



## CERTIFIED HOME HEALTH AIDE TRAINING PROGRAM

### Admission Catalog

#### Welcome

We would like to take this opportunity to congratulate you on taking the first step to entering a rewarding career in health care. Our goal is to provide you with a great enjoyable learning and potential work opportunity.

#### Mission and Purpose

Mango Home Health is committed to provide excellence in home care. We would like you to provide training that can lead to a rewarding career for you as well. Students will learn the value, goals and standards for home health care setting for client/patient care.

#### Program Description

This program has been designed to provide the basics of both knowledge and demonstrable skills for individuals who will provide nursing or nursing related services to clients in their home or assisted living. The complete course will be for a total of 76 hours, including 60 hours of online education and 16 hours of clinical classroom experience.

The program will be conducted over a duration of three (3) to four (4) weeks for the online education and (2 or 3) days for clinical classroom instructions. This specified timeframe shall be subject to change to account for holidays and/or unexpected occurrences which are out of the control of the institution.

Each class will not exceed 10 students per instructor for clinical training and 30 students for classroom/online training.

In the event that the start dates of classes are rescheduled, each student shall be notified by US mail, telephone, email and/or other media. Similarly, for cancellation due to inclement weather, sickness or unforeseen circumstances, notification shall be provided as noted. It will then be the responsibility of the student to provide Mango Home Health with written confirmation stating their intent to withdraw or continue their enrollment for another session. **Note: Refunds will remain in compliance with the Refund Policy as noted herewith.**

**Note: Licensure indicates only that minimum standards have been met; it is not an endorsement or guarantee of quality. Licensure is not equivalent to or synonymous with accreditation by an accrediting agency recognized by the US Department of Education.**

### **Program Objective**

To provide a basic level of both knowledge and demonstrable skills for individuals who provide nursing or nursing related services to clients in their private homes or assisted living facilities.

Upon the completion of the program and meeting all requirements for graduation, the student will receive a Certificate in Home Health Aide at graduation. The students are eligible to apply for a certified home health aide license from New Jersey Board of Nursing upon successful completion of training program.

### **Training Program Equipment**

As a requirement, the Home Health Aide training program will ensure that appropriate equipment is available on-site for direct use and demonstration for all students with the supervision of the program instructor.

### **Enrollment**

Each prospective student will be required to complete the enrollment process, which includes the review of this Admission Package, completing the health records requirements, and including but not limited to submitting the required payment/deposit for the program.

### **Admission Criteria**

Your admission to Certified Home Health Aide Training Program is subject to meeting the requirements as set out in the Training Institute procedures for registration and enrollment; and to comply with the terms and conditions set out in this document, the provisions of the New Jersey Board of Nursing Ordinances, Regulations, Guidelines, Rules, Policies and Codes of Practice that are currently in effect, which govern your studies and learning at the Training Institute.

- At a minimum, to qualify for this course you must be 18 years of age or older and provide at registration:
- High School diploma and/or verifiable prior work experience  
Three passport size photos (2' x 2') of applicant
- Social Security Card
- Proof of citizenship (US passport or Birth Certificate) or proof of immigration status (Alien Registration Card or Naturalization Certificate) or valid Work Permit issued by the DHS at the time of registration.
- Health records- Current Physical, 2-step PPD, Chest X-Ray if positive PPD, Rubella and Rubeolla Titers. (The form for physical is available from our office).
- Must have clean criminal background.

A student's enrollment and completion of the program does not guarantee employment. However, Mango Home Health has many job openings all the time.

### **Application Procedures**

In addition to the Admission Criteria, each student shall be required to follow the standard application procedures to ensure all policies and terms of the program are met in accordance with the institution and the NJ Board of Nursing.

All students shall review the terms of the Admission Catalog prior to registration. Upon all parties being satisfied with the terms of the program and to secure a placement within the said scheduled program, the student shall sign and return the Registration Form, provide all relative documentation as listed in the Admission Requirements and pay the required deposit. The student shall receive a receipt of payment and will be issued all text/work books (if applicable) the first day of class.

### **Fee Schedule**

The fee for the home health aide training program is \$600.00 plus \$80.00 for State fees (may change any time), due in full at the time of registration. Initial application fee to New Jersey Board of Nursing is included in this fee. Any additional cost required by the Board of Nursing is a responsibility of students.

### **Reregistration Fee**

Students who fail to complete the 60-hour online basic portion of the program prior to the date of the scheduled clinical portion for that course will be able to continue the program for a reregistration fee equal to 50% of the original fees (based on availability in future classes) within the following 4 months. Beyond 4 months of the start date, a new registration with full payment will be required.

