SOLANO COLLEGE OF NURSING

238 S. Hillview Drive Milpitas, CA 95035 Tel. (408) 719-8100
www.scnursing.org

NURSE ASSISTANT

&

HOME HEALTH AIDE

CATALOG

MILPITAS CAMPUS

January 1, 2011 – December 31, 2011

SOLANO COLLEGE OF NURSING

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SOLANO COLLEGE OF NURSING

ENROLLMENT PROCESS

Things To Consider Before You Enroll

The Nursing Assistant Course

The course will be accomplished in a period of 150 hours
The course length will vary but will be completed within 4 weeks
The course is divided into 2 components:
Theory: 50.0 hours
Clinical: 100.0 hours

The theoretical and clinical portions of the class will be taught at different locations:
Theory: 238 S. Hillview Drive Milpitas, CA 95035
Clinical: Mountainview Healthcare Center: 2530 Solace Place Mountain View, CA 94040

REQUIREMENTS:

- **Complete finger print and criminal background screening a completed live scan; a completed HS 283 B application form**

The Payment Plan:

Registration (non-refundable)…… $ 165.00
Tuition …….…..…..…… 1,100.00
Total Charges …… $1,265.00

Fees are payable in installments:

$165.00 upon registration
$365.00 the first day of the class
$365.00 the 15th day of the class
$370.00 the last day of the class

Other Charges:

Book…… $45.00
Uniform…….. 29.00

The Home Health Aide Course

You must be a certified Nursing Assistant to qualify for the 40 hour Home Health Aide Training.
The course is divided into 2 components:
Theory: 20.0 hours
Skills: 20.0 hours

The theoretical and clinical portions of the class will be taught at two different locations.
Theory: SCN: 238 S. Hillview Drive Milpitas, CA 95035
Clinical: Mountainview Healthcare Center: 2530 Solace Place Mountain View, CA 94040

Payment Plan:

Registration (non-refundable)……. $100.00
Tuition…….…..…… $395.00
Total Charges…… $495.00

Fees are payable in three installment:

$100.00 upon registration
$197.50 the first day of the class
$197.50 the last of the class

SOLANO COLLEGE OF NURSING

COURSE DESCRIPTION

Solano College of Nursing is a private institution that is approved to operate by the Bureau for Private Postsecondary Education and the California Department of Public Health.

The Nursing Assistant course has two components: the theoretical portion which will be completed within a period of 50 hours and clinical portion which is covered within 100 hours to make a total of 150 hours. The training will be conducted from Monday to Friday and accomplished in 20 (twenty) days. The instructors will deliver the course content through lectures and demonstrations and exposure of the students to actual nursing procedures and techniques while in the clinical setting. Knowledge validation is evaluated on an on-going basis through tests and quizzes. The book entitled " The New Nursing Assistant Textbook by Medcom " will be the official textbook for the course. The educational objective of The Nursing Assistant Training Course is to prepare the nurse assistant for state certification and consequently function as an efficient, knowledgeable and safe Certified Nursing Assistant. The course shall be enhanced with the comprehensive training program. All instructions will emphasize the importance of delivering service that will maintain and / or promote the optimum level of functioning by the client and carrying out duties in a sensitive and efficient manner. Upon completion of the program, the student is eligible to take the State Board Exam to become a Certified Nurse Assistant.

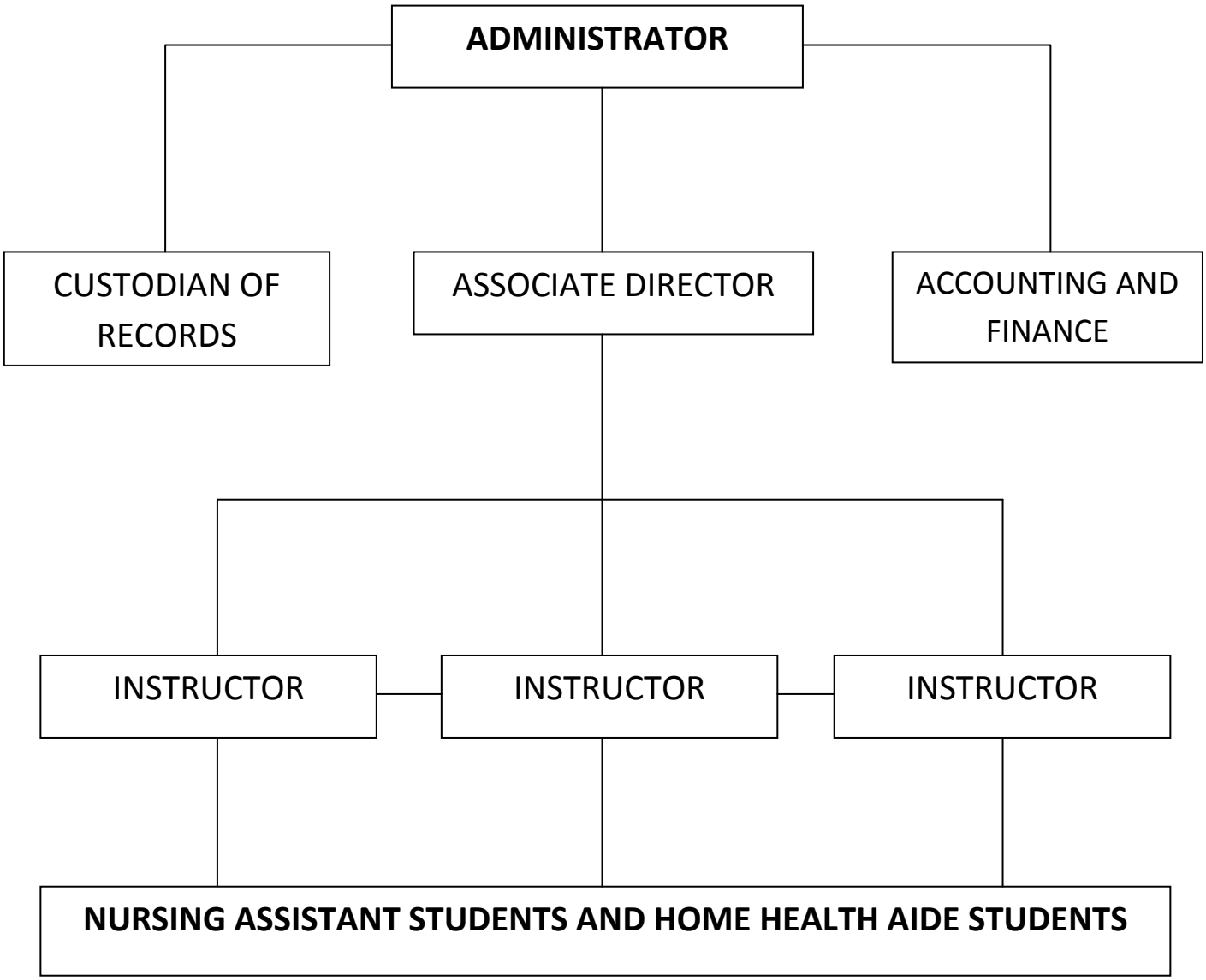
THE HOME HEALTH AIDE COURSE

This 40 hour course prepares the Certified Nursing Assistant to be a Home Health Aide. The thrust of this course is to assist the C.N.A in acquiring skills necessary to provide services to clients in the home setting. The training will enable the C.N.A to identify the needs of clients that are essential in maintaining a good quality of life and to attain the optimum level of functioning. The areas highlighted by the course will also train the C.N.A to make sound decisions with regards to the provision of care in all areas expected of a Home health Aide.

SOLANO COLLEGE OF NURSING

NURSING ASSISTANT

ORAGANIZATIONAL CHART



SOLANO COLLEGE OF NURSING

238 S. Hillview Drive, Milpitas, CA 95035 Tel. (408) 719-8100

FACULTY MEMBERS

LETICIA R. WEBER, Administrator
Leticia Weber has owned and managed Solano School of Nursing Assistants, Inc. for the past 10+ years. The corporation has 2 school sites: Vallejo and Sunnyvale. Leticia manages both schools and is actively involved in the daily operation of the business. She has also worked very closely with Skilled Nursing Facilities in the counties of Main, Solano and Contra Costa, assisting them with their staffing needs and helping certified Nursing Assistants, Licensed Vocational Nurses and Registered Nurses find suitable employment with the Long Term Care industry. The success of Leticia's endeavors is attributed to meeting and maintaining high standards in the delivery of education to its students.

Charles Weber, Assistant Administrator
Charles has been trained and working in the school since he was young and actively participating in running the school. He worked as staffing coordinator in the registry helping facilities with their staffing needs. He is actively involved in managing 2 other school sites: Milpitas and Stockton in the daily operation of the business. He is currently taking management and administration classes at Solano Community College while working at the school.

JEANETTE CHASTAIN, RN, DSD, Associate Director, Instructor
Jan is a Registered Nurse with 19 years of experience as a Certified Nursing Assistant then later on pursued a degree in Licensed Vocational Nursing and ultimately achieved a career as a Registered Nurse. Her experience includes 10 years of being a Director of Staff Development for Skilled Nursing facilities in the Sacramento and Vallejo areas. She also worked as an evaluator for the American Red Cross in Sacramento prior to working as a Full Time Instructor for Solano School of Nursing Assistants. She has been with the school for over 10 years now.

Anne Abriam, RN/DSD, MSN, PHN, Instructor
Anne has a Master of Science degree in Nurse Education from San Jose State University. Before being in the Nurse Educator program, she was in the Family Nurse Practitioner program training with physicians and nurse practitioners diagnosing diseases, performing physical examinations, and prescribing medications. She switched to Nurse Educator program because she often found herself teaching prevention to patients during her nurse practitioner practicum. Anne received her Associate in Science degree in Nursing from Excelsior College, New York and continued her studies at San Jose State University, obtaining board certification in Public Health Nursing where she assessed cared for families of low income and cases of abuse in the community. She has a background in Acute/Sub Acute care of Pediatrics and Adult. She also holds a Bachelor of Arts degree in Psychology from San Jose State University.

Faculty members continued

FELICITAS ADDAUAN, LVN/DSD, Instructor
Felicitas holds a Bachelor of Science Degree in education from national Teacher College in the Philippines. She taught for 10 years in Secondary Education and part-time in college. After 2 years of outstanding teaching accomplishments, she was recognized and awarded as the Most Outstanding Teachers of region 2. Hence, she was promoted as Master Teacher I. When she came to the U.S.A. in 1998, she became a C N A through Skyline Convalescent Hospital, who recognized her hard work. Hence, the hospital sponsored her to the LVN Program at Central County Occupational Center and graduated in 1991. Her diversified nursing experiences include as a Charge Nurse, Supervisor, Infection Control Nurse, DSD & C N A instructors.

KATHLEEN DORSEY, RN, DSD, Instructor
Kathleen holds a Bachelor Degree in Nursing from University of Colorado, Denver. She has held various positions in the field of nursing for the past 15 years. Her most recent work history includes employment as Charge Nurse at Santa Clara Valley Medical Center where she worked in their Rehabilitation Department, and Charge Nurse at San Jose Hospital and Long Term Care Facilities in San Jose and Santa Clara.

JESSELYN L. DETOSIL (Accounting and Finance)
Jesselyn holds a Bachelor of Science Degree in Commerce major in Accounting from University of St. La Salle in the Philippines. She worked in Presidential Anti-Organized Crime Commission in Malacanang as Staff Accountant. She has a diverse background in accounting for 12+ years in various companies in the Philippines.

MARIFEL C. SANTOS - (Custodian of Records)
Marifel holds Bachelor of Science Degree Major in Computer Information Science from La Consolacion College in the Philippines. She worked as a Customer Relation Assistant in a bank for 7 years.

SOLANO COLLEGE OF NURSING

SCHOOL POLICIES

GRADING POLICY

Students must score a cumulative average of 80% in all quizzes and written examinations. Clinical skills must be performed with 100% accuracy. Students will be evaluated by the clinical instructor on the following areas: Application of theory principles within the clinical setting, knowledge and proper execution of skills and procedures, ability to meet all standards set forth by the Department of Health.

ATTENDANCE POLICY

1. Students must attend scheduled classes regularly.
2. Students are expected to report for both clinical and theoretical classes on the time designated by the administrator and/or instructor.
3. Students who are unable to attend the theoretical portion of the training must notify the school of their absence an hour before the start of the class by calling the administrator.
4. Arrangements must be made with the instructor for make-up time on the day following the absence. The topics being covered in class on the day of absence will be identified and delivered on the make up day.
5. Notice must also be given for inability to attend the clinical portion of the training by calling the clinical site 2 hours prior to the start of the training.
6. Arrangements must be made with the instructor for make up time on the day following the absence.
7. Absence of more than one classroom day and one clinical day may require the student to repeat the entire course if the student fails to make arrangements for make-up with the instructor. Tuition refund will be based on the Tuition Refund Policy.
8. The first occurrence of absenteeism or tardiness will be noted in the student's file. Formal counseling by the instructor and/or administrator will be implemented after a second occurrence, at which time, a decision shall be made by the instructor to either retain or dismiss the student from the program. The decision will be made based on overall performance in the class, and reason for absence/tardiness. A third occurrence will automatically result in dismissal.
9. No tuition fees will be refunded to students who are dismissed from the program.

DISMISSAL POLICY

The following constitute grounds for dismissal from the training:

1. Repeated tardiness and absence from class without prior notification of instructor/administrator.
2. Failure to make up for excused absence.
3. Disruptive behavior which includes but is not limited to use of foul language, insubordination to instructors, failure to comply with the rules and regulations of the school and the clinical site, possession of unprescribed drugs, intoxication and sleeping in class.
4. Theft of property from the school, clinical area, staff or other students.
5. Failure to report to clinical training in appropriate uniform after receiving prior warning.

SOLANO COLLEGE OF NURSING

DROPOUT POLICY

In order to qualify for a pro-rated tuition refund, students must officially submit a written notification of their intention to withdraw from the training. The letter shall be mailed and addressed to the administrator. Students have a right to a full refund of the tuition fee if they cancel on or before the first day of instruction. The registration fee of $165.00 (one hundred fifty-five dollars) is non-refundable. The student maybe eligible for a pro-rated refund after instruction has begun if the student has completed 60% or less of the course.

For example, if a student has completed 50 hours of the 150 hour CNA course and paid $1,100.00 tuition, the student would be entitled to a refund of $733.33.

$$\$1{,}100.00 \text{ Amount of tuition} \times \frac{\text{100 clock hours of instruction paid for, but not received}}{\text{150 clock hours of instruction for which the student paid}} = \$733.33 \text{ Refund Amount}$$

Home Health Aide Course

For example, if the student completes 24 hours of a 40 hour Home Health Aide Course and paid $395.00 the refund will be computed as follows:

$$\$395.00 \text{ amount of tuition} \times \frac{\text{16 clock hours paid for, but not received}}{\text{40 clock hrs. paid for}} = \$158.00 \text{ Refund Amount}$$

LEAVE OF ABSENCE

Applications for leave of absence will be granted after a careful review of the case by the Instructor, Associate Director of Nursing and the Administrator. The student will have to apply for a leave of absence with the staff concerned. Prior to approval of the application, a return date shall be established by the student and the administrator. The school shall provide an application for leave of absence to the student.

