



## Uniform Rule

1. Black uniform (scrubs) with clean & comfortable shoes. Must be in good repair at all times. No open-toed shoes. "Tennis shoes" are all right. Shoes must have good foot and arch support for your comfort.
2. Name badges will be distributed and must be worn on left chest at all times in clinical settings.
3. **No jewelry is to be worn.** Only exceptions are a wedding band without stones and small post earrings (one post allowed on each ear lobe).
4. No gum chewing while in uniform except during break-time and then get rid of it before returning to work.
5. Daily bathing and use of antiperspirant deodorant is expected.
6. Hair must be clean and pulled back, off the face. No hats allowed during classroom and clinical time.
7. No perfume, after-shave or highly scented lotion or hair spray may be worn while in uniform.
8. **Nails must be kept short and clean. No dark or bright colored nail polish.**
9. Appropriate undergarments must be worn. Neither men's nor women's uniform will be tight or baggy
10. Watches with a second hand, a pen with blank ink and a small notebook or notepaper are also an integral part of the uniform.
11. **NO CELL PHONES!!!**
12. Your gait belt is required to be worn every day during clinical.

***You are part of a proud profession, please act and dress like it!***

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please write a paragraph informing the reader about why you have decided to train to become a Certified Nursing Assistant/ Home Health Aide:

TUTORING WITH CHUBBS  
1201 Central Blvd. Suite 101, Brentwood, CA. 94513

**Fitness Ability Form**

By signing below, the student declares that he/ she is:

- Able to stand, bend, stoop, squat, kneel and reach freely
- Able to freely lift up to a maximum of 50 pounds
- Able to visually and verbally observe and assess the client
- Able to work and function under stressful environment

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Student Name

Signature

Date

Email: [sandra@tutoringwithchubbs.com](mailto:sandra@tutoringwithchubbs.com)

Phone: (925) 352-6548

TUTORING WITH CHUBBS  
1210 Central Blvd. Brentwood, Suite 101, CA. 94513

Attendance Expectations:

1. You are expected to attend class/clinical **every** day.
2. You are expected to be on time **every** day
3. In the event of an emergency, which would prevent you from arriving on time in the morning, you **must** call the Instructor by 6am and leave a message explaining why you will be late and what time you will arrive.
4. It is **your** responsibility to obtain any handouts given and any missed assignments from your fellow students.
5. Absence of more than 2 days will result in student being dropped from class unless unavoidable circumstances, such as major illness (proof of doctor's note required). This will be up to discretion of program administrator.

Grounds for Dismissal:

1. Repeated tardiness (2 or more times) and/or class absence without prior notification to the instructor.
2. Disruptive behavior, foul language, possession of illicit drugs or alcoholic beverages.
3. Theft of property from the school, clinical setting, staff or other students.
4. Failure to arrive at clinical location in the appropriate uniform. One warning will be given before dismissal.

**\*\*IF YOU DO NOT HAVE THE UNIFORM REQUIRED YOU WILL NOT BE ALLOWED TO  
ATTEND CLINICAL\*\***

*I have read and received a copy of these rules and regulations and understand that I  
must follow these rules in order to participate in the program.*

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

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

# Attendance & Grading Policy

## **Attendance Policy**

Students enrolled in the Nurse Assistant program must attend all scheduled class and clinical hours. Class meets five days a week, for five weeks (subject to change). Class hours are 9:00am to 4:30pm on Theory days and 6:30am to 3:00pm on Clinical days. You are expected to attend **every** session. State Law requires completion of a minimum of 160 hours (60 theory and 100 clinical). Total number of hours missed by a student for any reason will be tallied at the end of the course and may result in the student not graduating. It is at the discretion of the instructor availability to provide opportunity to make up lost hours. If more than 8 (eight) hours are missed, the instructor may offer make-up class at the student's additional expense, in the amount of \$200/day. If the student misses more than 2 (two) days of class, they will be dropped from the program. All hours must be completed before the school completes the necessary paperwork for the student to apply to take the state exam or to apply for state certification. Therefore, any absences will need to be made up before a certificate can be awarded.

The instructor will give students their contact numbers to reach them directly in case of student absence of class or if you will be late to class. If you are unable to reach them, you must notify the instructor of your absence.

## **Grading Policy**

The grading standards are as follows:

<u>Theory</u>		<u>Clinical</u>
90-100	A	S = Satisfactory
80-89	B	U = Unsatisfactory
70-79	C	
60-69	D	
Below 59	F	

Students must end the course with at least a grade of 75% or above in Theory and a grade of "S" in Clinical.

Successful completion of this course requires passing both Theory & Clinical components.

Failure to meet the minimum criteria for each area will result in student failing the course, and no certificate will be awarded.

The scholastic regulations require that students submit their assignments completed and on time. They must be punctual, prepared and participate in class discussions. In the event of plagiarism, the student will be dismissed from the course. You must complete all clinical objectives successfully, and demonstrate competency in completion of all skills, in a professional manner and documentation of the care rendered. Student must be able to perform basic care, to a minimum of two residents, and maintain the basic "principles of care."

