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Services



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Certified Nurse Aide Program

The program prepares participants for the Michigan Nurse Aide Competency Evaluation and gives them the skills required to perform the job duties of a Certified Nurse Aide (CNA). This program follows the requirements of the State of Michigan Curriculum Model for Nurse Aide Training providing the knowledge and theory required for proficiency within the nurse aide scope of practice, including Healthcare Provider Basic Life Support and First Aid.

The 10 week intensive program provides a total of 58 hours of lecture, 40 hours of lab and 30 hours of clinical. **Classes run Thursday and Friday from 8 a.m. until 2 p.m. beginning on October 1 and ending on December 11, 2015.** The Healthcare Provider BLS and FA training will be held on Tuesday, October 6 from 9 a.m. until 5:30 p.m.

Candidates need to be health career oriented with an aptitude to work with the ill, injured, elderly and/or disabled and have the ability to lift up to 50 lbs. Course prerequisites include a diploma or GED, and a criminal background check. Participants must be able to read and hear a manual blood pressure.

Cost of the program is \$1,485 plus required khaki scrubs and books.

Enrollments are limited. **Sign up today to reserve your seat!** Register now by calling (989)729-3615.

If you would like to receive training flyers via e-mail, please contact Megan Garvin at (989)729-3615 or e-mail megan.garvin@baker.edu

Visit us online at bcs.baker.edu

REGISTRATION FORM

Please mail registration form with payment to Baker Business and Corporate Services, Attn: Megan Garvin, 1309 S. M-52, Owosso, MI 48867. Payment is due at time of registration. **Refund Policy:** Cancellations up to three business days before the training date receive a full refund. If cancellation occurs less than three business days prior to training, a \$25 cancellation fee will be charged. Minimum class sizes required. Questions can be directed to (989) 729-3310.

Name: _____

Business: _____

Address: _____

Telephone: _____ Fax: _____

E-Mail: _____

Participant Names, Courses and Dates Requested:

Total Participant(s) _____ x \$ _____ (cost per person) = Total Amount Enclosed: \$ _____

To register using a credit card call (989) 729-3615