HEALTH CHECK

Solano College of Nursing requires each enrollee to submit a certificate from a physician stating the following : Ability to meet the physical and mental requirements of the job, and must have a negative result on the Tuberculosis Screening Test. The student must also fill out the Physical Examination Form and Student Health Questionnaire honestly.

SOLANO COLLEGE OF NURSING

CLASSROOM BEHAVIOR

1. Smoking will be allowed during break time in designated areas only. Students are allowed 2 ten minute breaks and 30 minutes for lunch.
2. Eating and smoking is allowed only during scheduled break time and lunch time.
3. Students are required to maintain a clean and neat working area at all times by removing their trash and clutter before leaving their work areas in the classroom.
4. All equipment and educational supplies used during theoretical training must be returned to assigned proper places at the end of the class day.
5. Students proven to be under the influence of alcohol or prohibited drugs, will not be allowed inside the classroom or clinical training site and will be subject to automatic dismissal.
6. Sleeping during class is not acceptable.
7. Leaving the classroom during class hours without authorization by the instructor or administrator is not allowed and subject to counseling.

DRESS/UNIFORM REGULATIONS

Dress should be: School Uniform. Uniform should be clean. School uniform must be worn on the first day of school. White clean flat, non-skid shoes, no open toe footwear, no dangling earrings or heavy bracelets, wristwatch with a second hand. School uniform must be worn on the first day of school.

UNIFORM REGULATIONS

- Name badges are part of the uniform and are to be worn on the left side of the attire
- No jewelry is to be worn with the exception of wedding bands and non-dangling earrings
- White, non-skid shoes and laces are to be kept clean and in good repair at all times
- No gum chewing is allowed while in uniform
- Deodorants and anti-per spirants are to be used daily
- Hair must be neat and clean; long hair should be pulled back and/or tied with simple barrettes
- Make up should be used sparingly; No strong perfumes or colognes are allowed
- Nails are to be maintained at a quarter of an inch or less without nail polish
- No textured hosiery is allowed. Plain white nurses' stockings or white solid colored socks are recommended
- A black or blue ink pen and small notebook or note pad are integral parts of the uniform

EDUCATIONAL RECORD RETENTION POLICY

Educational records shall be maintained by the Custodian of Records. The custodian of records will be responsible for ensuring completeness and accuracy of the records prior to storage. The files shall be stored in filing cabinets in the school site. Student records will be maintained by the school for five (5) years after enrollment.

SOLANO COLLEGE OF NURSING

STUDENT TUITION RECOVERY FUND POLICY

The Student Tuition Recovery Fund (STRF) was established by the legislature to protect any California resident who attends a private postsecondary institution from losing money if they prepaid tuition and suffered a financial loss as a result of the school.

* Closing
* Failing to live to its enrollment agreement
* Refusing to pay a court judgment

To be eligible, a student must be a California resident and reside in California at the time the enrollment agreement was signed or when the student received lessons at a California mailing address from an approved school those who hold student visas are not considered California residents.

To qualify for STRF reimbursement, students must file a STRF application within one year of receiving notice from the Bureau for Private Postsecondary and Vocational Education that the schools closed. If students do not receive notice from the council, students have 4 years from the date of closure to file STRF application. If a judgment is obtained students must file a STRF application within a year of that judgment.

It is important that students keep copies of the enrollment agreement, financial aid papers, receipts, or any other information that documents the money paid to the school. Questions regarding the STRF may be directed to:

BUREAU FOR PRIVATE POSTSECONDARY AND VOCATIONAL EDUCATION
Physical Address:
2535 Capitol Oaks Drive, Suite 400
Sacramento California, 95833
Mailing address:
P. O. Box 980818
W. Sacramento, CA 95798-0818
Toll Free Number:
1 (888) 370-7589
Telephone Number:
(916) 431-6959

Students have a right to a full refund of all charges, less the $165.00 registration fee, if they cancel their enrollment agreement on or before the first day of instruction. Students may withdraw from this course after instruction has started and receive a pro-rate refund for the unused portion of the tuition. If the school cancels or discontinues the course, students will be entitled to full refund of all tuition. Refunds will be paid within 30 days of cancellation or withdrawal.

SOLANO COLLEGE OF NURSING

STUDENT COMPLAINT PROCEDURE

The Assistant Director and/or Administrator is designated to receive and resolve student complaints. Upon receipt of a student complaint, the Assistant Administrator and/or Administrator's responsibilities will include but will not be limited to the following :

1. Investigate the complaints thoroughly, including interviews with all the persons involved in the complaint and/or reviewing all pertinent documents.

2. Reject the complaint if, after investigation, a determination has been made that the complaint is invalid and/or unfounded; and if valid, compromise towards the resolution of the complaint in a reasonable manner, including the payment of a refund.

3. A written record of the complaint together with other appropriate documents including a written resolution to the complaint shall be placed in the student's business file and will also be recorded in the log of students' complaints as required by Section 73807.

4. If the complaint is valid, involves a violation of the law, and is not resolved within 30 days after it was initially filed by the student, notify the council, the accrediting association, and law enforcement authorities of the complaint, investigation and resolution or lack of resolution. A person who has a duty to provide notice under this paragraph is not required to disclose any matter to the extent of that person's privilege under Section 940 of the Evidence Code, If the authorized person does not provide all of the information required by this paragraph because of a claim of privilege under Section 940 of the Evidence Code, the institution shall appoint another person, who may not lawfully claim that privilege, to provide the omitted information.

5. If the complaint is valid, determine what other students, if any, may have been affected by the same or similar circumstances and provide an appropriate remedy for these students.

6. Implement reasonable policies or procedures to avoid similar complaints in the future.

7. Communicate directly to any person in control regarding complaints, their investigation, and resolution or lack of resolution.

STUDENT ACTION

1. A student may lodge a complaint by communicating orally or in writing to any instructor, administrator , assistant administrator, director and admissions personnel or counselor. The recipient of the complaint shall transmit it as soon as possible to the person authorized to resolve complaints and shall attempt to resolve complaints related to the person's duties.

2. If student orally delivers the complaint, and the complaint is not resolved either within a reasonable period of time or before the student files a complaint regarding the same matter, the institution shall advise the student to submit a written complaint and the institution shall provide a copy of the complaint procedure.

3. After the student complains in writing, the institution shall, within 10 days after receipt of the complaint, provide the student with a written response, including a summary of the institution's investigation and disposition. If the complaint or relief requested by the student is rejected, the reasons for the rejection shall be furnished to the student.

STUDENT'S WAIVER OR RIGHTS IS VOID

The student's participation in the complaint procedure and the disposition of a student's complaint shall not limit or waive any of the student's rights or remedies. Any document signed by the student that support the limit or waive the students rights and remedies is void. The custodian of record or associate director will be responsible in maintaining and keeping the log book of student complaints.

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SOLANO COLLEGE OF NURSING

238 S. Hillview Drive Milpitas, CA 95035 Tel. (408) 719-8100 Fax (408) 719-8730

REGISTRATION AND INFORMATION FORM CNA/HHA

Name of Course : _____ Location: _____

Starting Date : _____ Sex: _____Male: _____Female

Name : _____
(Last) (First) (Middle)

Address : _____
(Number & Street) (Apt. #) (City) (Zip Code)

Phone Number : _____ _____
(Home) (Work)

E-Mail:_____

1. Are you at least 16 years old? _____ Yes _____ No Date of Birth _____

2. How did you hear about our course? _____

3. Have you ever had experience working in an acute care or chronic care facility? _____ Yes _____ No

4. Are you currently employed as a Nursing assistant? If yes, where? _____

   _____

5. Do you read and /or understand English? _____ Yes _____ No

6. Do you read at a fifth grade level? _____ Yes _____ No

7. Have you ever been convicted by any court of a crime, other than a minor traffic violation?

   _____ Yes _____ No

   If you answer yes to this question, you must supply the following the following information to the Solano College of Nursing.

   a. Date and nature of the incident.
   b. Disposition of the case (provide court papers)
   c. Current status
   d. Letters from probation Office (if applicable)
   e. Letters of Recommendation (if applicable)

8. IN CASE OF EMERGENCY, WHO SHOULD WE CONTACT?

Name: _____ Relation: _____ Phone: _____

SOLANO COLLEGE OF NURSING

ENROLLMENT AGREEMENT-NA

A. **SCHOOL NAME :** Solano College of Nursing
ADDRESS : 238 S. Hillview Drive Milpitas, CA 95035
Address where instruction will be provided: (SCN) 238 S. Hillview Drive Milpitas, CA 95035
Address of Clinical Site: Mountain View Healthcare Ctr. 2530 Solace Pl. Mountain View, CA 94040

STUDENT NAME: _____

ADDRESS: _____
City State Zip Code

B. **ANY QUESTIONS OR PROBLEMS CONCERNING THIS SCHOOL WHICH HAVE NOT BEEN SATISFACTORILY ANSWERED OR RESOLVED BY THE SCHOOL SHOULD BE DIRECTED TO THE BUREAU FOR PRIVATE POST SECONDARY EDUCATION, 2535 Capitol Oaks Dr. Ste. 400 Sacramento, CA 95833, Mailing Address P.O. Box 980818 W. Sacramento, CA 95798-0818 Tel. (916) 431-6959 Toll free: (888) 370-7589**

A STUDENT OR ANY MEMBER OF THE PUBLIC MAY FILE A COMPLAINT ABOUT THIS INSTITUTION WITH THE BUREAU FOR PRIVATE POSTSECONDARY EDUCATION BY CALLING (888) 263-1897 TOLL FREE OR BY COMPLETING A COMPLAINT FORM, WHICH CAN BE OBTAINED ON THE BUREAU'S INTERNET WEBSITE www.bppe.ca.gov

C. This agreement is a legally binding instrument when signed by the student and accepted by the school. Your signature on this agreement acknowledges that you have been given reasonable time to read and understand it and that you have been given: (a) a written statement of the refund policy including examples of how it applies and; (b) a catalog including a description of the course of educational service including all material facts concerning the school and the program or course of instruction which are likely to affect your decision to enroll. Immediately upon signing this agreement, you will be given a copy of it to retain. The institution does not provide **English as a Second Language instruction**.

D. This agreement is for the course : **NURSE ASSISTANT TRAINING COURSE**
A total of **150 hours** are required to complete the course or educational service.
Start Date:_____ Scheduled Completion Date:_____

E. **STUDENT'S RIGHT TO CANCEL.** The student has the right to cancel this enrollment agreement and obtain a refund. You may cancel this enrollment agreement and receive a refund by providing a written notice to:

Leticia R. Weber, President
Solano College of Nursing
238 S. Hillview Drive, Milpitas, CA 95035
Tel. (408) 719-8100

F. **REFUND INFORMATION.** The student has a right to a full refund of all charges less the amount of **$ 165.00** for the registration fee if he/she cancels this agreement **prior to or on the first day of instruction**. In addition, a student may withdraw from the course after instruction has begun and receive a pro rata refund for the unused portion of the tuition. Refer to the following computations to determine the amount of refund owed to you. For example: The student completes 50 hours of a 150 hour CNA course and paid $1,100.00 tuition, the student will entitled to a refund of $733.33.

$1,100.00 Tuition amount	x	100 clock hours of instruction paid for, but not received ---------- 150 clock hours of instruction for which the student has paid	=	$ 733.33 refund amount

If the school cancels or discontinues a course or educational program, the school will make a full refund of all charges. Refunds will be paid within 30 days of cancellation or withdrawal.

NOTICE

ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSE WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

IF THE STUDENT OBTAINS A LOAN TO PAY FOR AN EDUCATIONAL PROGRAM, THE STUDENT WILL HAVE THE RESPONSIBILITY TO REPAY THE FULL AMOUNT OF THE LOAN PLUS INTEREST, LESS THE AMOUNT OF ANY REFUND.

G. **FEES AND CHARGES.** The student is responsible for the following fees and charges:

Registration (non-refundable)	$ 165.00
Tuition fees	$ 1,100.00
Total Charges	$ 1,265.00

THE STATE BOARD EXAM FEE OF $ 90.00 IS PAYABLE TO AMERICAN RED CROSS SEPARATELY.

Other Charges:

Book	$45.00
Uniform	29.00

THE TOTAL AMOUNT FOR ALL FEES, CHARGES, AND SERVICES THE STUDENT IS OBLIGATED TO PAY FOR THE COURSE OR EDUCATIONAL SERVICE IS $ 1,339.00

H. **I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me.**

_____ _____

Signature of Student Date

I. Prior to signing this enrollment agreement, you must be given a catalog or brochure and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, and salaries or wages, prior to signing this agreement.

I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information included in the School Performance Fact Sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet.

_____ _____

Signature of Student Date

J. This agreement is not operative until the students make an initial visit to the institution and receives a thorough tour, or attends the first class or session of instruction.

_____

Date of First Tour

_____

Signature of Student

I certify that Solano College of Nursing has met the disclosure requirements of Education Code 94312 of the Private Postsecondary and Vocational Reform Act of 1989.

_____ _____

Signature, Title of School Official Date

This agreement is accepted by _____

Signature of School Official

You must pay the state-imposed fee for the Student Tuition Recovery Fund (STRF) if all the following applies to you:

1. You are a student, who is a California resident and prepays all or part of your tuition either by cash, guaranteed student loans, or personal loans, and

2. Your total charges are not paid by any third-part payer such as an employer, government program or other payer unless you have a separate agreement to repay the third part.

You are not eligible for protection from the STRF and you are not required to pay the STRF fee if either of the following applies:

1. You are not a California resident

2. Your total charges are paid by a third party, such as employer, government program or other payer, and you have no separate agreement to repay the third party.

SOLANO COLLEGE OF NURSING

ENROLLMENT AGREEMENT-HHA

A. **SCHOOL NAME : SOLANO COLLEGE OF NURSING**
ADDRESS : 238 S. Hillview Drive Milpitas, CA 95035
Address where instruction will be provided : (SCN) 238 S. Hillview Drive Milpitas, CA 95035
Address of Clinical Site: Mountain View Healthcare Ctr. 2530 Solace Pl. Mountain View, CA 94040

STUDENT NAME : _____
ADDRESS :_____
City State Zip Code

B. **ANY QUESTIONS OR PROBLEMS CONCERNING THIS SCHOOL WHICH HAVE NOT BEEN SATISFACTORILY ANSWERED OR RESOLVED BY THE SCHOOL SHOULD BE DIRECTED TO THE BUREAU FOR PRIVATE POST SECONDARY EDUCATION, 2535 CAPITOL OAKS DRIVE, SUITE 400 SACRAMENTO, CA 95833, (916) 431-6959 TOLL FREE: (888) 370-7589**

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C. This agreement is a legally binding instrument when signed by the student and accepted by the school. Your signature on this agreement acknowledges that you have been given reasonable time to read and understand it and that you have been given: (a) a written statement of the refund policy including examples of how it applies and; (b) a catalog including a description of the course of educational service including all material facts concerning the school and the program or course of instruction which are likely to affect your decision to enroll. Immediately upon signing this agreement, you will be given a copy of it to retain. The institution does not provide **English as a Second Language instruction**.

