

Elim Care and Rehab Center
701 First Street
Princeton, MN 55371

**NURSING ASSISTANT TRAINING PROGRAM -
SCHOLARSHIP AGREEMENT FORM**

PRINTED PARTICIPANT NAME: _____
DATES OF TRAINING PROGRAM: _____
COST OF TRAINING PROGRAM: _____
PROGRAM INSTRUCTOR NAME: _____

I have been selected as a recipient of Elim's Nursing Assistant Training Scholarship program.
My signature below indicates that I understand the following:

1. Elim Care will pay for the cost for the NAR training program.
2. If offered, I agree to accept a NAR position upon successfully completing the program and passing the test/s.
3. I may be responsible to pay Elim back for the entire cost of the program if:
 - a. I am unable or unwilling to successfully complete all components of the training program:
 - b. I am asked to leave the training program for attendance/tardiness, lack of active participation, or for otherwise disruptive behavior during the training program:
 - c. I am terminated for misconduct or issues with attendance during my first 90 days of employment.
 - d. I do not agree to accept a NAR position after passing the class.
 - e. If I do not agree to work as an Nursing Assistant for a period of one year at Elim and will be billed for the entire cost of the training.
4. This agreement is not a contract for employment.

PARTICIPANT SIGNATURE: _____ DATE: _____

INSTRUCTOR SIGNATURE: _____ DATE: _____

Vulnerable Adult Training

Vulnerable Adult Abuse Prohibition – All staff must report **Immediately** any suspected /alleged abuse, neglect, mistreatment of residents, and misappropriation of resident property. All residents in the facility are considered vulnerable adults due to physical or mental disability or dependence on institutional services. All residents are to be treated with respect and kindness at all times.

Abuse – Willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting in physical harm, pain, or mental anguish.

- a. **Physical abuse** – includes hitting, slapping, pinching, and kicking. Includes controlling behavior through corporal punishment.
- b. **Verbal abuse** - any use of oral, written, or gestures that willfully includes derogatory terms to residents or families. Examples: threats of harm, saying things to frighten residents.
- c. **Sexual Abuse** – includes but not is limited to sexual harassment, sexual coercion, or sexual assault.
- d. **Mental Abuse** –Includes humiliation, harassment, and threats of punishment or deprivation.

Involuntary Seclusion – Separation of the resident from other residents or from their room, confinement to their room against the resident's will or the will of their legal representative.

Neglect – Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.

Injuries of unknown –An injury should be classified as an injury of unknown source when both conditions are met: injury cannot be explained or if the injury is suspicious because of the extent or the location of the injury.

Misappropriation of Resident Property - The deliberate misplacement, exploitation, or wrongful use of the resident's belongings or money without the resident consent.

Your responsibility is to REPORT IMMEDIATELY if you see, hear or suspect any of the above.

Immediately means TELL YOUR SUPERVISOR RIGHT AWAY.

I will report immediately to my supervisor any of the above examples toward any of the residents in my care. Immediately is defined to me as right away. I understand the above information as written.

Signature: _____ Date _____

Confidentiality

Statement

HIPAA

Health Insurance Portability and Accountability Act

I understand and agree that, in the performance of my duties as an employee of Elim Care and Rehab, I must hold information with regard to residents in confidence.

Further, I understand that intentional or involuntary violation of my employer's confidentiality may result in punitive action, including dismissal, possible fine or imprisonment.

Date: _____

Signature: _____

The Omnibus Budget Reconciliation Act requires a 75 – hour nursing assistant program for nursing assistants working in long term care facilities. It provides for reimbursement of class and test fees, and the cost of required uniforms for clinicals, for all students that are employed 90 days after hire date. A student has up to 12 months to turn in the receipt from the NAR Class to receive their reimbursement. If another facility pre hires the student, that facility must pay for the cost of