Students who have completed the 60-hour online portion of the course but fail to attend the scheduled clinical for that session will be admitted to a future clinical session (based on availability) within the next 4 months for an additional fee of \$150.00. Beyond 4 months the student will be required to complete a new application and repeat the entire process.

### **Program Credits**

Training Institute does not grant/accept official transcript of credits earned from other institutions previously attended for the Certified Home Health Aide Training Program, nor does the institution claim that credits are available through the completion of the Certified Home Health Aide Training Program to be transferred to another institution.

### **Job Placement**

Though the Mango Home Health Training Institute does not guarantee employment to students upon completion of the Certified Home health Aide training program, the institute will assist the graduate in obtaining job placement, if necessary.

### **Student Complaints**

All students have the right to file a complaint in good faith. In most cases complaints should be filed with the staff and management of Mango Home Health Training. Complaints may also be filed with the New Jersey Board of Nursing located in Newark, NJ.

### **Cancellation & Refund Policy**

All students will be provided, 76 hours of training.

**NO REFUND WILL BE ISSUES AFTER START DAY OF CLASS.**

Partial refund will be issue if student decide to windrow on or before start day of the class. Mango Home Health reserves the right to deduct 100 dollars towards the registration and administration fee. Refunds will be paid within forty days **after the effective date** of termination.

### **Program Policy**

Students are expected to keep up with course material and must complete the assigned 60 hour online education course material within the allotted time period (3 to 4 weeks) in order to participate in the 16 hour direct classroom clinical instructions. No portion of the fee will be refunded if the student is unable to do the clinical because the online course was not completed.

### **Additional Disclaimers**

Upon successful completion of the program, graduates will receive a certificate of completion and their application to the State of New Jersey for their Home Health Aide license. Certificate of Completion are not meant to represent State approval to work as a Certified Home Health Aide. It is the responsibility of the graduate to complete the application for State Board of Nursing. Failure to complete this step will result in graduates not being granted their official Home Health Aide license.

Graduates acknowledge that they must be able to pass a criminal background check through the State of New Jersey to seek employment. Failure to pass will result in the graduate not being granted their official Home Health Aide license. The students will also require valid work visa/legal residency status for the licensing process.

Home Health Aide must perform nursing tasks under the supervision of a registered nurse and work with a licensed New Jersey State Licensed Home Care Agency. Tasks that licensed personnel may delegate to Home Health Aides are restricted by law.

Graduates may expect to be employed at entry-level wage, which varies with employers.

### **State Board Exam**

Students who have challenges reading and understanding English are advised to bring an interpreter with them on the date of the exam.

# Mango Home Health

## Student Attestation

On this date \_\_\_\_\_, I \_\_\_\_\_ fully understand and acknowledge the information explained in the enrollment process for Mango home health Training Institute Home Health Aide Training Program, including but not limited to:

Mango Home Health Training Program for Home Health Aide does not guarantee employment with the Agency.

Mango Home Health Training Program for Home health Aide makes no guarantee that the credits earned will/ can be transferred to another institution, nor does the agency grant/ accept any official transcript of credits earned from another institution to be applied to this program.

I have been informed that I must receive a grade of 80% or more to pass online quizzes and exams and become eligible to participate in the 16 hours of clinical classroom and final examination.

I have been fully informed of the procedures to report a complaint through the institution, and if necessary, to the Department of Health and Human Services.

I attest that I have acknowledged receipt and have reviewed the Mango Home Health Training Institute Program for Home Health Aide Admission Catalog.

### Hold Harmless Agreement

Mango home health Training Institute and student acknowledge that there is some risk of accident or injury associated with the use of equipment and other aspects of the course of study, including but not limited to direct care and contact with other students, clients, patients or residents at the clinical or training facility site.

Student does hereby waive, release, and discharge Mango Home Health Training Institute of all liability and all claims for damages for personal injury, or property damage which I may have or which may hereafter accrue to me after participating in the program whether or not it is caused by negligence or fault of Mango Home Health Training Institute.

This release is intended to discharge the training institute and its officers, employees, representatives, students, volunteers, and agents from and against any and all liability arising out of or connected in any way with my participation in the training, internship, hands-on activities, practice or other activities.

I hereby agree to assume these risks and to release and to hold harmless all persons or agencies mentioned above that might otherwise be liable to me or my heirs or assigned for damages. I further understand and agree that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

In addition, I give permission to receive, if necessary, emergency medical services by authorized personnel, and that any cost incurred as a result of such medical treatment will be my responsibility,

Student Name \_\_\_\_\_ Date: \_\_\_\_\_

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