D. This agreement is for the course : **HOME HEALTH AIDE COURSE**
A total of **40 hours** are required to complete the course or educational service.
Start Date :_____Scheduled Completion Date :_____

E. **STUDENT'S RIGHT TO CANCEL.** The student has the right to cancel this enrollment agreement and obtain a refund. You may cancel this enrollment agreement and receive a refund by providing a written notice to:

Leticia R. Weber, President
SOLANO COLLEGE OF NURSING
238 S. Hillview Drive Milpitas, CA 95035
Tel. # (408) 719-8100

F. **REFUND INFORMATION.** The student has a right to a full refund of all charges less the amount of **$100.00** for the registration fee if he/she cancels this agreement **prior to or on the first day of instruction**. In addition, a student may withdraw from the course after instruction has begun and receive a pro rata refund for the unused portion of the tuition if the student has completed 60% or less of the course. Refer to the following computations to determine the amount of refund owed to you.
For example: The student completes 24 hours of a 40 hour HHA course and paid $395.00 tuition, student would be entitled to a refund of $158.00.

$395.00 amount for tuition	x	16 clock hours of instruction paid for, but not received ---------- 40 clock hours of instruction for which the student has paid	=	$ 158.00 refund amount

If the school cancels or discontinues a course or educational program, the school will make a full refund of all charges. Refunds will be paid within 30 days of cancellation or withdrawal.

NOTICE

ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSE WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

IF THE STUDENT OBTAINS A LOAN TO PAY FOR AN EDUCATIONAL PROGRAM, THE STUDENT WILL HAVE THE RESPONSIBILITY TO REPAY THE FULL AMOUNT OF THE LOAN PLUS INTEREST, LESS THE AMOUNT OF ANY REFUND.

G. **FEES AND CHARGES .** The student is responsible for the following fees and charges :

Registration (non-refundable)	$ 100.00
Tuition fees	$ 395.00
Total Charges	$ 495.00

Other Charges:

Book	$ 25.00

THE TOTAL AMOUNT FOR ALL FEES, CHARGES, AND SERVICES THE STUDENT IS OBLIGATED TO PAY FOR THE COURSE OR EDUCATIONAL SERVICE IS $ 520.00

H. **I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me.**

_____ _____

Signature of Student Date

I. Prior to signing this enrollment agreement, you must be given a catalog or brochure and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, and salaries or wages, prior to signing this agreement.

I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information included in the School Performance Fact Sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet.

_____ ___ _____

Signature of Student Date

J. This agreement is not operative until the students make an initial visit to the institution and receives a thorough tour, or attends the first class or session of instruction.

_____

Date of First Tour

_____

Signature of Student

I certify that Solano College of Nursing has met the disclosure requirements of Education Code 94312 of the Private Postsecondary and Vocational Reform Act of 1989.

_____ _____

Signature, Title of School Official Date

This agreement is accepted by _____

Signature of School Official

You must pay the state-imposed fee for the Student Tuition Recovery Fund (STRF) if all the following applies to you:

1. You are a student, who is a California resident and prepays all or part of your tuition either by cash, guaranteed student loans, or personal loans, and

2. Your total charges are not paid by any third-part payer such as an employer, government program or other payer unless you have a separate agreement to repay the third part.

You are not eligible for protection from the STRF and you are not required to pay the STRF fee if either of the following applies:

1. You are not a California resident

2. Your total charges are paid by a third party, such as employer, government program or other payer, and you have no separate agreement to repay the third party.

SOLANO COLLEGE OF NURSING

CANCELLATION POLICY-NA

Date of first class session: _____

Students may cancel their contract with the school without any penalty or obligation on or before the first day of class.

If a student decides to cancel, any tuition fee will be pro-rated and paid within 30 days of the receipt of the proper written notice. The registration fee is **non-refundable.**

Cancellations must be made in writing. Students may not cancel by telephoning the school or by not attending the class. Notice must be received prior to or on the first day of class for a full refund less registration fee. **($165.00 for Nurse Assistant Training Course and $100.00 for Home Health Aide Course)** Otherwise, the student will receive a pro-rate refund minus books not returned. To cancel, the student should sign below and mail or hand deliver a copy of this page to:

Leticia R. Weber, Administrator
Solano College of Nursing
238 S. Hillview Drive
Milpitas, CA 95035
Tel. (408) 719-8100

Signature:_____ Date:_____

Students who have questions or complaints that cannot be resolved with the school should call or write:

Bureau for Private Postsecondary Education
P.O. Box 980818
West Sacramento, CA 95798-0818
Phone: (916) 574-7720
Toll Free: (888) 370-7589

TUITION REFUND POLICY

Students have a right to a full refund of all tuition, less the registration fee, if they cancel on or before the first day of instruction. The tuition fee does include the cost of the textbooks. Registration fee is non-refundable. In addition, a student may withdraw from the course after instruction has begun and receive a pro rata refund for the unused portion of the tuition **if the student has completed 60% or less of the course.**

For example, if the student has completed 50 hours of the 150 hour CNA course and paid $1,100.00 tuition, the student would be entitled to a refund of $703.33.

$1,100.00 Amount for tuition	X	100 clock hours of instruction paid for, but not received / 150 clock hours of instruction for which the student has paid	=	$733.33 refund amount

SOLANO COLLEGE OF NURSING

CANCELLATION POLICY-HHA

Date of first class session: _____

Students may cancel their contract with the school without any penalty or obligation on or before the first day of class.

If a student decides to cancel, any tuition fee will be pro-rated and paid within 30 days of the receipt of the proper written notice. The registration fee is **non-refundable.**

Cancellations must be made in writing. Students may not cancel by telephoning the school or by not attending the class. Notice must be received prior to or on the first day of class for a full refund less registration fee. **($165.00 for Nurse Assistant Training Course and $100.00 for Home Health Aide Course)** Otherwise, the student will receive a pro-rate refund minus books not returned. To cancel, the student should sign below and mail or hand deliver a copy of this page to:

Leticia R. Weber, Administrator
Solano College of Nursing
238 S. Hillview Drive
Milpitas, CA 95035
Tel. (408) 719-8100

Signature:_____ Date:_____

Students who have questions or complaints that cannot be resolved with the school should call or write:

Bureau for Private Postsecondary Education
2535 Capitol Oaks Drive, Suite 400
Sacramento, CA 95833
Toll free: (888) 370-7589 Tel. (916) 431-6959
Fax (916) 263-1897

TUITION REFUND POLICY

Students have a right to a full refund of all tuition, less the registration fee, if they cancel on or before the first day of instruction. The tuition fee does include the cost of the textbooks. Registration fee are not refundable. In addition, a student may withdraw from the course after instruction has begun and receive a pro rata refund for the unused portion of the tuition **if the student has completed 60% or less of the course.**

For example, if the student has completed 24 hours of the 40 hour CNA course and paid $395.00 tuition, the student would be entitled to a refund of $158.00

$395.00 amount for tuition	x	16 clock hours of instruction paid for, but not received / 40 clock hours of instruction for which the student has paid	=	$ 158.00 refund amount

SOLANO COLLEGE OF NURSING

PHYSICAL EXAMINATION FORM

NAME:_____ SEX: M____ F____ BIRTH DATE:_____

ADDRESS:_____ CITY:_____ STATE:_____ PHONE:_____

HAVE YOU HAD A SERIOUS ILLNESS OR INJURY? IF SO, DESCRIBES:

_____

TO BE COMPLETED BY EXAMINING PHYSICIAN/ NURSE PRACTITIONER

1. CURRENT COMPLAINTS OR DISABILITIES PERTINENT TO THE STUDENT'S EDUCATION IN THE NURSING ASSISTANT TRAINING PROGRAM:

_____

2. MEDICATIONS USED: PRESCRIPTION AND OVER THE COUNTER (USE BACK IF NECESSARY)

NAME	REASON	FREQUENCY
_____	_____	_____
_____	_____	_____

3. SIGNIFICANT MEDICAL HISTORY, ACCIDENTS, DEFORMITIES, SURGERIES, BACK PRBLEMS, HEPATITIS, ETC.

_____

_____

4. EXAMINATION COMMENTS AND FINDINGS:

_____

_____

REQUIRED SCREENING

P.P.D (Within 6 mos.) Date_____ Results_____ Chest X-rays (if P.P.D is positive) Date_____ Results_____

The named above has no communicable or disabling disease nor any health condition that would create a hazard to himself, visitors, fellow employees or to patients at this time. He/ she is able to perform the physical activities required for the program for which the individual is applying.

_____
EXAMINER NAME & SIGNATURE DATE

_____PHONE_____
ADDRESS

_____
CITY, STATE & ZIP

I GIVE THE PERMISSION TO RELEASE A COPY OF THIS FORM TO THE AFFILIATING CLINICAL FACILITY:

STUDENT SIGNATURE:_____

SOLANO COLLEGE OF NURSING

STUDENT HEALTH QUESTIONNAIRE

NAME:_____
(LAST) (FIRST) (MIDDLE)

ADDRESS:_____

PHONE:_____ SEX:____MALE____ FEMALE AGE:_____

IN CASE OF EMERGENCY, WHO SHOULD WE CONTACT:

_____

FAMILY PHYSICIAN:

_____

HAVE YOU HAD OR DO YOU HAVE ANY OF THE FOLLOWING: (CHECK YES OR NO AFTER EACH QUESTION)

	YES NO		YES NO		YES NO
Dizziness	_____	Hernia (rapture)	_____	Cancer or Tumors	_____
Frequent Headache	_____	Stomach Ulcers	_____	Asthma	_____
Fainting Spells	_____	Pneumonia	_____	Hay Fever	_____
Chest Pain	_____	Pleurisy	_____	Diabetes	_____
Short of Breath	_____	Kidney Stone	_____	Arthritis	_____
Chronic Cough	_____	Tuberculosis	_____	Rheumatism	_____
Heart Palpitation	_____	Bronchitis	_____	Nervous Breakdown	_____
Allergies	_____	Nephritis	_____	Injuries	_____
Seizures	_____	Malaria	_____	Operations	_____
Hypertension	_____	Rheumatic Fever	_____	Other serious illness	_____

INJURIES, OPERATIONS, SERIOUS ILLNESS - EXPLAIN:
_____

_____

DATE OF LAST VISIT TO PHYSICIAN:_____ REASON: _____

HAVE YOU EVER RECEIVED ANY DISABILITY PAYMENTS OR COMPENSATION FOR AN INJURY OR ILLNESS? IF SO EXPLAIN:
_____

_____

DO YOU HAVE ANY PHYSICAL PROBLEM WHICH MAY INTERFERE WITH YOUR CLINICAL ASSIGNMENTS? IF SO EXPLAIN:
_____

_____

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE ANSWERS ARE TRUE AND GIVE THE EXAMINING PHYSICIAN PERMISSION TO SUBMIT A REPORT TO SOLANO COLLEGE OF NURSING

STUDENT SIGNATURE: _____ DATE: _____

SOLANO COLLEGE OF NURSING

238 S. Hillview Drive Milpitas, CA 95035 Tel. (408) 719-8100 Fax (408) 719-8730

CONVICTION OF PENAL CODE SECTION WHICH CONSTITUE AUTOMATIC DENIAL / REVOCATION

This is to verify that I received a copy of the list of convictions which prohibit certification as indicated under the provisions of AB 3477, unless the action has been dismissed or a Certificate of Rehabilitation has been obtained.

_____ _____

Signature Date

RESIDENT RIGHTS

This is to certify that I received a copy of the Resident Rights of which I have read and understand.

_____

PRINT NAME

_____ _____

SIGNATURE DATE INSTRUCTOR DATE

This page left blank for List of Penal Code

This page left blank for Livescan form

SOLANO COLLEGE OF NURSING

238 S. Hillview Drive Milpitas, CA 95035 Tel. (408) 719-8100

Abuse Prevention Program and Reporting Procedures

I have received instruction from Solano College of Nursing related to abuse prevention and the appropriate procedures for reporting any suspected abuse.

In addition, I have watched the video "Your Duty to Report Abuse" California Department of Health Services and I fully understand my duty to report all suspected, alleged, or witnessed incidents of abuse.

I am aware that if I have additional questions regarding this training I may approach my instructor for further direction.

_____ _____

Student Signature Date

_____

Student's Printed Name

SOLANO COLLEGE OF NURSING

CELLULAR USE POLICY

While cellular phones are permitted on campus the following policy applies:

1. Cellular Devices are not permitted in the clinical area/facility.
2. Cellular Devices are to be turned "OFF" while in the classroom.
3. Cellular Devices are not to switched to the vibrate mode they must be turned off.

Failure to adhere to this policy will lead to the following disciplinary action:

1. Students who have a cellular device that rings or vibrates during class lecture or clinical experience will be asked to leave the setting.

2. Students who leave the setting to attend to a cellular device will not be permitted to return to the class or clinical in session.

3. Students who are requested to leave a lecture or clinical setting will be required to seek the permission of the Instructor before returning to a current session or future session.

4. Students who miss a class or clinical session must make up that session prior to moving on to the next class.

5. Students who leave an examination due to a cellular call/ringing or vibrate will be dismissed from the class and grade of 50% will be assigned for that missed examination.

Student Signature: _____ Date: _____

SOLANO COLLEGE OF NURSING

238 S. Hillview Drive Milpitas, CA 95035 Tel. (408) 719-8100 Fax (408) 719-8730

PERFORMANCE FACT SHEET
CERTIFIED NURSING ASSISTANT

YEAR	COURSE COMPLETION	PASSAGE RATE	EMPLOYMENT RATE
January 2011 to December 2011	One Hundred Ninety Three (193) students enroll in the Nursing Assistant Program. One Hundred Eighty One (181) out of the One Hundred Ninety Three or 94% completed the course.	One Hundred Eighty One (181) or 94% passed the course.	One Hundred Sixty Seven (167) of the students who passed the course or 87% found employment as Certified Nursing Assistants in health facilities and agencies.

_____ _____

Student Initial Date

SOLANO COLLEGE OF NURSING

1330 Springs Road Vallejo, CA 94591 Tel. (707) 557-7173
www.scnursing.org

NURSE ASSISTANT
and
HOME HEALTH AIDE

CATALOG

VALLEJO CAMPUS
(Main School)

January 1, 2011 - December 31, 2011

SOLANO COLLEGE OF NURSING

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SOLANO COLLEGE OF NURSING

ENROLLMENT PROCESS

Things To Consider Before You Enroll

The Nursing Assistant Course

The course will be accomplished in a period of 150 hours
The course length will vary but will be completed within 4 weeks
The course is divided into 2 components:
Theory: 50.0 hours
Clinical: 100.0 hours

The theoretical and clinical portions of the class will be taught at different locations:
Theory: 1330 Springs Road Vallejo, CA 94591
Clinical: 1911 Oak Park Boulevard Pleasant Hill, CA 94523
Clinical: 1244 Travis Blvd. Fairfield, CA 94533

REQUIREMENTS:

- **Complete finger print and criminal background screening**
  - **a completed live scan; a completed HS 283 B application form**

The Payment Plan:

Registration (non-refundable)……. $ 155.00
Tuition ……..……..... 1,000.00
Total Charges …… $ 1,155.00

Other Charges:

Book…….. 45.00
Uniform …… 29.00

Fees are payable in three installments:

$155.00 upon registration
$330.00 the first day of the class
$330.00 the 15th day of the class
$340.00 the last day of the class

The Home Health Aide Course

You must be a certified Nursing Assistant to qualify for the 40 hour Home Health Aide Training.
The course is divided into 2 components:
Theory: 20.0 hours
Skills: 20.0 hours

The theoretical and clinical portions of the class will be taught at two different location.
Theory: 1330 Springs Road Vallejo, CA 94591
Clinical: 50 Cadloni Lane, Vallejo CA 94591

Payment Plan:

Registration (non-refundable)……. $100.00
Tuition ……..……..…… $395.00
Total Charges…… $495.00

Fees are payable in three installment:

$100.00 upon registration
$197.50 the first day of the class
$197.50 the last of the class

SOLANO COLLEGE OF NURSING

COURSE DESCRIPTION

Solano College of Nursing is a private institution that is approved to operate by the Bureau for Private Postsecondary Education and the California Department of Public Health.

