



BREATH OF LIFE TRAINING

124 Commercial Blvd

Martinez, GA 30907

PH: 706-305-9000

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www.breathoflifetraining.net

Hybrid/Online Workshops

PREREQUISITE

- ✦ Students are not required to have a high school or GED, but they are encouraged.
- ✦ Students must have a negative Tuberculosis test (less than 6 months)
- ✦ Students must have a criminal background check completed prior to entering the program.
- ✦ Students must remain free of alcohol and other drugs while attending BOL.

Students should be aware that felony convictions could prevent their being hired in some facilities and/or agencies. However, BOL always offer job referrals to perspective employers who are actively seeking CNA's. Whether or not graduates are hired is at the discretion of the potential employer.

TUITION:

- Tuition course is \$_____ with a \$300.00 deposit.
- Students will be required to purchase their uniforms (Black top and bottom), pay for their TB skin test, and pay for their county criminal background check.
- The total tuition must be paid prior to completion of the 5th week of classes. Failure to pay the total tuition by the allotted time will result in the student being removed from class until all financial issues are addressed.
- No documents will be released until all tuition is paid IN FULL

REFUNDS:

- Refunds will ONLY be given up to 3 business days after the date you signed your contract ONLY if tuition is paid in FULL.
- Absolutely no refunds will be granted after the start of the first day of class!
- There is also a \$40.00 non-refundable application fee.



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IMPORTANT: All sections must be completed and submitted with a \$40.00 Application fee which is non-refundable due upon registration. Incomplete applications will not be accepted or processed.

Please print neatly Social Security number _____ - _____ - _____

Last Name First Name Middle Name Maiden

Address City County State Zip Code

Home Phone Work Phone Cell Phone E-mail Address

EMERGENCY CONTACT PERSON: _____
Print Name Phone Number

Gender: Female _____ Male _____ Date of Birth: ____/____/____

This information is used for statistical purposes only and will not be used to determine admission status.

Ethnic Background: American Indian _____| Asian _____| Black _____| Hispanic _____| White _____| Non- resident alien _____

Are you a US? citizen: ____ Yes ____ No

If "No," country of citizenship _____ Date of entry to US _____
Visa type _____ Date issued: _____ Expiration date: _____

Country of origin _____

Are you a resident alien? ____ Yes ____ No Resident alien number: _____

Are you a legal resident of Georgia? _____ YES _____ NO (A legal resident of Georgia, you must have lived in this state for 12 months)

If "No," of which state are you a legal resident? _____ Is English your first language? ____ Yes ____ No

Program of Study:

Application fee and deposit are NON-REFUNDABLE. There is also a one-time weekly payment arrangement fee of \$50 or a one-time bi-weekly payment arrangement fee of \$100 for all accounts NOT paid in full at sign up.

Workshop Name: _____ **Workshop Price:** _____

Class Start Date: _____ **DAY** _____ **EVENING** _____

High School attended: _____ Highest grade completed: _____ Year graduated: _____
GED year received: _____

I certify that the information on this application is true and correct. I understand the misrepresentation or omission of information will be sufficient cause for rejection or dismissal. I intend to abide by the rules and regulation of Breath of Life Training LLC.

Signature

Date



Online Workshop Program

To be eligible for admission to the Breath of Life training program:

- STUDENT MUST HAVE A STATE ID OR MILITARY ID THAT MATCHES SOCIAL SECURITY CARD to be registered to this class.
 - **Student Initial** _____
- Student must be 17 years of age or older by the first day of training, unless exception is granted by the Director.
 - **Student Initial** _____
- Student must be able to read, write and speak English.
 - **Student Initial** _____
- Student must provide a state issued background check. Background must NOT contain any felony convictions or violent crimes within the last 10 years. This includes any current felony charges pending (including under the first offender program). See below for additional information on criminal records.
 - **Student Initial** _____
- You must have documentation dated within the last 6 months stating a negative PPD (TB exposure) skin test or x-ray. If you do not have one, a skin test can be administered by Breath of Life Training LLC for \$27 and must have a negative reading. If your test is positive or if you have ever had a positive PPD test reading, you will be required to have a chest x-ray. Student is responsible for cost of x-ray.
 - **Student Initial** _____
- Breath of Life Training LLC reserves the right to administer a random drug screening. If you test positive for drugs you will not be eligible for our training program or will be expelled from class.
 - **Student Initial** _____
- You must be physically able to perform the duties of a medical field worker; including walking, standing, bending, and lifting.
 - **Student Initial** _____

Registration Deadline:

Registrations are accepted up to the business day prior to beginning of class or until class is filled. Class size is limited, and class space is filled on a first come, first served basis. Breath of Life Training LLC will not "hold" a class space for ANY student. After a class is full, subsequent applicants may choose to be placed on a waiting list or select a different class date. Register early to assure your placement in the class of your choice.

- **Student Initial** _____



Re-scheduling a Class:

Registered students who wish to change their class date must make the request in writing prior to the start date of class. New class date will be scheduled as space is available and must be within 6 months of original class date. After 6-month deadline, student would be required to pay an additional \$200 deposit in order to register. If you switch from an online course to an in-class course, you fully understand there will be a \$100 fee to switch the course.

- **Student Initial** _____

Cancellation & Refund Policy:

1. All cancellations AND refunds must be presented in person or in writing.
2. In the event applicant is not accepted there will be 100% refund
3. If student cancels class within the first 3 business days after signing and dating the application there will be a 100% REFUND NOT including the application fee or deposit.
4. Midnight of the 3rd business day or once class begins, there are NO REFUNDS!

