____

7. I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance to its written grievance policy, may be filed with the Illinois Board of Higher Education, 1 N. Old State Capital Plaza, Suite 333, Springfield, IL 62701 (217)557-7359 or at <http://complaints.ibhe.org/>.

Student Initials _____

The student acknowledges receiving a copy of this completed agreement, the school catalog, and written confirmation of acceptance prior to signing this contract. The student by signing this contract acknowledges that he/she has read this contract, understands the terms and conditions, and agrees to the conditions outlined in this contract. It is further understood that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. The student and the school will retain a copy of this agreement.

Student's Signature

Date

Program Director's Signature

Date

Please Read All The Regulations. Ask Any Questions
For A Clear Understanding of the Content

Failure to Follow Any of These Rules and Failure to
Sign This Contract Will Exempt You From The
Basic Nursing Assistant Training Program

**I have read and fully understand and will adhere to each and every statement listed
in this agreement as indicated by my signature.**

Student
Signature _____ S.S. # ____/____/____

PFS Staff
Signature _____ S.S. # ____/____/____

*The State of Illinois requires a criminal background check on each student prior to taking the State Competency Examination. If any student has a prior felony you are responsible for checking your eligibility for completion of the BNA Training Program with the following agencies who may hold your records: (City, State or Federal).