The Nursing Assistant course has two components: the theoretical portion which will be completed within a period of 50 hours and clinical portion which is covered within 100 hours to make a total of 150 hours. The training will be conducted from Monday to Friday and accomplished in 20 (twenty) days. The instructors will deliver the course content through lectures and demonstrations and exposure of the students to actual nursing procedures and techniques while in the clinical setting. Knowledge validation is evaluated on an on-going basis through tests and quizzes. The book entitled " The New Nursing Assistant Textbook by Medcom " will be the official textbook for the course. The educational objective of The Nursing Assistant Training Course is to prepare the nurse assistant for state certification and consequently function as an efficient, knowledgeable and safe Certified Nursing Assistant. The course shall be enhanced with the comprehensive training program. All instructions will emphasize the importance of delivering service that will maintain and / or promote the optimum level of functioning by the client and carrying out duties in a sensitive and efficient manner. Upon completion of the program, the student is eligible to take the State Board Exam to become a Certified Nurse Assistant.

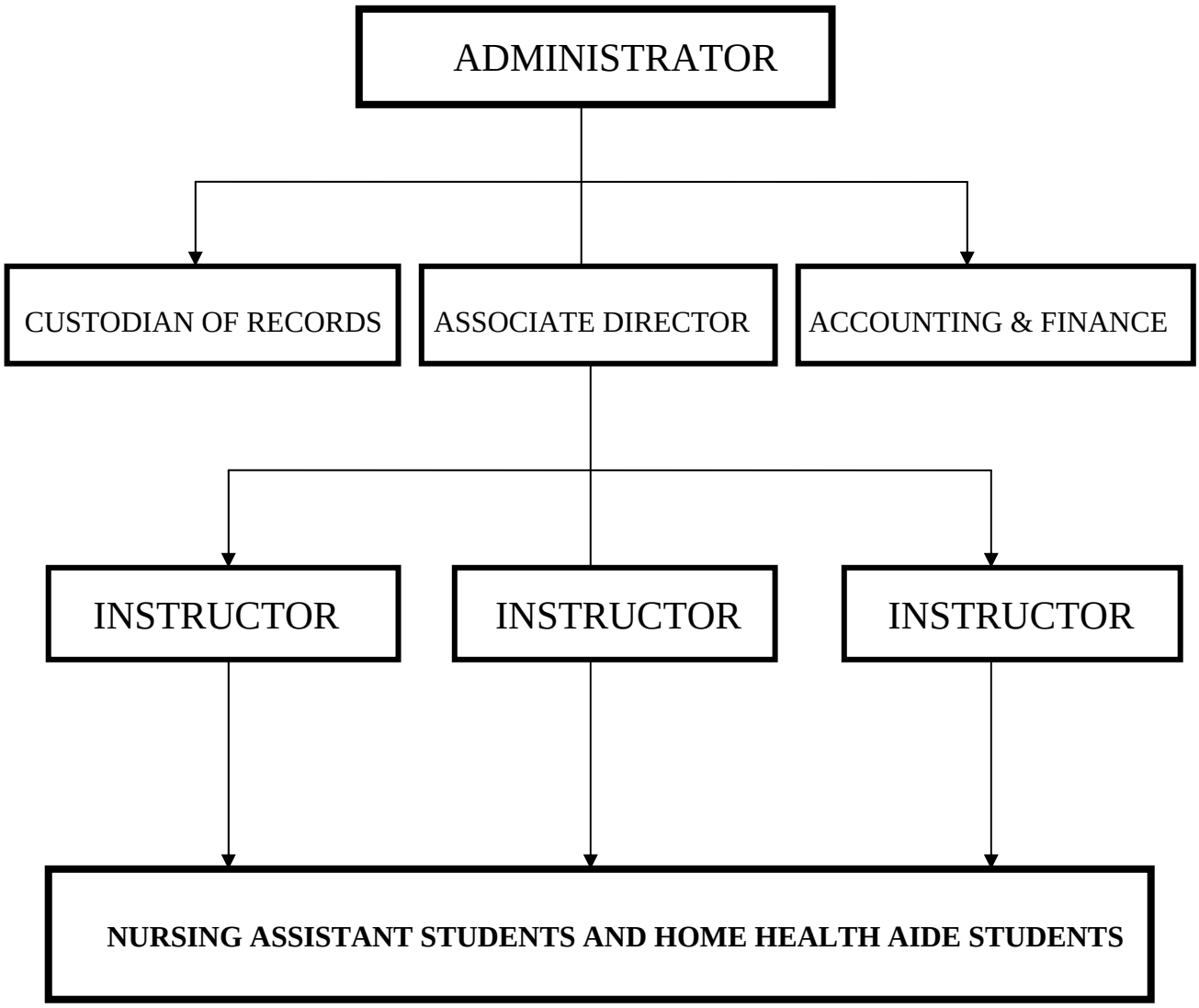
THE HOME HEALTH AIDE COURSE

This 40 hour course prepares the Certified Nursing Assistant to be a Home Health Aide. The thrust of this course is to assist the C.N.A in acquiring skills necessary to provide services to clients in the home setting. The training will enable the C.N.A to identify the needs of clients that are essential in maintaining a good quality of life and to attain the optimum level of functioning. The areas highlighted by the course will also train the C.N.A to make sound decisions with regards to the provision of care in all areas expected of a Home health Aide.

SOLANO COLLEGE OF NURSING

1330 Springs Road, Vallejo CA 94591 Tel. (707) 557-7173 Fax (707) 644-3441

ORGANIZATIONAL CHART



SOLANO COLLEG OF NURSING

1330 Springs Road, Vallejo CA 94591 Tel. (707) 557-7173 Fax (707) 644-3441

FACULTY MEMEBERS

Leticia R. Weber, Administrator
Leticia Weber has owned and managed Solano College of Nursing for the past 10+years. The corporation has 2 school sites: Vallejo and Milpitas. Leticia manages both schools and is actively involved in the daily operation of the business. She has also worked very closely with Skilled Nursing Facilities in the counties of Marin, Solano and Contra Costa, assisting them with their staffing needs and helping certified Nursing Assistants, Licensed Vocational Nurses and Registered Nurses find suitable employment with the Long Term Care industry. The success of Leticia's endeavors is attributed to meeting and maintaining high standards in the delivery of education to its students.

Dr. Wayne Williams,Phd,MSN,CNS,RN-Program Director, Instructor
Wayne is a Registered Nurse who obtained his degree at the University of Lethbridge, Canada. He also attended San Jose State University for Master of Science in Nursing, the Concordia College & University in New York, where he earned his Doctorate of Philosophy in Nursing. Wayne has an extensive nursing background having served in a variety of positions that includes: Director of Nursing, Officer in Medical Corps, Nurse Practitioner, Nursing Professor and Program Director. Among all of the responsibilities he assumed, being an instructor is what he enjoys most. His goal is to train nursing students to become excellent nurses, to uphold the highest standards in patient care and by so doing, be instrumental in alleviating the staffing shortage in the healthcare industry.

Jeanette Chastain, RN,DSD, Instructor
Jan is a Registered Nurse with 19 years of experience as a Certified Nursing Assistant then later on pursued a degree in Licensed Vocational Nursing and ultimately achieved a career as a Registered Nurse. Her experience includes 10 years of being a Director of Staff Development for Skilled Nursing facilities in the Sacramento and Vallejo areas. She also worked as an evaluator for the American Red Cross in Sacramento prior to working as a Full Time Instructor for Solano College of Nursing. She has been with the school for over 10 years now.

Julieta T. Mercado, RN/DSD, Instructor
Julieta is a Registered Nurse who obtained her degree at the University of Santo Thomas College of Nursing in the Philippines. She holds a PhD in Educational Management degree at Philippine Normal University in the Philippines. Julieta has an extensive background having served in a variety positions such as: Clinical Instructor and Clinical Coordinator in San Pablo College, College of Nursing, San Pablo City, Philippines. She also worked as an Reviewer and Professor at San Pablo College of Nursing in the Philippines. When she came to the U.S she worked as Charge Nurse, admission, treatment nurse and relieving supervisor to different facilities (Cedar Crest, Los Altos Sub-Acute & Evergreen Health Care). Among all of the responsibilities she has assumed, she enjoys being and educator the most.

Harold Villegas, LVN/DSD, Instructor
Harold holds a Bachelor of Science Degree in Nursing from Mary Chiles College of Nursing in the Philippines. He worked in Medical Hill Rehab & Neuro Behavioral Center of Northern California as charge nurse in sub-acute and neuro behavior. Skilled in behavior modification, supervises C N A's and other rehab member. Harold has been working in the registry as charge nurse in skilled nursing facilities in medicare and long term units for the past 12+ years.

Bernadine Maurer, LVN, DSD Instructor
Bernadine attended Contra Costa College in Richmond and obtained her certificate in Vocational Nursing. She has held positions ranging from Charge Nurse, Director of Staff Development, Infection Control Nurse and C N A instructors. Among all of the responsibilities she has assumed, she enjoys being an educator the most.

Jesselyn L. Detosil (Accounting & Finance)
Jesselyn holds a Bachelor of Science Degree in Commerce major in Accounting from La Salle College in the Philippines. She worked in Presidential Anti-Organized Crime Commission in Malacanang as Staff Accountant. She has a diverse background in accounting for 12+ years in various companies in the Philippines.

Christine Reyes,LVN (Custodian of Records)
Christine graduated from Solano College of Nursing Vocational Nursing Program. She has been working at Solano College of Nursing for the past 7+ years. She is currently taking classes to become a Registered Nurse.

SOLANO COLLEGE OF NURSING

SCHOOL POLICIES

GRADING POLICY

Students must score a cumulative average of 80% in all quizzes and written examinations. Clinical skills must be performed with 100% accuracy. Students will be evaluated by the clinical instructor on the following areas: Application of theory principles within the clinical setting, knowledge and proper execution of skills and procedures, ability to meet all standards set forth by the Department of Health.

ATTENDANCE POLICY

1. Students must attend scheduled classes regularly.
2. Students are expected to report for both clinical and theoretical classes on the time designated by the administrator and/or instructor.
3. Students who are unable to attend the theoretical portion of the training must notify the school of their absence an hour before the start of the class by calling the administrator.
4. Arrangements must be made with the instructor for make-up time on the day following the absence. The topics being covered in class on the day of absence will be identified and delivered on the make up day.
5. Notice must also be given for inability to attend the clinical portion of the training by calling the clinical site 2 hours prior to the start of the training.
6. Arrangements must be made with the instructor for make up time on the day following the absence.
7. Absence of more than one classroom day and one clinical day may require the student to repeat the entire course if the student fails to make arrangements for make-up with the instructor. Tuition refund will be based on the Tuition Refund Policy.
8. The first occurrence of absenteeism or tardiness will be noted in the student's file. Formal counseling by the instructor and/or administrator will be implemented after a second occurrence, at which time, a decision shall be made by the instructor to either retain or dismiss the student from the program. The decision will be made based on overall performance in the class, and reason for absence/tardiness. A third occurrence will automatically result in dismissal.
9. No tuition fees will be refunded to students who are dismissed from the program.

DISMISSAL POLICY

The following constitute grounds for dismissal from the training :

1. Repeated tardiness and absence from class without prior notification of instructor/administrator.
2. Failure to make up for excused absence.
3. Disruptive behavior which includes but is not limited to use of foul language, insubordination to instructors, failure to comply with the rules and regulations of the school and the clinical site, possession of unprescribed drugs, intoxication and sleeping in class.
4. Theft of property from the school, clinical area, staff or other students.
5. Failure to report to clinical training in appropriate uniform after receiving prior warning.

DROPOUT POLICY

In order to qualify for a pro-rated tuition refund, students must officially submit a written notification of their intention to withdraw from the training. The letter shall be mailed and addressed to the administrator. Students have a right to a full refund of the tuition fee if they cancel on or before the first day of instruction. The registration fee of $155.00 (one hundred fifty-five dollars) is non-refundable. The student maybe eligible for a pro-rated refund after instruction has begun if the student has completed 60% or less of the course.

For example, if a student has completed 50 hours of the 150 hour CNA course and paid $1,000.00 tuition, the student would be entitled to a refund of $666.67.

$1,000.00	x	100 clock hours of instruction	
Amount of		paid for, but not received	= $666.67
tuition		150 clock hours of instruction	Refund Amount
		for which the student paid	

Home Health Aide Course

For example, if the student completes 24 hours of a 40 hour Home Health Aide Course and paid $395.00 the refund will be computed as follows:

$395.00	x	16 clock hours paid		
amount of tuition		for, but not received	=	$158.00
		40 clock hrs. paid for		Refund Amount

LEAVE OF ABSENCE

Applications for leave of absence will be granted after a careful review of the case by the Instructor, Associate Director of Nursing and the Administrator. The student will have to apply for a leave of absence with the staff concerned. Prior to approval of the application, a return date shall be established by the student and the administrator. The school shall provide an application for leave of absence to the student.

HEALTH CHECK

Solano College of Nursing requires each enrollee to submit a certificate from a physician stating the following : Ability to meet the physical and mental requirements of the job, and must have a negative result on the Tuberculosis Screening Test. The student must also fill out the Physical Examination Form and Student Health Questionnaire honestly.

CLASSROOM BEHAVIOR

1. Smoking will be allowed during break time in designated areas only. Students are allowed 2 ten minute breaks and 30 minutes for lunch.
2. Eating and smoking is allowed only during scheduled break time and lunch time.
3. Students are required to maintain a clean and neat working area at all times by removing their trash and clutter before leaving their work areas in the classroom.
4. All equipment and educational supplies used during theoretical training must be returned to assigned proper places at the end of the class day.
5. Students proven to be under the influence of alcohol or prohibited drugs, will not be allowed inside the classroom or clinical training site and will be subject to automatic dismissal.
6. Sleeping during class is not acceptable.
7. Leaving the classroom during class hours without authorization by the instructor or administrator is not allowed and subject to counseling.
8. Students are required to speak English in the classroom and in the clinical site. Failure to follow the rules will result in disciplinary actions. The first occurrence a 2 days suspension and second will be termination from the program.

SOLANO COLLEGE OF NURSING

DRESS/UNIFORM REGULATIONS

Dress should be : School Uniform. Uniform should be clean. School uniform must be worn on the first day of school. White clean flat, non-skid shoes, no open toe footwear, no dangling earrings or heavy bracelets, wristwatch with a second hand. Students not wearing their uniform will be sent home and mark absent on their attendance.