- **Student Initial** _____

The following are required by the first day of class:

- A watch with a second hand
- Stethoscope
- All contract agreements
- Pens/pencils, notepad/paper, highlighters
- Training fee paid in full or payment plan agreement signed

The following are required for registration:

- Completed Application form
- Background Check
- \$300.00 Non-refundable Deposit
- A valid and current (not expired) driver's license or other government issued photo ID.
- A valid social security card. (Must be in hand, not a copy and must match your ID)
- Must read and agree to Policies for Breath of Life Training LLC



Code of Conduct

- Dress code is to be a daily routine, all uniforms must be neat and cleaned, as well as ironed. The uniform will be worn daily, with no skid mark footwear during clinical.
- No visible piercing at any time during classroom or clinical.
- No cell phones used anytime during class or clinical. Emergency calls can be used through the office phone 706-305-9000.
- Breath of Life Training expects the students to display professionalism and self-control at all times.

Any student found to have committed the following misconduct is subject to disciplinary sanctions:

- Ridiculing or excluding other students
- Inappropriate discussions of personal problems or issues
- Gang attire, bullying or gossiping
- Disrespecting another student's privacy
- Any action that make an employee of Breath of Life Training LLC or another student feel threatened or unsafe.
- Poor or inappropriate attitude toward the Instructors, Staff, other students, clinical staff or residents.
- Theft or destruction of property
- Possession or consumption of alcohol/ and or illegal drugs.
- Cheating, plagiarism or other forms of academic dishonesty.
- Furnishing false information to any Breath of Life Training LLC official, faculty or employee.
- Forgery alteration or misuse of any documents, records, or instrument of identification.
- Disruption or obstruction of teaching, research, administration, disciplinary proceedings including inappropriate, inconsiderate or disruptive behavior
- Physical abuse, verbal abuse, threats, intimation, harassment, coercion and/or conduct which threatens or endangers the health or safety of any person.
- Vulgar or suggestive language or profanity.
- Racial, sexual, or ethnic slurs.
- **CHILDREN and VISITORS ARE NOT ALLOWED IN CLASSROOM OR CLINICAL SITE AT ANY TIME**
- Perform ANY TASK for which the trainee has not received training.
- Student must report all appropriate information such as changes or problems in resident facility to the instructor then to the supervisor.
- Students must then report all concerns immediately to the clinical instructor first then to the supervisor, or a nursing home supervisor per nursing home regulations
- Follow all HIPAA guidelines at all times. HIPAA violations may result in dismissal from the Nurse Aid Training Program and may prevent placement on the Georgia Nurse Aid Training Registry.
- Student must respond to emergencies as needed.
- **If for any reason there is a disagreement with instructors, or staff please contact Stephanie Carter IMMEDIATELY.**



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Disciplinary Action

Failure to follow the code of conduct is immediate basis for dismissal.

I, _____ (**student name**) will abide by these rules and adhere to the code of conduct.

Student Name Printed: _____

Student Signature: _____

Date: _____

Staff Signature: _____

Date: _____



Code of Ethics

Breath of Life Training LLC has adopted a formal Code of Ethics to help our students deal with issues related to right and wrong conduct. Codes of ethics differ but revolve around the idea that a resident is a valuable human being who deserves ethical care.

The following is our Code of Ethics:

1. I will strive to provide and maintain the highest quality of care for my residents, fully recognizing and following the Residents' Rights
2. I will communicate effectively, serve on committees, read all material as provided and required by my employer, attend educational in-services, and join organizations relevant to nursing assistant care.
3. I will display a positive attitude toward my residents, staff, family members, and other visitors.
4. I will always provide privacy for my residents and maintain confidentiality of resident, staff, and visitor information.
5. I will be trustworthy and honest in all dealings with residents, staff, and visitors.
6. I will strive to preserve resident safety and will report mistakes I make, along with any situation that I deem dangerous, promptly to the appropriate person(s).
7. I will have empathy for the difficulties of my residents, the staff, and all visitors, providing support and encouragement whenever necessary.
8. I will have respect for all people, without regard to the person's age, sex, ethnicity, religion, economic situation, sexual orientation, or diagnosis.
9. I will strive to have the utmost patience with all people I have dealings with at my facility.

Student Signature

Date



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Photography Waiver

By signing this waiver, I, _____ (**student name**), give Breath of Life Training LLC authorization to take photographs and maintain ownership of photographs to use for the purpose of advertisement and promotion of the school and its professional endeavors.

My signature will indicate that I have read all of Breath of Life Training guidelines. I also acknowledge that I thoroughly understand all guidelines, and they have been satisfactorily explained to me. I also understand to abide by all of Breath of Life Training guidelines, without exception.

Student Signature: _____

Date: _____

Staff Signature: _____

Date: _____



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Financial Agreement

I, _____ (**Student Name**) understand that Breath of Life Training LLC is making payment arrangements for this student in the manner of a \$_____ Deposit and weekly or bi-weekly payments of \$_____ until the total of \$_____ is paid in full. I understand that in the event of non-payment Breath of Life Training will hold all documentation until agreement is fulfilled. All balances **MUST** be completely paid out prior to the last week of class. Also, at the time of sign up, if I do **NOT** pay for my course **IN FULL** there will be a one-time payment arrangement fee of \$50 for weekly payments and \$100 for bi-weekly payments, **NO EXCEPTIONS. *If I am late on my payment or fail to pay, there will be a \$50 late fee for weekly and \$100 late fee for bi-weekly accounts.*** I also understand that deposits **AND** application fees are **NON-REFUNDABLE**. Refunds are only given, minus accounting fees, if tuition is paid **IN FULL**.

By signing this agreement, you completely understand these terms.

Student Printed Name: _____

Student Signature: _____

Date: _____

BOL Administration Staff: _____

Date: _____