



Yuut Elitnaurviat

P E O P L E ' S L E A R N I N G C E N T E R

Alaska National Guard • Association of Village Council Presidents • Coastal Villages Region Fund • UAF-Kuskokwim Campus •

Association of Village Council Presidents Regional Housing Authority • Calista •

Lower Kuskokwim School District • Calista • Yukon-Kuskokwim Health Corporation • City of Bethel •

PCA/CNA Program Information

What is the PCA/CNA Program?

The PCA/CNA Program has been created to train local to do Home Care jobs in their home villages. To apply for the program, individuals submit applications and then come into Bethel for 4 to 6 weeks of training and learn how to be Home Care workers. Upon completion of the training, participants can apply to YKHC and start earning money while helping people in need in their home villages.

What is the difference between PCA and CNA training?

- Personal Care Attendant (PCA) training is a 4 week training that involves mostly hands-on training in Home Care procedures.
- Certified Nursing Assistant (CNA) training is a 6 week training that teaches Home Care procedures and at the end students take a national certification exam that results in CNA credential.

What do Home Care workers do?

- These workers help elderly and disabled individuals in their homes so that they can continue to live in their home communities. These duties typically involve daily living activities such as bathing, dressing, vital signs, exercise/range of motion, and cooking.

When is the Training and how long does it last?

- PCA Training will take place in September and October of 2004 and will happen as 2 two-week sessions. Participants must be able to attend BOTH sessions.
- CNA Training will happen in the Spring of 2005 and will be a two-week session followed by a four-week session. Participants must be able to attend BOTH sessions.

How do you apply for the program? Where do you send the application?

- Complete an application packet and submit it to Tiffany Longan via **Fax at 907-543-3152** or mail to: **Yuut (attention: Tiffany) PO Box 1347 #913 Bethel, AK 99559**. *Make sure you complete ALL SECTIONS and we must have your 3 Letters of Reference.*

How much does the training cost?

- Everyone accepted into the program will receive funding to cover the cost of tuition, travel, and lodging. You pay nothing out of your own pocket.

Where do you stay during training?

- Participants who live outside of Bethel will be placed with local host families. Yuut will interview and make arrangements with the families for you.

What are the Application Deadlines?

- In order to be considered for the Fall 2004 PCA training completed applications must be received by **Friday August 27th**.
- All applicants who do not meet the deadline will be held in a pool and will be considered for later training dates.

Applications will NOT be considered complete without 3 completed Letters of Reference and ALL questions in the application must be answered.

Application to Eligible Applicant Pool

Please PRINT clearly

Name: _____ Phone #: _____

Mailing Address _____ City: _____ Zip Code: _____

Social Security #: _____ State ID #: _____

****Social Security and State ID Numbers are *REQUIRED* for this application****

Are you most interested in the PCA Program or the CNA Program?

PCA CNA Not Sure

What Language are you most comfortable speaking (English, Yup'ik, etc.)? _____

What other languages do you speak? _____

What is the highest level of education you have received? (circle best answer)

Some High School GED High School Diploma Some College Courses

Associates Degree Bachelors Degree Graduate School Military Training

Trades School (please list) _____ Other (please list) _____

Are you currently employed (circle one)

Full-time Part-time/Temporary Not Employed

Who was your most recent (or current) employer? _____

What is your position? _____

What are your duties? _____

How many hours do you work a week? _____ When did you start/leave? _____

Who is your supervisor? _____

What is your supervisor's phone number? _____

Please list any other jobs you have had:

Employer: _____ Job Title _____

Supervisor: _____ Employment Dates (Start/End) _____

Reason for leaving? _____

Employer: _____ Job Title _____

Supervisor: _____ Employment Dates (Start/End) _____

Reason for leaving? _____

Employer: _____ Job Title _____

Supervisor: _____ Employment Dates (Start/End) _____

Reason for leaving? _____

Have you ever been terminated (fired) from a job? YES NO

If "YES", what was the reason? _____

Are you interested FULL-TIME, PART-TIME, or SEASONAL work? _____

If PART-TIME or SEASONAL, please explain when you are available to work.

Are you currently a Student? YES NO
If "YES", are you... FULL TIME or PART TIME
Please list the name of your University or School _____

Are you currently receiving any of the following? (circle all that apply)

Public Assistance WIA Funds Student Loans Unemployment

What are your ultimate career goals? What job would make you happiest? Circle One

PCA CNA Health Aide Nursing PA Other _____

Are you able to Stand, walk, climb stairs, stoop, kneel, crouch and enter buildings not adapted for handicapped accessibility? YES NO

If "NO", please explain. _____

Can you lift objects weighing 50 pounds? YES NO

If "NO", please explain. _____

Can you accurately hear most sounds? YES NO

If "NO", please explain. _____

Can you accurately see and read small print and wrist watches? YES NO

If "NO", please explain. _____

Can you accurately smell odors? YES NO

If "NO", please explain. _____

Can you accurately see and identify colors? YES NO

If "NO", please explain. _____

Do you have the emotional strength to deal with illness, death, and dying? YES NO

If "NO", please explain. _____

Can you effectively communicate with people including clients, co-workers, and supervisors? YES NO

If "NO", please explain. _____

How well do you handle stressful situations? Please give examples. _____

Are you comfortable working with individuals who are elderly, disabled, or sick?