UNIFORM REGULATIONS

- Name badges are part of the uniform and are to be worn on the left side of the attire
- No jewelry is to be worn with the exception of wedding bands and non-dangling earrings
- White, non-skid shoes and laces are to be kept clean and in good repair at all times
- No gum chewing is allowed while in uniform
- Deodorants and anti-perspirants are to be used daily
- Hair must be neat and clean; long hair should be pulled back and/or tied with simple barrettes
- Make up should be used sparingly; No strong perfumes or colognes are allowed
- Nails are to be maintained at a quarter of an inch or less without nail polish
- No textured hosiery is allowed. Plain white nurses' stockings or white solid colored socks are recommended
- A black or blue ink pen and small notebook or note pad are integral parts of the uniform

EDUCATIONAL RECORD RETENTION POLICY

Educational records shall be maintained by the Custodian of Records. The custodian of records will be responsible for ensuring completeness and accuracy of the records prior to storage. The files shall be stored in filing cabinets in the school site. Student records will be maintained by the school for five (5) years after enrollment.

SOLANO COLLEGE OF NURSING

STUDENT TUITION RECOVERY FUND POLICY

The Student Tuition Recovery Fund (STRF) was established by the legislature to protect any California resident who attends a private postsecondary institution from losing money if they prepaid tuition and suffered a financial loss as a result of the school.

* Closing
* Failing to live to its enrollment agreement
* Refusing to pay a court judgment

To be eligible, a student must be a California resident and reside in California at the time the enrollment agreement was signed or when the student received lessons at a California mailing address from an approved school those who hold student visas are not considered California residents.

To qualify for STRF reimbursement, students must file a STRF application within one year of receiving notice from the Bureau for Private Postsecondary and Vocational Education that the schools closed. If students do not receive notice from the council, students have 4 years from the date of closure to file STRF application. If a judgment is obtained students must file a STRF application within a year of that judgment.

It is important that students keep copies of the enrollment agreement, financial aid papers, receipts, or any other information that documents the money paid to the school. Questions regarding the STRF may be directed to:

BUREAU FOR PRIVATE POSTSECONDARY AND VOCATIONAL EDUCATION
Physical Address:
2535 Capitol Oaks Drive, Suite 400
Sacramento California, 95833
Mailing address:
P. O. Box 980818
W. Sacramento, CA 95798-0818
Toll Free Number:
1 (888) 370-7589
Telephone Number:
(916) 431-6959

Students have a right to a full refund of all charges, less the $155.00 registration fee, if they cancel their enrollment agreement on or before the first day of instruction. Students may withdraw from this course after instruction has started and receive a pro-rate refund for the unused portion of the tuition. If the school cancels or discontinues the course, students will be entitled to full refund of all tuition. Refunds will be paid within 30 days of cancellation or withdrawal.

SOLANO COLLEGE OF NURSING

STUDENT COMPLAINT PROCEDURE

The Assistant Director and/or Administrator is designated to receive and resolve student complaints. Upon receipt of a student complaint, the Assistant Administrator and/or Administrator's responsibilities will include but will not be limited to the following :

1. Investigate the complaints thoroughly, including interviews with all the persons involved in the complaint and/or reviewing all pertinent documents.

2. Reject the complaint if, after investigation, a determination has been made that the complaint is invalid and/or unfounded; and if valid, compromise towards the resolution of the complaint in a reasonable manner, including the payment of a refund.

3. A written record of the complaint together with other appropriate documents including a written resolution to the complaint shall be placed in the student's business file and will also be recorded in the log of students' complaints as required by Section 73807.

4. If the complaint is valid, involves a violation of the law, and is not resolved within 30 days after it was initially filed by the student, notify the council, the accrediting association, and law enforcement authorities of the complaint, investigation and resolution or lack of resolution. A person who has a duty to provide notice under this paragraph is not required to disclose any matter to the extent of that person's privilege under Section 940 of the Evidence Code, If the authorized person does not provide all of the information required by this paragraph because of a claim of privilege under Section 940 of the Evidence Code, the institution shall appoint another person, who may not lawfully claim that privilege, to provide the omitted information.

5. If the complaint is valid, determine what other students, if any, may have been affected by the same or similar circumstances and provide an appropriate remedy for these students.

6. Implement reasonable policies or procedures to avoid similar complaints in the future.

7. Communicate directly to any person in control regarding complaints, their investigation, and resolution or lack of resolution.

STUDENT ACTION

1. A student may lodge a complaint by communicating orally or in writing to any instructor, administrator , assistant administrator, director and admissions personnel or counselor. The recipient of the complaint shall transmit it as soon as possible to the person authorized to resolve complaints and shall attempt to resolve complaints related to the person's duties.

2. If student orally delivers the complaint, and the complaint is not resolved either within a reasonable period of time or before the student files a complaint regarding the same matter, the institution shall advise the student to submit a written complaint and the institution shall provide a copy of the complaint procedure.

3. After the student complains in writing, the institution shall, within 10 days after receipt of the complaint, provide the student with a written response, including a summary of the institution's investigation and disposition. If the complaint or relief requested by the student is rejected, the reasons for the rejection shall be furnished to the student.

STUDENT'S WAIVER OR RIGHTS IS VOID

The student's participation in the complaint procedure and the disposition of a student's complaint shall not limit or waive any of the student's rights or remedies. Any document signed by the student that support the limit or waive the students rights and remedies is void.

The custodian of record or associate director will be responsible in maintaining and keeping the log book of student complaints.

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SOLANO COLLEGE OF NURSING

REGISTRATION AND INFORMATION FORM NA/HHA

Name of Course : _____ Location: _____

Starting Date : _____Sex : _____ Male: _____ Female

Name : _____
(Last) (First) (Middle)

Address : _____
(Number & Street) (Apt. #) (City) (Zip Code)

Phone Number : _____ _____
(Home) (Work)
E-mail:_____

1. **Are you at least 16 years old? _____ Yes _____ No**

2. **Date and place of Birth _____**

3. **How did you hear about our course? _____**

4. **Have you ever had experience working in an acute care or chronic care facility? _____ Yes __ No**

5. **Are you currently employed as a Nursing assistant? If yes, where? _____**

   _____

6. **Do you read and /or understand English? _____ Yes _____ No**

7. **Do you read at a fifth grade level? _____ Yes _____ No**

8. **Have you ever been convicted by any court of a crime, other than a minor traffic violation?**

   _____ Yes _____ No
   If you answer yes to this question, you must supply the following the following information to the Solano College of Nursing.

   a. **Date and nature of the incident.**
   b. **Disposition of the case (provide court papers)**
   c. **Current status**
   d. **Letters from probation Office(if applicable)**
   e. **Letters of Recommendation(if applicable**

9. **IN CASE OF EMERGENCY, WHO SHOULD WE CONTACT?**

Name: _____ Relation: _____ Phone: _____

SOLANO COLLEGE OF NURSING

ENROLLMENT AGREEMENT- NA

A. **SCHOOL NAME :** Solano College of Nursing
ADDRESS : 1330 Springs Road, Vallejo, CA 94591
Address where instruction will be provided : (SCN) 1330 Springs Rd., Vallejo, CA 94591
Address of Clinical Site: Rosewood Care Center: 1911 Oak Park Blvd., Pleasant Hill, CA 94523
La Mariposa Rehab Center: 1244 Travis Blvd., Fairfield, CA 94533

STUDENT NAME : _____
ADDRESS :_____
City State Zip Code

B. **ANY QUESTIONS OR PROBLEMS CONCERNING THIS SCHOOL WHICH HAVE NOT BEEN SATISFACTORILY ANSWERED OR RESOLVED BY THE SCHOOL SHOULD BE DIRECTED TO THE BUREAU FOR PRIVATE POST SECONDARY EDUCATION, 2535 Capitol Oaks Dr. Ste. 400 Sacramento, CA 95833, Mailing Address P.O. Box 980818 W. Sacramento, CA 95798-0818**
Tel. (916) 431-6959 Toll free: (888) 370-7589

A STUDENT OR ANY MEMBER OF THE PUBLIC MAY FILE A COMPLAINT ABOUT THIS INSTITUTION WITH THE BUREAU FOR PRIVATE POSTSECONDARY EDUCATION BY CALLING (888) 263-1897 TOLL FREE OR BY COMPLETING A COMPLAINT FORM, WHICH CAN BE OBTAINED ON THE BUREAU'S INTERNET WEBSITE www.bppe.ca.gov

C. This agreement is a legally binding instrument when signed by the student and accepted by the school. Your signature on this agreement acknowledges that you have been given reasonable time to read and understand it and that you have been given: (a) a written statement of the refund policy including examples of how it applies and; (b) a catalog including a description of the course of educational service including all material facts concerning the school and the program or course of instruction which are likely to affect your decision to enroll. Immediately upon signing this agreement, you will be given a copy of it to retain. The institution does not provide **English as a Second Language instruction**.

D. This agreement is for the course : **NURSE ASSISTANT TRAINING COURSE**
A total of **150 hours** are required to complete the course or educational service.
Start Date :_____Scheduled Completion Date :_____

E. **STUDENT'S RIGHT TO CANCEL.** The student has the right to cancel this enrollment agreement and obtain a refund. You may cancel this enrollment agreement and receive a refund by providing a written notice to :

Leticia R. Weber, President
Solano College of Nursing
1330 Springs Road Vallejo, CA 94591
Tel. # (707) 557-7173

F. **REFUND INFORMATION .** The student has a right to a full refund of all charges less the amount of **$ 155.00** for the registration fee if he/she cancels this agreement **prior to or on the first day of instruction**. In addition, a student may withdraw from the course after instruction has begun and receive a pro rata refund for the unused portion of the tuition. Refer to the following computations to determine the amount of refund owed to you. For example: The student completes 50 hours of a 150 hour CNA course and paid $1,000.00 tuition.

$1,000.00 amount for tuition	x	100 clock hours of instruction paid for, but not received ---------- 150 clock hours of instruction for which the student has paid	=	$ 666.67 refund amount

If the school cancels or discontinues a course or educational program, the school will make a full refund of all charges. Refunds will be paid within 30 days of cancellation or withdrawal.

NOTICE

ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSE WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

IF THE STUDENT OBTAINS A LOAN TO PAY FOR AN EDUCATIONAL PROGRAM, THE STUDENT WILL HAVE THE RESPONSIBILITY TO REPAY THE FULL AMOUNT OF THE LOAN PLUS INTEREST, LESS THE AMOUNT OF ANY REFUND.

G. **FEES AND CHARGES .** The student is responsible for the following fees and charges :

Registration (non-refundable)	$ 155.00
Tuition fees	1,000.00
Total Charges	$1,155.00

THE STATE BOARD EXAM FEE OF $ 90.00 IS PAYABLE TO AMERICAN RED CROSS SEPARATELY.

Other Charges:

Book	$45.00
Uniform	29.00

THE TOTAL AMOUNT FOR ALL FEES, CHARGES, AND SERVICES THE STUDENT IS OBLIGATED TO PAY FOR THE COURSE OR EDUCATIONAL SERVICE IS $ 1,229.00

H. **I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me.**

_____ _____

Signature of Student Date

I. Prior to signing this enrollment agreement, you must be given a catalog or brochure and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, and salaries or wages, prior to signing this agreement.

I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information included in the School Performance Fact Sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet.

_____ _____

Signature of Student Date

J. This agreement is not operative until the students make an initial visit to the institution and receives a thorough tour, or attends the first class or session of instruction.

_____

Date of First Tour

_____

Signature of Student

I certify that Solano College of Nursing has met the disclosure requirements of Education Code 94312 of the Private Postsecondary and Vocational Reform Act of 1989.

_____ _____

Signature, Title of School Official Date

This agreement is accepted by _____

Signature of School Official Date

You must pay the state-imposed fee for the Student Tuition Recovery Fund (STRF) if all the following applies to you:

1. You are a student, who is a California resident and prepays all or part of your tuition either by cash, guaranteed student loans, or personal loans, and

2. Your total charges are not paid by any third-part payer such as an employer, government program or other payer unless you have a separate agreement to repay the third part.

You are not eligible for protection from the STRF and you are not required to pay the STRF fee if either of the following applies:

1. You are not a California resident

2. Your total charges are paid by a third party, such as employer, government program or other payer, and you have no separate agreement to repay the third party.

SOLANO COLLEGE OF NURSING

ENROLLMENT AGREEMENT-HHA

A. **SCHOOL NAME : SOLANO COLLEGE OF NURSING**
ADDRESS : 1330 Springs Road, Vallejo, CA 94591
Address where instruction will be provided : (SCN) 1330 Springs Road, Vallejo, CA 94591
Address of Clinical Site: Parkside Manor, 50 Cadloni Lane, Vallejo, CA 94591

STUDENT NAME : _____
ADDRESS :_____
City State Zip Code

B. **ANY QUESTIONS OR PROBLEMS CONCERNING THIS SCHOOL WHICH HAVE NOT BEEN SATISFACTORILY ANSWERED OR RESOLVED BY THE SCHOOL SHOULD BE DIRECTED TO THE BUREAU FOR PRIVATE POST SECONDARY EDUCATION, 2535 CAPITOL OAKS DRIVE, SUITE 400 SACRAMENTO, CA 95833, (916) 431-6959 TOLL FREE: (888) 370-7589**

A STUDENT OR ANY MEMBER OF THE PUBLIC MAY FILE A COMPLAINT ABOUT THIS INSTITUTION WITH THE BUREAU FOR PRIVATE POSTSECONDARY EDUCATION BY CALLING (888) 263-1897 TOLL FREE OR BY COMPLETING A COMPLAINT FORM, WHICH CAN BE OBTAINED ON THE BUREAU'S INTERNET WEBSITE www.bppe.ca.gov

C. This agreement is a legally binding instrument when signed by the student and accepted by the school. Your signature on this agreement acknowledges that you have been given reasonable time to read and understand it and that you have been given: (a) a written statement of the refund policy including examples of how it applies and; (b) a catalog including a description of the course of educational service including all material facts concerning the school and the program or course of instruction which are likely to affect your decision to enroll. Immediately upon signing this agreement, you will be given a copy of it to retain. The institution does not provide **English as a Second Language instruction**.

D. This agreement is for the course : **HOME HEALTH AIDE COURSE**
A total of **40 hours** are required to complete the course or educational service.
Start Date :_____Scheduled Completion Date :_____

E. **STUDENT'S RIGHT TO CANCEL.** The student has the right to cancel this enrollment agreement and obtain a refund. You may cancel this enrollment agreement and receive a refund by providing a written notice to:

Leticia R. Weber, President
SOLANO COLLEGE OF NURSING
1330 Springs Road Vallejo, CA 94591
Tel. # (707) 557-7173

F. **REFUND INFORMATION.** The student has a right to a full refund of all charges less the amount of **$100.00** for the registration fee if he/she cancels this agreement **prior to or on the first day of instruction**. In addition, a student may withdraw from the course after instruction has begun and receive a pro rata refund for the unused portion of the tuition if the student has completed 60% or less of the course. Refer to the following computations to determine the amount of refund owed to you.
For example: The student completes 24 hours of a 40 hour HHA course and paid $395.00 tuition, student would be entitled to a refund of $158.00.

$395.00	x	16 clock hours of instruction		
amount for		paid for, but not received		
tuition		----------	=	$ 158.00
		40 clock hours of instruction		refund amount
		for which the student has paid		

If the school cancels or discontinues a course or educational program, the school will make a full refund of all charges. Refunds will be paid within 30 days of cancellation or withdrawal.

