



To Whom It May Concern,

We are excited that you are interested in the opportunity to obtain your Certified Nursing Assistant certificate with Sarah Bush Lincoln and Lake Land College. SBL is excited to help you move your career into a new direction. Class size is limited; you must meet the following criteria to be considered for the program:

- Employee must have been employed with SBL for 90 days.
- Employee must commit to a year of employment with SBL after the completion of the CNA program.
- Employee cannot have a critical corrective action within the last 12 months.
- Employee must complete an interview with Amy Zerrusen, HR Business Partner.

It is important to submit the following information to Tracey McCord in Employee and Organizational Development. The Fall semester due date is August 1st, Spring semester applications are due January 1st, and Summer applications are due June 1st. Applications will be reviewed by a committee and applicants will be notified by email of their status following the meeting.

Please complete and submit the following:

- CNA Employee application form
- Agreement of Expectation
- LLC Intent to enroll
- LLC Student Information Release Authorization
- **Letter of recommendation from your current leader**

Please submit all information to Tracey McCord in EOD. If you have any questions please contact Tracey at 238-4987 or via email at TMcCord@sblhs.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Lorenzo Smith", with a stylized flourish at the end.

Lorenzo Smith
Director of Employee & Organizational Development



Agreement of Expectation

SBL is excited to help you move your career into a new direction. Please review the following expectations for those participating in this year's BNA program:

- Class participation and attendance are both required.
- If you withdraw from the course, you are required to reimburse SBL the cost of tuition.
- If you fail the course, you are required to reimburse SBL the cost of tuition.
- If you do not accept a CNA position at SBL within 90 days of passing your exam, you are required to reimburse SBL the cost of tuition.
- If you leave SBL before your one year commitment post program, you are required to reimburse SBL for the cost of tuition. This includes termination.

In the event that one of these should occur, and the repayment is not made either on or before my termination date, I authorize SBLHS to deduct the reimbursement amount due from my final paycheck.

I understand that this agreement does not represent an employment guarantee and further agree that all other terms and conditions of my employment shall be consistent with the established policies and practices of Sarah Bush Lincoln Health Center.

Employee Signature: _____

Date: _____

Dear Future Laker,

Thank you for the interest in the Basic Nursing Assistant (BNA) Program. My name is Beulah Uphoff and I am the Coordinator/Instructor for the program. I am excited to share some information that can offer guidance.

Upon successful completion of the BNA Program, the student is eligible to take the state certification exam to become a Certified Nurse Assistant (CNA). We are regulated and approved by the Illinois Department of Public Health (IDPH). The BNA Program is one semester and is offered in the fall, spring and summer. Fall and spring semesters are sixteen weeks; whereas summer semester is eight weeks. Please note that the summer semester is accelerated (sixteen weeks of material covered in eight weeks) and fast-paced. If you have not taken a college course or it has been some time since the last course, summer semester may not be the best option.

Fall semester begins approximately the third week in August and ends December. The spring semester begins January and ends in May. The summer semester begins June and ends August. For spring semester, 2023 class will be held at Mattoon campus Monday/ Wednesday 8-1:30PM, Mattoon campus Tuesday/Thursday 4-9PM, and Kluthe (Effingham) Tuesday/Thursday 8-1:30PM. For summer semester, we typically offer classes at Mattoon and Effingham on Monday/Thursday 8-4:30PM.

The BNA Program is comprised of theory, lab and clinical components. The student must have at least 80 theory/lab hours, and maintain at least an 80 percent to pass. The clinical aspect (minimum 40 hours) is held in a long-term care setting.

The cost of the class is approximately \$1,200. Students will have to purchase Lake Land College color red scrubs and all white or all black shoes. The shoes cannot have holes and need to repel liquids (no canvas-type). Per IDPH, a background check will be performed on all students. A two-step TB skin test will need completed prior to clinical entry. And, there is the cost of the state exam, which is currently \$75 dollars.

Important: Additional key information will be discussed on orientation day, which is the first day of class. There are *time sensitive* documents that need provided to me on this day (IDPH mandates). When registered for the class please contact me for these details. My office number is 217-234-5568 and email is buphoff12042@lakelandcollege.edu. I will not be checking messages/emails routinely during LLC holiday breaks.

The first step in registering for class is to file an intent to enroll to Lake Land College. This is an admissions process and can be done in person at the college or online under the admission tab of our main web page, www.lakelandcollege.edu. If questions, please contact the admissions department at 217-234-5434. After the intent has been processed a student ID will be assigned. The student ID number is required to register for class. The course number for the BNA Program is AHE 040, which is followed by five other digits which signifies the location of the class (Mattoon, Effingham. Etc..).

Please let me know if questions and hope to hear from you soon to explain the details of the orientation date.

