

## Letter of Agreement

Between The Employment Skills Center and \_\_\_\_\_  
(your name)

- I am willing to **accept education and training** at the Employment Skills Center to prepare for study as a Nurse Aide at an approved State of Pennsylvania Clinical Nurse Aide training program.
- Pre-Clinical training **requires me to come to every class as scheduled**. Any exceptions will be determined by a *prior written request and approval from the instructor*. (Any missed hours must be made up prior to my acceptance as a clinical student and no later than 7 days from the end of my Pre-Clinicals for me to still be eligible for my further studies.)
- **Being late for class is unacceptable** and is disrespectful to the class. If you arrive after the scheduled time, but within the hour, you will be considered late by one hour and that hour needs to be made up. Written warning after 2 lates. **Arriving late for the third time is considered grounds for dismissal and will require a meeting with the instruction team to determine your further eligibility for training and scholarships**. This INCLUDES late returns from breaks and lunch.
- I will **never be a “no show no call”** student. If I am going to be late or absent I will call 243-6040 (ext.4430) and leave a detailed message prior to the beginning of class. **More than two late arrivals can be reason for dismissal**.
- I also understand that **upon successful completion** of my Pre-Clinical I may be recommended for **Clinicals** through HACC or other approved facility.
- **Students who meet the subsequent criteria** and are deemed by the instructors and case manager to be fully prepared to advance to an approved clinical program will **receive a scholarship** to be used solely for the purpose of tuition in the program.
- As a member of the “Pre-Clinical” team I **am expected to help each person on the “team”** work together and succeed. My comments and my participation shall be guided by that thought.
- Should I not be able to receive assistance from either the CAO or another agency or resource to purchase my **uniform and shoes for the clinical studies**, I will receive some assistance from the Employment Skills Center providing I am in compliance with this agreement.
- I also understand that I will have my **state exam fees of \$102.00 paid by the ESC** unless another source is available to me, providing that I submit my registration for the Red Cross exam through the Employment Skills Center within 30 days of the completion of my Clinical studies.
- If at any time during my studies my instructor believes that I should not be a candidate for clinical studies I **have the right to appeal to the Executive Director** of the Employment Skills Center and a committee of two other staff members that will be appointed to review my request.
- I shall come to class with my **homework completed** after each and every assignment.
- I **am attaching a transportation plan and a child care plan, including a backup plan** both for the Pre-Clinical and the Clinical study phase of this program. The plan will include details. If by car then whose car? If not your car then we need a signed statement from that person and their relationship to you as to their 6 week commitment to transport you round trip daily to classes both here at the Employment Skills Center and then to Clinicals. Times will vary but you must arrive as early as 7 am with departure 3:30 pm. If your car then advise what kind of car you are driving and submit a copy of your driver’s license. You will also need a “backup plan” to explain what you will do if your ride is unable to transport you. Child care plans and backup must also be detailed with the name of the Center, person in charge and phone number. If child care is being done by a relative or friend we also need a signed statement from them. Back up plans also apply to the child care plan (e.g. what if the Child Care Center were to be closed due to an “emergency”).

- If I am unable to **average 70+% on all quizzes** and to **pass the final written exam with a score of 75%** then it is at the instructor's discretion to recommend further study, prior to a re-evaluation of my readiness or to not recommend me for clinical studies.
- Disruptive, abusive or **inappropriate behavior**, either verbal or physical (e.g. talking, sleeping, rude behavior, profane language, leaving the classroom without permission, dishonesty, lack of respect) **will not be accepted** and may be grounds for dismissal. The instructor may dismiss a student from the program if he or she believes that the student shows any signs of not being an effective and compassionate caregiver or is showing signs of not being a team player with all.
- **Inappropriate clothing is not acceptable.** By entering this program you are now a professional. Inappropriate clothing is defined as that which is too revealing, poorly fitting, promotional in nature, excessively torn or ripped, or visibly soiled. Tattoos cannot be visible. Body piercings, including tongue studs, must be removed and are not to be worn on the premises. Midriffs and backs are to be covered. IF you have a problem providing yourself with appropriate clothing please discuss this with the instructor prior to the onset of classes.
- I understand that I will have to **pass a criminal background check** for which I will pay \$10.
- I authorize the center to **inquire about my future employment** to include salary, hours worked, performance standards and benefits received. I understand that the information gathered will be used to report to government agencies and for statistical purposes.
- I authorize the Center to share **information about all aspects of my training** with agencies, prospective employers, parents (if a minor), social service agencies and employers.
- I will be required to fill out a **financial application** in order to qualify for my scholarship.
- **A series 2 step TB test and a physical exam** must begin prior to the start of the ESC class and must be completed a week prior to the Clinical studies. IT IS THE STUDENT'S RESPONSIBILITY to understand and complete the requirement as outlined in the HACC Health Examination Form.
- **Cell phones and other electronic devices are not permitted to be used during class time.** All cell phones are to be turned OFF during class time. On vibrate is not acceptable. In the event of an "emergency" students can be contacted through our front desk at 243-6040.
- I understand and accept that a **drug and or alcohol test** may be required for enrollment.
- I agree to have my **photograph taken and used** for brochures or other media to promote the programs and to serve as identification on my file at the Center.
- It is my responsibility to **sign in upon arrival and departure** from the Employment Skills Center.
- **Drinks and food / snacks are not permitted** in class nor in the hallways. Only water is permitted ! All snacks and drinks are to be consumed in the break room.
- I will **follow the rules and regulations of the Center** as outlined in the Student Handbook.

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Candidate

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Date

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For the Employment Skills Center

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Date