NOTICE

ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSE WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

IF THE STUDENT OBTAINS A LOAN TO PAY FOR AN EDUCATIONAL PROGRAM, THE STUDENT WILL HAVE THE RESPONSIBILITY TO REPAY THE FULL AMOUNT OF THE LOAN PLUS INTEREST, LESS THE AMOUNT OF ANY REFUND.

G. **FEES AND CHARGES .** The student is responsible for the following fees and charges :

Registration (non-refundable)	$ 100.00
Tuition fees	$ 395.00
Total Charges	$ 495.00

Other Charges: Book $25.00

THE TOTAL AMOUNT FOR ALL FEES, CHARGES, AND SERVICES THE STUDENT IS OBLIGATED TO PAY FOR THE COURSE OR EDUCATIONAL SERVICE IS $ 520.00

H. **I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me.**

_____ _____

Signature of Student Date

I. Prior to signing this enrollment agreement, you must be given a catalog or brochure and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, and salaries or wages, prior to signing this agreement.

I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information included in the School Performance Fact Sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet.

_____ _____

Signature of Student Date

J. This agreement is not operative until the students make an initial visit to the institution and receives a thorough tour, or attends the first class or session of instruction.

_____

Date of First Tour

_____

Signature of Student

I certify that Solano College of Nursing has met the disclosure requirements of Education Code 94312 of the Private Postsecondary and Vocational Reform Act of 1989.

_____ _____

Signature, Title of School Official Date

This agreement is accepted by _____

Signature of School Official Date

You must pay the state-imposed fee for the Student Tuition Recovery Fund (STRF) if all the following applies to you:

1. You are a student, who is a California resident and prepays all or part of your tuition either by cash, guaranteed student loans, or personal loans, and

2. Your total charges are not paid by any third-part payer such as an employer, government program or other payer unless you have a separate agreement to repay the third part.

You are not eligible for protection from the STRF and you are not required to pay the STRF fee if either of the following applies:

1. You are not a California resident

2. Your total charges are paid by a third party, such as employer, government program or other payer, and you have no separate agreement to repay the third party.

SOLANO COLLEGE OF NURSING

CANCELLATION POLICY-NA

Date of first class session: _____

Students may cancel their contract with the school without any penalty or obligation on or before the first day of class.

If a student decides to cancel, any tuition fee will be pro-rated and paid within 30 days of the receipt of the proper written notice. The registration fee is **non-refundable.**

Cancellations must be made in writing. Students may not cancel by telephoning the school or by not attending the class. Notice must be received prior to or on the first day of class for a full refund less registration fee . **($155.00 for Nurse Assistant Training Course and $100.00 for Home Health Aide Course)** Otherwise, the student will receive a pro-rate refund minus books not returned. To cancel, the student should mail or hand deliver a copy of this page to:

Leticia R. Weber, Administrator
Solano College of Nursing
1330 Springs Road
Vallejo, CA 94591
Tel. (707) 557-7173

Signature:_____ Date:_____

Students who have questions or complaints that cannot be resolved with the school should call or write:

Bureau for Private Postsecondary Education
2535 Capitol Oaks Drive, Ste. 400
Sacramento, CA 95833
Toll free: (888) 370-7589 Tel. (916) 431-6959
Fax (916) 263-1897

Mailing Address:
P.O. Box 980818
W. Sacramento, CA 95798-0818

TUITION REFUND POLICY

Students have a right to a full refund of all tuition, less the registration, if they cancel on or before the first day of instruction. The tuition fee does not include the cost of the textbook. Registration is not refundable. In addition, a student may withdraw from the course after instruction has begun and receive a pro rata refund for the unused portion of the tuition **if the student has completed 60% or less of the course.**

For example, if the student has completed 50 hours of the 150 hour CNA course and paid $1000.00 tuition, the student would be entitled to a refund of $696.67.

$$\underset{\text{amount for tuition}}{\$1{,}000.00} \times \frac{\text{100 clock hours of instruction paid for, but not received}}{\text{150 clock hours of instruction for which the student has paid}} = \underset{\text{refund amount}}{\$\ 666.67}$$

SOLANO COLLEGE OF NURSING
CANCELLATION POLICY-HHA

Date of first class session: _____

Students may cancel their contract with the school without any penalty or obligation on or before the first day of class.

If a student decides to cancel, any tuition fee will be pro-rated and paid within 30 days of the receipt of the proper written notice. The registration fee is **non-refundable.**

Cancellations must be made in writing. Students may not cancel by telephoning the school or by not attending the class. Notice must be received prior to or on the first day of class for a full refund less registration fee. **($155.00 for Nurse Assistant Training Course and $100.00 for Home Health Aide Course)** Otherwise, the student will receive a pro-rate refund minus books not returned. To cancel, the student should sign below and mail or hand deliver a copy of this page to:

Leticia R. Weber, Administrator
Solano College of Nursing
1330 Springs Road
Vallejo, CA 94591
Tel. (707) 557-7173

Signature:_____ Date:_____

Students who have questions or complaints that cannot be resolved with the school should call or write:

Bureau for Private Postsecondary Education
2535 Capitol Oaks Drive, Suite 400
Sacramento, CA 95833
Toll free: (888) 370-7589 Tel. (916) 431-6959
Fax (916) 263-1897

TUITION REFUND POLICY

Students have a right to a full refund of all tuition, less the registration fee, if they cancel on or before the first day of instruction. The tuition fee does include the cost of the textbooks. Registration fee are not refundable. In addition, a student may withdraw from the course after instruction has begun and receive a pro rata refund for the unused portion of the tuition **if the student has completed 60% or less of the course.**

For example, if the student has completed 24 hours of the 40 hour CNA course and paid $395.00 tuition, the student would be entitled to a refund of $158.00

$$\underset{\text{amount for tuition}}{\$395.00} \times \frac{\text{16 clock hours of instruction paid for, but not received}}{\text{40 clock hours of instruction for which the student has paid}} = \underset{\text{refund amount}}{\$\ 158.00}$$

SOLANO COLLEGE OF NURSING
PHYSICAL EXAMINATION FORM

NAME:_____ SEX: M____ F____ BIRTH DATE:_____

ADDRESS:_____ CITY:_____STATE:_____PHONE:_____

HAVE YOU HAD A SERIOUS ILLNESS OR INJURY? IF SO, DESCRIBES:

_____

TO BE COMPLETED BY EXAMINING PHYSICIAN/ NURSE PRACTITIONER

1. CURRENT COMPLAINTS OR DISABILITIES PERTINENT TO THE STUDENT'S EDUCATION IN THE NURSING ASSISTANT TRAINING PROGRAM:

_____

2. MEDICATIONS USED: PRESCRIPTION AND OVER THE COUNTER (USE BACK IF NECESSARY)

NAME	REASON	FREQUENCY

3. SIGNIFICANT MEDICAL HISTORY, ACCIDENTS, DEFORMITIES, SURGERIES, BACK PRBLEMS, HEPATITIS, ETC.

_____

_____

4. EXAMINATION COMMENTS AND FINDINGS:

_____

_____

REQUIRED SCREENING

P.P.D (Within 6 mos.) Date_____ Results_____ Chest X-rays (if P.P.D is positive) Date_____Results_____

The named above has no communicable or disabling disease nor any health condition that would create a hazard to himself, visitors, fellow employees or to patients at this time. He/ she is able to perform the physical activities required for the program for which the individual is applying.

_____

EXAMINER NAME & SIGNATURE DATE

_____ PHONE_____

ADDRESS

_____

CITY, STATE & ZIP

I GIVE THE PERMISSION TO RELEASE A COPY OF THIS FORM TO THE AFFILIATING CLINICAL FACILITY:

STUDENT SIGNATURE:_____

SOLANO COLLEGE OF NURSING

STUDENT HEALTH QUESTIONNAIRE

NAME:_____
(LAST) (FIRST) (MIDDLE)

ADDRESS:_____

PHONE:_____ SEX:____MALE____ FEMALE AGE:_____

IN CASE OF EMERGENCY, WHO SHOULD WE CONTACT:

_____

FAMILY PHYSICIAN:

_____

HAVE YOU HAD OR DO YOU HAVE ANY OF THE FOLLOWING: (CHECK YES OR NO AFTER EACH QUESTION)

	YES NO		YES NO		YES NO
Dizziness	_____	Hernia (rapture)	_____	Cancer or Tumors	_____
Frequent Headache	_____	Stomach Ulcers	_____	Asthma	_____
Fainting Spells	_____	Pneumonia	_____	Hay Fever	_____
Chest Pain	_____	Pleurisy	_____	Diabetes	_____
Short of Breath	_____	Kidney Stone	_____	Arthritis	_____
Chronic Cough	_____	Tuberculosis	_____	Rheumatism	_____
Heart Palpitation	_____	Bronchitis	_____	Nervous Breakdown	_____
Allergies	_____	Nephritis	_____	Injuries	_____
Seizures	_____	Malaria	_____	Operations	_____
Hypertension	_____	Rheumatic Fever	_____	Other serious illness	_____

INJURIES, OPERATIONS, SERIOUS ILLNESS - EXPLAIN:

_____

_____

DATE OF LAST VISIT TO PHYSICIAN:_____ REASON: _____

HAVE YOU EVER RECEIVED ANY DISABILITY PAYMENTS OR COMPENSATION FOR AN INJURY OR ILLNESS? IF SO EXPLAIN:

_____

_____

DO YOU HAVE ANY PHYSICAL PROBLEM WHICH MAY INTERFERE WITH YOUR CLINICAL ASSIGNMENTS? IF SO EXPLAIN:

_____

_____

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE ANSWERS ARE TRUE AND GIVE THE EXAMINING PHYSICIAN PERMISSION TO SUBMIT A REPORT TO SOLANO COLLEGE OF NURSING.

STUDENT SIGNATURE: _____ DATE: _____

SOLANO COLLEGE OF NURSING

1330 Springs Road Vallejo, CA 95035 Tel. (707) 557-7173 Fax (707) 644-3441

CONVICTION OF PENAL CODE SECTION WHICH CONSTITUTE AUTOMATIC DENIAL / REVOCATION

This is to verify that I received a copy of the list of convictions which prohibit certification as indicated under the provisions of AB 3477, unless the action has been dismissed or a Certificate of Rehabilitation has been obtained.

_____ _____

Signature Date

RESIDENT RIGHTS

This is to certify that I received a copy of the Resident Rights of which I have read and understand.

_____

PRINT NAME

_____ _____

SIGNATURE DATE INSTRUCTOR DATE

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This page left blank for Livescan form

SOLANO COLLEGE OF NURSING

1330 Springs Road, Vallejo CA 94591 Tel. (707) 557-7173

Abuse Prevention Program and Reporting Procedures

I have received instruction from Solano College of Nursing related to abuse prevention and the appropriate procedures for reporting any suspected abuse.

In addition, I have watched the video "Your Duty to Report Abuse" California Department of Health Services and I fully understand my duty to report all suspected, alleged, or witnessed incidents of abuse.

I am aware that if I have additional questions regarding this training I may approach my instructor for further direction.

_____ _____

Student Signature Date

_____

Student's Printed Name

SOLANO COLLEGE OF NURSING

CELLULAR USE POLICY

While cellular phones are permitted on campus the following policy applies:

1. Cellular Devices are not permitted in the clinical area/facility.
2. Cellular Devices are to be turned "OFF" while in the classroom.
3. Cellular Devices are not to switched to the vibrate mode they must be turned off.

Failure to adhere to this policy will lead to the following disciplinary action:

1. Students who have a cellular device that rings or vibrates during class lecture or clinical experience will be asked to leave the setting.

2. Students who leave the setting to attend to a cellular device will not be permitted to return to the class or clinical in session.

3. Students who are requested to leave a lecture or clinical setting will be required to seek the permission of the Instructor before returning to a current session or future session.

4. Students who miss a class or clinical session must make up that session prior to moving on to the next class.

5. Students who leave an examination due to a cellular call/ringing or vibrate will be dismissed from the class and grade of 50% will be assigned for that missed examination.

Student Signature: _____ Date: _____

SOLANO COLLEGE OF NURSING

1330 Springs Road, Vallejo, CA 94591 Tel. (707) 557-7173 Fax (707) 644-3441

PERFORMANCE FACT SHEET
CERTIFIED NURSING ASSISTANT

YEAR	COURSE COMPLETION	PASSAGE RATE	EMPLOYMENT RATE
January 2011 to December 2011	One Hundred Eighty five (185) students enroll in the Nursing Assistant Program. One Hundred Seventy (170) out of the One Hundred Eighty Five or 92% completed the course.	One Hundred Seventy (170) or 92% passed the course.	One Hundred Fifty Two (152) of the students who passed the course or 89% found employment as Certified Nursing Assistants in health facilities and agencies.

_____ _____

Student Initial Date

SOLANO COLLEGE OF NURSING

1330 Springs Road, Vallejo, CA 94591 Tel. (707) 557-7173 Fax (707) 644-3441

PERFORMANCE FACT SHEET
HOME HEALTH AIDE

YEAR	COURSE COMPLETION	PASSAGE RATE	EMPLOYMENT RATE
January 2011 to December 2011	Twenty Five (25) students enrolled in the Home Health Aide. Twenty Four (24) out of the Twenty Five 96% completed the course.	Twenty Four (24) or 96% passed the course.	Twenty Four (24) of the students who passed the course or 100% found employment as Home Health Aides both in private home settings and through agencies.