Sincerely,

Beulah Uphoff RN, BS, MA

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL STUDENT FILE INFORMATION

1. I am a current or former student of Lake Land College Medical Assistant Program.

Full Name: _____

Program: Basic Nurse Assisting Program

2. I understand that information contained in my student file with the College may be confidential under state law. By signing this authorization form, I give my consent and authorize the College, and any of its agents, employees or representatives, to release my confidential student file information regarding me to the following individual or entity, as my authorized agent:

Name/Title: Sarah Bush Lincoln Health Center

Address: 1000 Health Center Dr. Mattoon, Illinois 61938

Telephone: 217-258-2525

Facsimile: 217-258-4011 or any Sarah Bush confidential fax numbers

Email address: Tracey McCord TMcCord@sblhs.org or any Sarah Bush employee pertaining to the progression of the medical assisting program.

3. I understand that once these confidential records and information are released, they may no longer be confidential and may be subject to re-disclosure by a recipient of such records and information. The College, its agents, employees and representatives are released and discharged of any liability arising from further disclosure of these documents, and I will hold the same harmless for releasing such records and information.

4. I understand that this consent shall remain in effect unless and until I deliver a signed revocation of this consent to the College. I understand that any such revocation will not apply to records and information that have already been released by the College pursuant to this consent.

5. I have read and understand the information in this form, the acknowledgements that I am making and the effect of this consent.

This _____ day of _____, 20____.

Signature: _____

Witness: _____

Eastern Region Center
224 South Sixth St.
Marshall, Illinois 62441
217-826-8490

**The Kluthe Center for Higher
Education and Technology**
1204 Network Center Blvd.
Effingham, Illinois 62401
217-540-3555

Lake Land College
5001 Lake Land Blvd.
Mattoon, Illinois 61938
217-234-5253
lakelandcollege.edu

Western Region Center
600 East First St.
Pana, Illinois 62557
217-562-5000

**Workforce
Development Center**
305 Richmond Ave. East
Mattoon, Illinois 61938
217-235-2222

Lake Land College

Intent to Enroll

Name:

Last First Middle

Other/Previous name(s)

Address:

Street Address or PO Box

City State Zip Code County

Telephone Home _____

Telephone Cell _____

Email _____

Social Security Number: _____

Your SSN is protected under FERPA, Federal guidelines & will not be released

Birthdate ___/___/___ Gender: ___ Female ___ Male

Last high school attended/attending:

School City State

Year graduated or expected to graduate: _____

Year received GED _____

List ALL colleges/universities attended or now attending:

Name City State

Name City State

Name City State

Are you in the United States on a Visa-Nonresident Alien?

___ Yes in the United States on a Visa
Provide Home Country of Origin _____

___ Not in the United States on a Visa

Are you Hispanic or Latino (or are you of Spanish Origin?)

___ Yes Hispanic or Latino ___ Not Hispanic or Latino

Are you from one or more of the following racial groups?
(Select All That Apply)

- ___ American Indian or Alaska Native
- ___ Asian
- ___ Black or African American
- ___ Native Hawaiian or Other Pacific Islander
- ___ White
- ___ Choose Not to Respond

Please identify your primary racial/ethnic group. (Select One).

- ___ American Indian or Alaska Native
- ___ Asian
- ___ Black or African American
- ___ Hispanic or Latino
- ___ Native Hawaiian or Other Pacific Islander
- ___ White
- ___ Choose Not to Respond

Select highest degree earned:

- ___ Less than High School
- ___ GED
- ___ High School Diploma
- ___ Associate
- ___ Baccalaureate
- ___ Certificate
- ___ Masters
- ___ Doctorate
- ___ 1st Professional
- ___ Other
- ___ Some College
- ___ Unknown

Applicant Certification: I understand that withholding information requested on this application, or giving false information, may make me ineligible for admission to the College or subject to dismissal. With this in mind, I certify that the above statements are correct and complete:

Signature:

Date

Lake Land College does not discriminate on the basis of race, color, sex, age, religion, national origin, ancestry, disability, marital status, sexual orientation, or any basis of discrimination precluded by applicable federal and state statutes in admission or access to or in treatment of employment in college programs and/or activities. Human Resources, Lake Land College(217)234-5210, has been designated to coordinate compliance with non-discrimination requirements contained in the implementing regulations of Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 and Age Discrimination Act of 1975. Coordinator of Disability Services,(217)234-5259, is designated as the Section 504 Coordinator of the Rehabilitation Act of 1973

Program of Study: NPD-NA Applying for Term Beginning: Year ___ Spring ___ Summer ___ Fall___

Degree Objective: (1) Only complete one or several courses-not pursuing a certificate or degree

Transfer Plans: Not planning to transfer to a four-year college or university

Student Intent: (2) To improve skills for present job.

Section Name and Title