YES NO

If "NO", please explain. _____

Due to state and federal regulations certain crimes can prevent an individual from becoming a PCA or CNA.

The following questions will help us be sure that you will be both eligible to sit for the licensing exam and to work as a PCA or CNA with YKHC.

In some cases old convictions can be appealed, but it is important that you answer the following questions as truthfully as you can.

****Incomplete applications will not be considered.****

Have you ever been convicted of a Drug or Alcohol related crime? YES NO

If YES, please give dates and explain. _____

Have you ever been convicted of a Felony? YES NO

If YES, please give dates and explain. _____

Have you ever been arrested for or charged with a crime involving a child? YES NO

If YES, please give dates and explain. _____

Have you ever been found guilty of, or entered a plea of no contest or guilty to, any offense under Federal, State or Tribal law involving crimes of violence, sexual assault, molestation, contact or prostitution, or crimes against persons? YES NO

If YES, please give dates and explain. _____

Are you involved in any pending criminal investigations at this time? YES NO

If YES, please explain. _____

Are there any other legal issues that might keep you from working with children or disabled adults? YES NO

If YES, please explain. _____

Reference Form

Applicant Instructions

- We need 3 Letters of Reference in order for your application to be considered complete.
- Without these letters, you will not be eligible for any upcoming training opportunities.
- There are 3 Reference Forms attached to the end of this application. These forms are 2 pages each. The first page explains what the form is all about and the second page asks specific questions. **Make sure you give each of your references BOTH pages.**
- Write your name at the top of each page of the Reference form where it says “Applicant’s Name”. **DO NOT FILL IN ANY OTHER PORTION OF THE FORM...the references must fill in the rest on their own!**
- You must choose 3 people who have known you for at least 3 years and are NOT immediate family members (You may not use a spouse, sibling, parent, grandparent, aunt, or uncle).
- Give each of these 3 people the Reference Form with your name on it and ask them to fill out the form.
- Your References will need to complete the forms and mail or fax them back to our offices.
- You may want to follow up to make sure the forms have been completed and sent to our offices so that we can review your application.
- It is important that you make sure these forms get filled out and sent in to our offices! Without these forms you cannot receive any training.
- If you have any questions call Tiffany at 1-800-478-3321 ext: 6920.

Candidate Reference Form

(Applicant's Name) _____ has applied to the Personal Care Attendant (PCA)/Certified Nursing Assistant (CNA) Training Program. As part of the application procedure, we are required to obtain letters of reference from all applicants. These letters must come from people who have known the applicant for **at least 3 years** and are **NOT immediate family members** (i.e. no spouses, brothers, sisters, parents, grandparents, aunts, uncles, or first cousins should write these letters).

The Personal Care Attendant/Certified Nurses Assistant will be required to work closely with clients in the home setting. We want to make sure that only qualified persons will be working with clients.

If you are comfortable being a reference for this applicant please answer the following questions to the best of your ability. Forms may be

***faxed to :* (907) 543-3152 – Attention: Tiffany Longan**

or

***mailed to:* Yuut (attention: Tiffany Longan)**

PO Box 1347 #913

Bethel, AK 99559

This applicant's application will not be considered complete until we receive all Letters of Reference. If the application is not complete this individual will not be considered for any upcoming training opportunities.

We sincerely appreciate your time and diligence. If for some reason you cannot complete this form please notify the applicant or call the Yuut offices at 1-800-478-3321 ext:6920.

Thank you for your time.

Tiffany Longan
Yuut Training Manager

Candidate Reference Form

Applicant Name: _____

Reference's Name: _____

Reference's Address: _____

Reference's Phone #: _____

How long have you known the applicant? _____

How do you know the applicant? (check all that apply)

Co-Worker _____ **Friend** _____

Relative _____ (If you are a relative, please explain how you are related _____)

Supervisor _____ **Other** _____

How would you rate the applicant in the following areas? (Circle Best Answer)

Attitude: Excellent Good Fair Poor Don't Know

Attendance: Excellent Good Fair Poor Don't Know

Punctuality: Excellent Good Fair Poor Don't Know

Quality of Work: Excellent Good Fair Poor Don't Know

Quantity of Work: Excellent Good Fair Poor Don't Know

Honesty: Excellent Good Fair Poor Don't Know

Integrity: Excellent Good Fair Poor Don't Know

Please write a brief summary of your opinion of this applicant and his/her ability to perform the duties of a Home Care worker:

Signature: _____ **Date:** _____

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