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_____ _____

Student Initial Date

SOLANO COLLEGE OF NURSING

1330 Springs Road Vallejo, CA 94591 Tel. (707) 557-7173 Fax (707) 644-3441

EQUIPMENT USED – NURSING ASSISTANT

QUANTITIES OF ITEMS ARE BASED ON 15 STUDENTS PER CLASS

All equipment both disposable and non-disposable are owned solely by Solano College of Nursing

Equipment and Material List

3 x 5 index cards (200)
4 x 6 index cards (100)
Adhesive name tags (25)
Dry marking pens
Dry marking board
Clothing (3 large sets)
Felt tip markers
Food model
Food wheel
Hand-held battery operated light
Masking tape (3 rolls)
Pencils (15)
Pens (15)
Videos
Watch with second hand
Dentures (1 set)
Lip lubricant
Linen protectors (3-4)
Mouthwash
Shaving cream
Toothpaste
Linen hamper
Hand rolls

Reusable Equipment
ONE RESIDENT ROOM

Bed with siderails
Overbed table
Nightstand
Chair
Denture cups
Emesis basin (1)
Fracture pan (1)
Hand held mirrors (1)

Linens

Bath blankets (3)
Bedspreads (3)
Blankets (3)
Cloth isolation gowns (3)
Draw sheet (1)
Hand towels (1 for every student)
Hospital gowns (3)
Pillow cases (6)

Regular bedpans (1)
Unit soaps (liquid soap)
Urinal (2)
Wash basins
Waste basket with lid

Other Supplies

Red bags for laundry isolation (3)
Dual headed stethoscope (3)
External Catheter
Leg bags
Nail Equipment
Gait Belts (3)
Nasogastric tube
Safety Jackets or Vest (3)
Sphygmomanometers and adult cuffs
Stethoscopes (8)
Hand sanitizer
Dental floss
Clothing protector
Gloves (s-m-l-xl)
Disposable razor
Lemon-glycerin swabs
Sharp container
Lotion
Powder
Toothbrush
Alcohol wipes
Paper towel
Non-skid slippers

Diet trays with dishes & condiments
(sugar, salt, pepper, artificial sweetener)
Glass (4 oz)
Glass (6 oz)
Ice cream cup (3 oz)
Medicine cup (30 cc)
Paper cups (5 oz)
Pitcher (780 cc)
Pitcher top (200 cc)

Fitted Sheets (6)
Towels (8)

Medical Equipment

Adaptive eating equipment
Bedside commode (1)
Cane
Fire extinguisher
Upright scale (ht/wt)
Walker (1)
Wheelchair

Disposable equipment (medical equipment)

4 x 4 clean sponges
Adult briefs (3)
Alcohol wipes (45)
Bed protectors (waterproof and disposable) 3
Clean catch kit (3)
Cotton balls (1 large box)

Forms (each student will have one of the following Forms used in the long term facility)

ADL flow sheet
Decubitus assessment sheet
Height and weight forms
Incident report (patient and employee)
Intake and output worksheet
Inventory of personal belongings (Clothing sheet)
All types of isolation door signs
Facility specific nurse assignment sheet
Transfer sheet

Dietary supplies

Soup bowl (4 oz)
Coffee Cup (6 oz)
Coffee pot (270 oz)
Dietary tray card & dots (sample of cards
Used in the facility)

SOLANO COLLEGE OF NURSING

EQUIPMENT USED – HOME HEALTH AIDE

EQUIPMENT VITAL SIGNS

- Thermometer
- Blood pressure cuff
- Stethoscope
- Sphygmomanometer

PERSONAL CARE

- Dentures
- Denture cup
- Lip lubricant
- Linen protectors
- Mouthwash
- Shaving cream
- Toothpaste
- Emesis basin
- Fracture pan
- Bed pan
- Soap
- Urinal
- Wash basin
- Nail clippers
- Emery board
- Orange stick
- Lotion
- Towels

MOBILITY

- Gait belt
- Wheelchair
- Non-skid socks

OTHER

- Bed
- Blanket
- Fitted sheet
- Flat sheet
- Drawsheet
- Pillows
- Pillow case
- Dishes
- Pots
- Pans
- Kitchen with stove

SOLANO COLLEGE OF NURSING

1330 Springs Road, Vallejo, CA 94591* Tel. # (707) 557-7173
www.scnursing.org

VOCATIONAL NURSING PROGRAM

CATALOG

January 1 , 2011 – December 31, 2011.

SOLANO COLLEGE OF NURSING

1330 Springs Road Vallejo, CA 94591 Tel. (707) 557-7173 Fax (707) 644-3441

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Solano College of Nursing
Terminal Objectives

Solano College of Nursing is a private institution that is approved to operate by the Bureau for Private Postsecondary Education and The Board of Vocational Nursing & Psychiatric Technicians.

Upon graduation from Solano College of Nursing, Vocational Nursing Program the Vocational Nursing Student will be eligible for application for licensure as a Licensed Vocational Nurse.

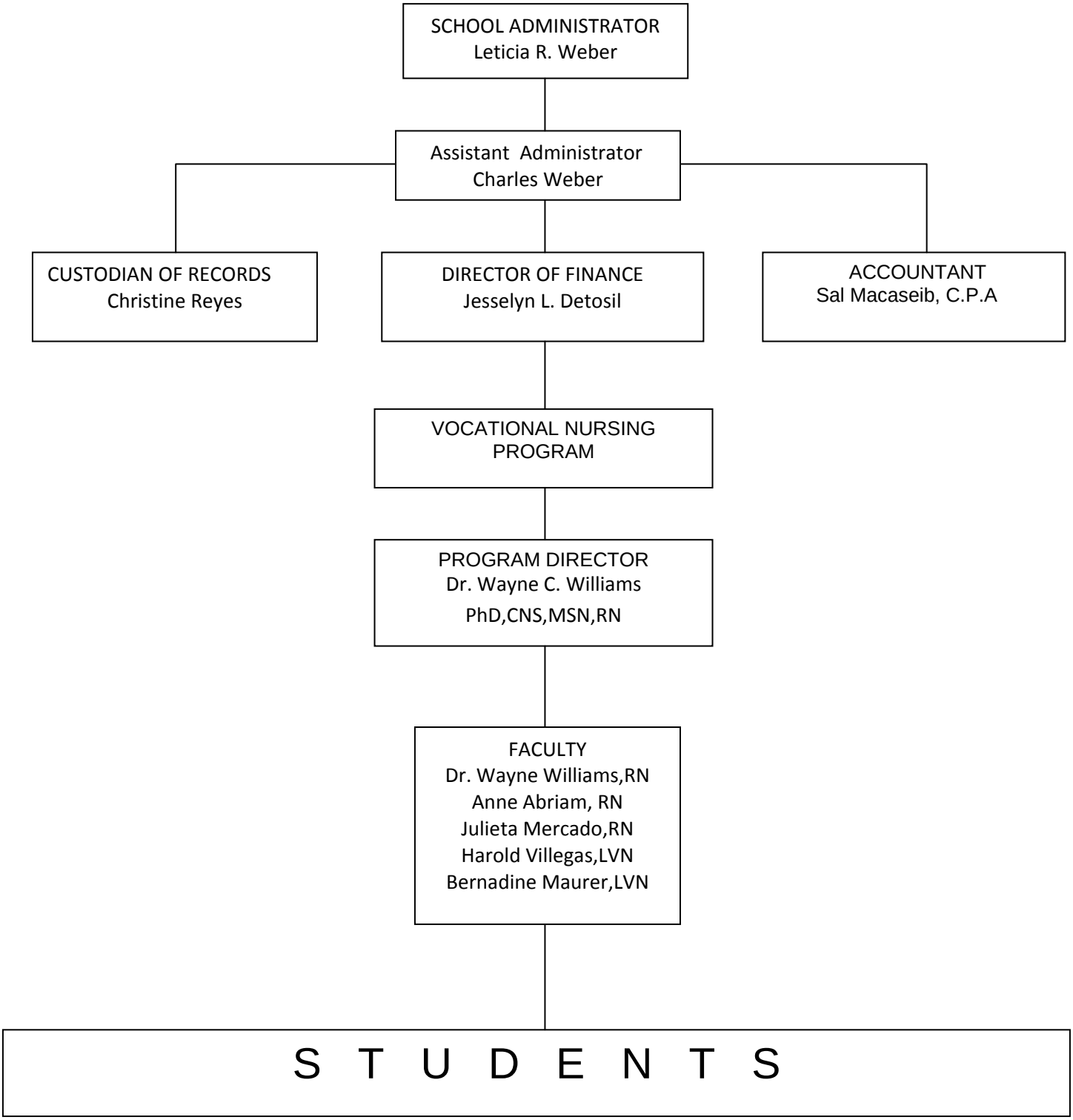
The graduate will have accomplished the following terminal objectives:

1. Provide safe, proficient and compassionate care as a beginning practitioner applying, selected principles and utilizing the nursing process and therapeutic communication skills.
2. Exhibit responsibility in the practice of vocational nursing by adherence to ethical, moral and legal obligations as stated in the Vocational Nursing Practice Act.
3. Acknowledge accountability for recognizing own limitations and refusing to perform tasks for which the graduate is not prepared.
4. Function as an effective member of the health team under the direction of a registered nurse or physician.
5. Assume responsibility for professional growth and recognize the need for continuing education.
6. Interact with other health team members in the role of patient advocate.
7. Be prepared to successfully take and pass the NCLEX-PN examination.

SOLANO COLLEGE OF NURSING

VOCATIONAL NURSING PROGRAM

ORGANIZATIONAL CHART



SOLANO COLLEGE OF NURSING

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FACULTY MEMBERS

LETICIA R. WEBER, Administrator

Leticia Weber has owned and managed Solano School of Nursing Assistants, Inc. for the past 10+ years. The corporation has 2 school sites: Vallejo and Sunnyvale. Leticia manages both schools and is actively involved in the daily operation of the business. She has also worked very closely with Skilled Nursing Facilities in the counties of Main, Solano and Contra Costa, assisting them with their staffing needs and helping certified Nursing Assistants, Licensed Vocational Nurses and Registered Nurses find suitable employment with the Long Term Care industry. The success of Leticia's endeavors is attributed to meeting and maintaining high standards in the delivery of education to its students.

Charles Weber, Assistant Administrator

Charles has been trained and working in the school since he was young and actively participating in running the school. He worked as staffing coordinator in the registry helping facilities with their staffing needs. He is actively involved in managing 2 other school sites: Milpitas and Stockton in the daily operation of the business. He is currently taking management and administration classes at Solano Community College while working at the school.

Dr. Charles Wayne Williams PhD, MSN, CNS, RN - Program Director, Instructor

Dr. Wayne is a Registered Nurse who obtained his degree at the University of Lethbridge, Canada. He also attended San Jose State University for Master of Science in Nursing, the Concordia College & University in New York, where he earned his Doctorate of Philosophy in Nursing. Dr. Wayne has an extensive nursing background having served in a variety of positions that includes: Director of Nursing, Officer in Medical Corps, Nurse Practitioner, Nursing Professor and Program Director. Among all the responsibilities he assumed, being an educator is what he enjoys most. His goal is to train nursing students to become excellent nurses, to uphold the highest standards in patient care and by so doing, be instrumental in alleviating the staffing shortage in the healthcare industry.

JEANETTE CHASTAIN, RN, DSD, Instructor

Jan is a Registered Nurse with 19 years of experience as a Certified Nursing Assistant then later on pursued a degree in Licensed Vocational Nursing and ultimately achieved a career as a Registered Nurse. Her experience includes 10 years of being a Director of Staff Development for Skilled Nursing facilities in the Sacramento and Vallejo areas. She also worked as an evaluator for the American Red Cross in Sacramento prior to working as a Full Time Instructor for Solano School of Nursing Assistants. She has been with the school for over 10 years now.

Julieta T. Mercado, RN/DSD Instructor

Julieta is a Registered Nurse who obtained her degree at the University of Santo Thomas College of Nursing in the Philippines. She holds a PhD in Educational Management degree at Philippine Normal University in the Philippines. Julieta has an extensive background having served in a variety positions such as: Clinical Instructor and Clinical Coordinator in San Pablo College, College of Nursing, San Pablo City, Philippines. She also worked as a Reviewer and Professor at San Pablo College of Nursing in the Philippines. When she came to the U.S. she worked as Charge Nurse, admission, treatment nurse and relieving supervisor to different facilities (Cedar Crest, Los Altos Sub-Acute & Evergreen Health Care). Among all of the responsibilities she has assumed, she enjoys being and educator the most.

Anne Abriam, RN/DSD, MSN, PHN Instructor

Anne has a Master of Science degree in Nurse Education from San Jose State University. Before being in the Nurse Educator program, she was in the Family Nurse Practitioner program training with physicians and nurse practitioners diagnosing diseases, performing physical examinations, and prescribing medications. She switched to Nurse Educator program because she often found herself teaching prevention to patients during her nurse practitioner practicum. Anne received her Associate in Science degree in Nursing from Excelsior College, New York and continued her studies at San Jose State University, obtaining board certification in Public Health Nursing where she assessed cared for families of low income and cases of abuse in the community. She has a background in Acute/Sub Acute care of Pediatrics and Adult. She also holds a Bachelor of Arts degree in Psychology from San Jose State University.

Harold Villegas, LVN/DSD Instructor

Harold holds a Bachelor of Science Degree in Nursing from Mary Chiles College of Nursing in the Philippines. He worked in Medical Hill Rehab & Neuro Behavioral Center of Northern California as charge nurse in sub-acute and neuro behavior. Skilled in behavior modification, supervises C N A's and other rehab members. Harold has been working in the registry as charge nurse in skilled nursing facilities in medicare and long-term care units for the past 12 + years.

BERNADINE MAURER, LVN, DSD Instructor

Bernadine attended Contra Costa College in Richmond and obtained her certificate in Vocational Nursing. She has held positions ranging from Charge Nurse, Director of Staff Development, Infection Control Nurse and C N A instructors. Among all of the responsibilities she has assumed, she enjoys being an educator the most.

JESSELYN L. DETOSIL (Accounting and Finance)

Jesselyn holds a Bachelor of Science Degree in Commerce major in Accounting from La Salle College in the Philippines. She worked in Presidential Anti-Organized Crime Commission in Malacanang as Staff Accountant. She has a diverse background in accounting for 12+ years in various companies in the Philippines.

CHRISTINE REYES, LVN (Custodian of Records)

Christine graduated from Solano College of Nursing as a Licensed Vocational Nurse. She has been working at Solano College of Nursing for the past 7+ years. Working as an office clerk and then Custodian of Records. She is currently taking classes to become a Registered Nurse.

Solano College of Nursing
Vocational Nursing Program

Course Objectives/Exam Reviews/Exam Re-writes/Employment

Course Objectives:
I understand that the course objectives for both the theory and clinical subject matter are located in the beginning of each chapter of our required textbooks.

I understand that it is my responsibility to review these objectives prior to the class which will cover this subject material. I further understand that I must complete the assigned readings prior to attending class or clinical that addresses these topics.

Exam Reviews:
I undertand that the school will only conduct post exam reviews under the following circumstances:
1. 70% of the entire class fails an examination.
2. 40% of the entire class has a wrong answer for any given question on the exam.

Exam Re-Writes:
I understand than no re-writes will be given for exams for any reason.

Remediation:
I understand that I am entitled to only one remediation for the entire program and once the remediation process is extended to me I will not be given this opportunity again.

Employment:
I have been advised that the Vocational Nursing Program at Solano College of Nursing is very rigorous and that my full commitment to the program is the only way that I will be able to succeed in completing the program. I have also been advised that holding full time employment and trying to complete the VN program will be next to impossible.

Student Signature: _____ Date: _____

Solano College of Nursing/Vocational Nursing Program

Academic Honesty Policy/Confidentiality

Every student in the program is expected to follow the policy and procedures set by Solano College of Nursing. Every student is expected to always be professional in their behavior and representation of the school.

Any student who is suspected of cheating on an examination will be dropped from the program without any further notice. If dropped from the program for academic dishonesty the student will not be given credit for the course work completed. In addition the student will not be given a refund of any tuition or other fees paid.

All students are to maintain the highest level of confidentiality related to their patient assignments as well as the affairs of their fellow students. Any student who is found to be in a breach of confidentiality will be dismissed from the program. This will include the sharing of private conversations that the student may have had with the Program Director, their Instructors with other students in the program.

Student: _____ Date: _____

Solano College of Nursing

Attendance Policy:

The course offered at Solano of Nursing are designed to prepare you for gainful employment upon program completion. Our hands-on instructional strategies are designed to engage all students in their own learning, and are only effective when students attend class regularly. Therefore, it is expected that all students will maintain 100% attendance. Regular attendance is a critical factor of successful employment.

Attendance Requirements:

Maintain a minimum of 100% attendance. Faculty may issue an Intent to Drop warning to students whose attendance falls below the minimum standard. Students falling below the minimum attendance standard may be dropped, and will jeopardize their eligibility for financial aid or veterans benefits.

