

## Health Care – Basic Nurse Assistant Training Program

I have received the syllabus for the Health Science Class – CNA and it has been reviewed with me. I have had all my questions answered and understand the requirements for this class.

Academic Requirements: I understand that I must maintain an 80% in the program including on exams to remain eligible for state testing.

Student Sign-off: The requirements for the program have been explained, and I acknowledge that I will meet the expectations set forth.

Parent Sign-Off: I understand the requirements of the Wilco Certified Nursing Program and will work with my child and the Wilco staff to see that the expectations for the program will be met. I will assist my child in complying with the rules listed in the Clinical Experience and understand that if he/she does not comply, he/she may be removed from the clinical portion of the program and would be ineligible to sit for the State CNA Certification Exam.

Student Signature \_\_\_\_\_

Student Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Parent Printed Name \_\_\_\_\_

### Clinical Rules Acknowledgement

I have read and understand the clinical rules and acknowledge the implications for noncompliance.

Student (Printed) \_\_\_\_\_

Student Signature \_\_\_\_\_

Parent Name Printed \_\_\_\_\_

Parent Signature \_\_\_\_\_

The best time to reach me is \_\_\_\_\_

The best way to reach me is \_\_\_\_\_

Email \_\_\_\_\_

We appreciate your assistance with providing a professional and safe experience for your child. Please sign and return this form to the instructor. The student will not be permitted to attend clinical until this form is returned.