***I have received and reviewed a copy of the above. I understand failure to comply with the above may result in failure to complete the course and no certificate will be awarded.***

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

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

Educational Coordinator \_\_\_\_\_

## **Tutoring With Chubbs Certified Nurse Assistant Program FAQs**

1. **What does the program cost?** \$2000 (NON-REFUNDABLE)
2. **What is not covered in the cost?** State Exam Fee, Training Supplies, Live Scan
3. **How Long is the Program?** 5 Weeks
4. **What is the school schedule?**

Week 1 – 2.5	Monday – Friday	8:00am – 4:30pm
Week 2.5 – 5	Monday – Friday	6:30am – 3:00pm
5. **What is required?** Applicants must be physically fit and able to perform CAN duties, documentation of recent physical with TB Clearance
6. **What immunizations are required?** TB Test & Physical Exam
7. **Does the program include off-site, practical experience training?** Yes, students conduct their clinical training at a Skilled Nursing Facility in Antioch / Pittsburg.
8. **What supplies do I need?** Black Scrubs, Supportive White comfortable leather/leather-like shoes, Stethoscope, BP Cuff, watch with a second hand.

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Date \_\_\_\_\_

<b>CNA/HHA SCHOOL APPLICATION</b>		
How did you hear about us?	<input type="checkbox"/> Advertisement <input type="checkbox"/> Employment agency <input type="checkbox"/> Friend <input type="checkbox"/> Internet <input type="checkbox"/> Other	
NAME (Last)	(First) (Middle)	SOC. SEC. NO - -
ADDRESS (Street)	(City) (State)	(Zip)
PHONE Home ( )	Mobile ( )	Other ( )
EMAIL ADDRESS		

Can you submit proof of your legal right to work in the United States?  Yes  No

<b>EDUCATION</b>		
Circle Highest Grade Completed:	High School 9 10 11 12	College 1 2 3 4 5 6
College: Type of School	Name of School	Degrees/Certificates Earned
Trade (Vocational/Military)	Name of School	Degrees/Certificates Earned
Other Special Training? (eg. CPR, First Aid)		

<b>GENERAL INFORMATION</b>	
Have you ever been convicted of a misdemeanor or felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when? _____ Where? _____	
Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when? _____ Where? _____	
As a condition of acceptance into the school it is necessary to consent to a Background Check. Do you consent to this report? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>IN CASE OF EMERGENCY</b>		
NOTIFY (Local Person)	HOME PHONE	BUSINESS PHONE
Name:	( )	( )

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_

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**Application Process for Tutoring With Chubbs CAN Program**

This is 5 week program that runs Monday through Friday Tuition \$2,000  
**\*\*(\$200 Non-refundable registration fee is required to secure your place in the class)\*\***

**Step 1:**

All prospective applicants must make an appointment to apply at the Tutoring with Chubbs office. During this interview you will need to provide the following:

- A valid CDL
- SS card
- Have a clear criminal background, free from convictions or violations
- Must be physically capable of performing the duties of a CAN/ HHA

**Step 2:**

Applicant will be considered for registration subject to:

- Providing a copy of a **current physical exam from a qualified physician** and evidence of negative TB skin test within 90 days of clinical rotation. (a copy of all the above must be provided)
- **Payment in the amount of \$200 to secure your place in the class**
- **This fee is Non-refundable**

**Step 3:**

- Must attend orientation meeting to receive further instruction and program overview. **Half payment required by first day of class. Remaining is due before clinical.** Fee covers classroom instruction, clinical training, textbooks, and ID badge. **Student must pay for Live Scan \$52**

**Step 4:**

Students are required to obtain the following items during the first week of class:

- Watch with second hand
- Appropriate white rubber soled shoes
- Uniform top and pants ("Scrubs") in **BLACK**
- **Stethoscope blood pressure cuff**

**Step 5:**

During the course students must:

- Complete all course hours & demonstrate competency in all areas of instruction
- Pay State Board Exam fee (\$110 to Credentia)

## ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I acknowledge that this Accident Waiver and Release of Liability Form will be used by Tutoring With Chubbs LLC and covers the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this course, I hereby take action for myself and any persons accompanying myself, as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this class or clinical site, THE FOLLOWING ENTITIES OR PERSONS: Tutoring With Chubbs, officers, volunteers, representatives and agents.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, patients, family members, doctors, hospital staff, and lack of hydration.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during classroom activity or on-site clinical instruction/participation.

I understand that during this class or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by Tutoring with Chubbs, the Clinical site for the class, and assigns.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN TUTORING WITH CHUBBS RELATED FIELD TRIPS, TRAVEL OFF CAMPUS, ORGANIZATIONAL ACTIVITIES OR ALL OTHER CAMPUS RELATED EVENTS, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

**PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)**

The undersigned parent or guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties as a result of death, disability, personal injury, property damage, property theft, or other injury or damage sustained by my child/ward.

**BY SIGNING BELOW I AGREE TO THE LIABILITY TERMS.**

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First Name (Student)

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Last Name (Student)

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Birthdate (Student)

---

Signature

Date

---

Parent/Guardian's Name (If filling out for a minor)

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Parent/Guardian Phone / Email (If filling out for a minor)

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Parent/Guardian Signature (If filling out for a minor)

Date