1. Students must call their faculty member each day when absent from class and students will be dropped under the following conditions:

   a) Three consecutive days' absence without contacting the administration office or the faculty.

   b) Three days' absence during the first week of class

2. Students will be placed on attendance probation if they do not adhere to items #1 and #2 above. If placed on attendance probation, a student will be required to maintain a 100% attendance rate for the remainder of that term and the following term.

3. ***SIGNING IN: ALL students must sign the class daily attendance roster during the assigned class time or clinical experiences. NO student will be allowed to sign in after the class or clinical time is over. Students who do not sign the attendance roster will be recorded as absent and will have to make up the missed time prior to graduation. NO EXCEPTIONS, NO EXCUSES ACCEPTED.***

Theory/Clinical Assignments Make-Up Policy

1. Each level has a designated 3 days for clinical make-ups and no other days will be allotted. Therefore, if a student is absent for more than a total of 3 clinical days per level they will not be able to make up the days and progress to the next level.
2. If the circumstances for the missed days warrant a valid excuse, it will be at the discretion of the Program Director to approve additional make-up days over and above the 3 days allotted.
3. All missed theory days have to be made up with actual assignments supervised by the faculty member; no simulation exercises will be approved.
4. All missed clinical days must be made up with actual clinical experience and no lab or computer assignments may be substituted.

EDUCATIONAL RECORD RETENTION POLICY

Educational records shall be maintained by the Custodian of Records. The custodian of records will be responsible for ensuring completeness and accuracy of the records prior to storage. The files shall be stored in filing cabinets in the school site. Student records will be maintained by the school for five (5) years after enrollment.

Solano College of Nursing/Vocational Nursing Program

Student Late Arrival Policy

We view each of our students as professionals and therefore we expect that they will treat each other with respect and contribute to an education milieu that will foster learning. Students who come late to class cause a disruption to that educational milieu and will be subject to the following discipline.

Late Arrival for Class:

Any student who arrives after a class session has started will remain out-side the class until the next break that the instructor gives to the class.

Students who miss class related to late arrivals will have to make up the lost theory time before they can graduate from the program.

Students who have 3 tardies in any one term will be expelled from the program and will not be given credit for the completed course work. No exceptions

Late Arrival for Clinical Experience:

Any student who arrives late for a clinical experience will be excused for the day and all lost time will have to be made up prior to being allowed to graduate.

All students are expected to be at the clinical site 20 minutes prior to the actual start of the shift; this gives the student time to get ready to start their day in a positive manner.

Students who have 3 tardies in any one term will be expelled from the program and will not be given credit for the completed course work. No exceptions

Students who know that they are going to be late must contact the instructor.

Student Signature:_____ Date:_____

Rev: WCW 09/03/2009

Solano College of Nursing (Vocational Nursing)

Cellular Use Policy (VN Program)

While cellular phones are permitted on campus the following policy applies:

1. Cellular Devices are not permitted in the clinical area/ facility.
2. Cellular Devices are to be turned "OFF" while in the classroom.
3. Cellular Devices are not to be switched to the vibrate mode they must be turned off.

Failure to adhere to this policy will lead to the following disciplinary action:

1. Students who have a cellular device that rings or vibrates during class lecture or clinical experience will be asked to leave the setting.
2. Students who leave the setting to attend to a cellular device will not be permitted to return to the class or clinical in session.
3. Students who are requested to leave a lecture or clinical setting will be required to seek the permission of the Instructor before returning to a current session or future session.
4. Students who miss a class or clinical session must make up that session prior to moving on to the next class.
5. Students who leave an examination due to a cellular call/ringing or vibrate will be dismissed from the class and grade of 50% will be assigned for that missed examination.

Student Signature:_____ Date:_____

Solano College of Nursing
Vocational Nursing Program
Electronic Device Policy

Solano College of Nursing does not allow the following electronic devices in the classroom or clinical setting:

1. Cell Phones
2. I-Pod Devices
3. Tape Recorders or other Recording Devices
4. Cameras
5. Personal Computers
6. Personal DVD Players or other Media Devices

Solano College of Nursing does allow these devices in the classroom setting:

1. SCN Computers that are used for learning activities

a. School computers are not to be used to check personal e-mails
b. Instructors may give students permission to browse the web for the explicit purpose of obtaining information related to any class that is being instructed at the time.
c. Students are not to copy any program that is installed on the school computers.

Students who do not follow this policy will be subject to the following disciplinary actions:

1st Offence: Student will be given a verbal warning by the instructor
2nd Offence: Student will be given a written warning by the instructor
3rd Offence: The student will be given a 3 day suspension from the program and the student will have to make-up the lost time before they can graduate from the program.
4th Offence: The student will be terminated from the program without any further warnings.

I _____ have read this policy related to "Electronic Devices" and I agree to abide by these conditions, I have also been provided with a copy of this policy.

_____ _____
Student Signature Date:

Solano College of Nursing/Vocational Nursing Program

Student Agreement/Acknowledgement

I _____ a vocational nursing student at Solano College of Nursing/ Vocational Nursing Program do hereby acknowledge that I have been provided with copies of the following policies, the acknowledgement and acceptance of these policies is further indicated by my signature below.

Admission Policy:

1). Admission Policy Initials:_____

Pre-Requisites:

2). Requirements for Pre-requisites: I have has a personal evaluation with the Program Director and my transcripts have been reviewed for possible credits. I have been advised of any previous course work that has been accepted by SCNVNP for credit. I have also been advised of any course work that may have to be completed prior to my acceptance and graduation from the program. Initials:_____

Health Requirements:

3). Policies related to the Health Requirements prior to admission and the policies related to any future illness while being a student at SCNVNP. I have also been advised that any approved clinical facility may deny me clinical experience at their facility. Any facility at any time may deny the presence of a student due to illness or their inability to transfer residents. The decision of the facility will be final. Initials:_____

Remediation Process:

4). I have been advised of the remediation method including the policy and the required process for identification and actual remediation for any student in the SCNVN programs. Initials:_____

Lecture & Clinical requirements:

5). I have been notified of the required classroom and clinical hours that are required by this program. Initials:_____

Solano College of Nursing/Vocational Nursing Program

Student Agreement/Acknowledgement

Costs:

6). I have been notified of the cost of the program and any other anticipated associated cost that maybe incurred. I have also been advised and understand that tuition is non-refundable if I am terminated from the program or if I self-terminate from the program. Initials:_____

Missed Lectures & Clinical Days:

7). I have been notified and provided with a copy of the policy related to missed lectures and clinical time. I further understand that all lecture and clinical time must be made up and that graduation from the program will be dependent upon the completion of all required hours. Initials:_____

Clinical Affiliations:

8). I have been provided with a list of the clinical affiliations for Solano College of Nursing/ Vocational Nursing Program. I have also been advised that while most of the clinical sites are within a 50 mile radius of the main campus in Vallejo, I understand and accept that I may be
required to travel to Sacramento, or San Jose in order to gain valuable clinical experience that may not be available in the Vallejo area. All and any expenses incurred for this travel will be paid by the student. Initials:____

Grievance Policies:

9). I have been provided with a copy of the grievance policy for Solano College of Nursing/ Vocational Nursing Program. Initials:_____

Course Content Outline:

10). I have been provided with a copy of the course content outline. Initials:_____

UNIFORMS:

11). I have been advised of the uniform policy for the school and understand that non-compliance with the uniform policy may be cause for termination from the program. Initials:_____

BOOKS/SUPPLIES:

12). Students must purchase all required text and other necessary supplies for the program. Initials:_____

Student Handbook:

I have been provided with a student handbook and also with an addendum as related to specific policies of Solano College of Nursing/ Vocational Nursing Program. Initials:_____

Solano College of Nursing/Vocational Nursing Program

Student Agreement/Acknowledgement

Board of Vocational Nursing and Psychiatric Technicians:

12). I have been notified of my right to contact the Board of Vocational Nursing and Psychiatric Technicians which is located at:

2535 Capitol Oaks Drive, Suite # 205
Sacramento, CA 95833-2945
(916) 263-7800 Fax: (916) 263-7866
Web Site: www.bvnpt.ca.gov Initials:_____

Signed at Vallejo, CA this _____ day of_____ 20___

_____ _____
Student Signature Witness

I have been provided with a copy of this agreement and memo of understanding.
Initials:_____

Solano College of Nursing (Vocational Nursing Program)

Unprofessional Behavior:

Unprofessional behavior has been defined by many people in many different ways in the literature. A few examples of unprofessional behavior include:

- Belittling someone's opinion or condescending language
- Negative or belittling nonverbal messages – deliberate rolling of eyes, raising eyebrows, making faces
- Constant criticism, scapegoating, fault-finding
- Elitist attitude regarding practice area, education, experience
- Undermining activities or unnecessary disruption
- Angry or emotional outbursts
- Reluctance or refusal to answer questions
- "Eating our young" phenomenon
- Spreading rumors and or pitting staff against each other
- Arriving late for lectures, classes, being unprepared for work assignments

I acknowledge that I have read the foregoing and acknowledge that any of this behavior will lead to termination from the Solano College of Nursing Vocational Nursing Program.

Student: _____ Date: _____

Solano College of Nursing

Student Line of Authority at Solano College of Nursing

Students at Solano College of Nursing must adhere to the following policy related to the line of authority. Failure to follow this policy will lead to the dismissal of the student from the program without further notice.

Administrator:
Students will approach the administrator with all issues related to finances, uniforms, school facilities, books and issues related to front office staff. Students will not approach the administrator or the administrator's staff with issues related to the Vocational Nursing Program Curriculum, Examinations, Faculty, Clinical Assignments, Clinical Facilities.

Program Director:
Students will approach the Program Director with all and any concerns or problems related to the Vocational Nursing Program Curriculum, Examinations, Faculty, Clinical Assignments, Make Up Assignments, Attendance, or policies and procedures.

Prior to contacting the administrator or Program Director the student will follow the grievance policy of the school which has been approved by the BVNPT.

Failure to follow this policy will lead to termination of the student from the Vocational Nursing Program at Solano College of Nursing

Student: _____ Date:_____

Solano College of Nursing (Vocational Nursing Program)

Obstetrical Clinical Sites/Students Statement of Understanding

Date:_____

Disclosure: Due to the decreased availability of Obstetrical clinical sites in the surrounding geographic area of Vallejo students may have to travel to other communities to obtain the required hours.

Solano college of Nursing has arranged for their Vocational Nursing Students to complete their onsite clinical at various locations (Chicks in Crisis Inc.) in Sacramento CA.

Therefore students are required to travel to Sacramento at least 3-4 days a week for a period of 2-3 weeks to complete their clinical objectives for Maternity. The class schedules for the maternity rotation will be available at the end of Term I.

Students will be required to provide their own transportation to and from the Sacramento area and will not be reimbursed by the school for any travel expenses or other expenses occurred during this clinical experience.

Student Acceptance: I have read this disclosure and accept the conditions of this agreement; I fully understand and agree to complete my obstetrical experience in the contracted facilities in Sacramento. I further understand that I am responsible for my own travel and other associated expenses (meals, accommodations if necessary).

_____	_____	_____
Student Signature	**Date**	**Program Director**

Solano College of Nursing

Vocational Nursing students are advised to follow these guidelines if they have a concern with VN theory, clinical, skills lab or faculty:

1. Always approach the faculty member first with any concerns, problems, or complaints that you may have. This action should be taken without delay. (This can be a verbal discussion)
2. If you are not satisfied with the response of the faculty member and you feel that you still have concerns. The student is required to put the concern in writing giving a copy to the faculty member and a copy to the Program Director. (This stage of the process must be in writing and must be no more than 3 days after initial contact with the faculty concerned)

   The complaint should include:

   1. Date and Time of incident, Concern, Problem
   2. Brief description of the problem
   3. Indicate if it affects only the student or other students
   4. Detail the contact that you have had with the faculty member and the solutions that were presented if any.

3. Upon receiving a written formal complaint the Program Director will review the complaint and contact the student within 3 working days.

   The Program Director will facilitate a meeting with the student/students and the faculty member within 2 working days from the date of reviewing the original complaint.

   The program director will render a final decision within 2 days after meeting with the student/ students and the faculty member.

4. The decision of the Program Director will be final.

Solano College of Nursing/ Vocational Nursing Program

Remediation Algorithm for Tutoring

Solano College of Nursing will adopt the remediation algorithm that was developed by the Bureau of Vocational Nursing and Psychiatric Technicians. This algorithm provides a logical approach to the identification and working through process for resolutions.

Solano College of Nursing will introduce each new student to the remediation process during the first week on campus. Each student will be given examples of the working model and instructions as to how the model is placed in effect and how the desired outcomes are achieved.

Solano College of Nursing will conduct a workshop with the instructors so that they will become familiarized with the remediation algorithm. They will also be given the opportunity to work with the model through examples of student situations related to theory, clinical, or general policy issues.

Working Process: Sources of Referrals

Students can be initially identified by numerous ways: faculty referrals, self-referral, and student referrals. Students can also be identified by traditional methods of testing, when a student falls below the acceptable grade of 75%, a remediation algorithm will be initiated.

Rev: 07/10/08 WCW

SOLANO COLLEGE OF NURSING/VOCATIONAL NURSING PROGRAM
MAKE-UP TIME (THEORY/CLINICAL)

Any student who misses theory or clinical days due to any absence must complete make-up days in order to complete their objectives.

1. **Theory Make-Up**: (Requires the prior approval of the theory instructor and the program director).
   a). Reading pertinent periodicals related to the subject material missed and the preparation of a summary of the same.
   b). Preparation of reports in a variety of health care topics that are assigned by the instructor and must be evidenced by at least 4 research articles.
   c). With the prior approval of the program director, attending lectures, conferences, workshops related to the subject material missed and then the completion of a summary and presentation to the class.
   d). Completion of specific assignments (case studies, written examinations).
2. **Clinical Make-Up**: (Requires the prior approval of the clinical instructor and the program director).
   a). Attending clinical make-up in the clinical setting at the time designated by the program.
   b). There will be 3 days available in each level for the purpose of clinical make-up.
   c). A satisfactory performance evaluation in the skills lab.
   d). Assignments with the prior approval of the Program Director that may include (patient care plans- patient teaching).

2. **Contract**: Each student who requires make-up days will complete a "Make-Up Procedure Contract" with the program director prior to commencing any work for credit towards lost theory or clinical hours.

Students who do not complete all clinical and theoretical objectives prior to the completion of the Vocational Nursing Program will not graduate nor be eligible for the State Licensing Examination until all objectives have been satisfactorily completed with a minimum of a "B" grade. **Rev: 09/03/09 WCW**

Solano College of Nursing

SCN Obligation for
Theory & Clinical Make-Up Time

The BVNPT approved curriculum states that SCN must provide a total of 9 (nine) make-up days for the entire program. These make-up days are intended for students who have had to miss days due to no fault of their own.

Students who miss more than 9 (nine) days for the entire program will be required to make up the lost time at their own expense. The current cost per hour for make-up time is $50.00 per hour and is the sole responsibility of the student to pay this fee. This fee will be paid in advance of the arranging of any make-up time and may be paid to an outside agency if necessary.

Students are not to approach individual instructors to try to negotiate the making up of lost hours nor are they to make individual arrangements with the SCN instructors.

Arrangements for all missed time will be made directly with the Program Director or the designee.

The Program Director may allocate the SCN instructors or any other BVNPT approved instructor from other institutions to supervise the theory or clinical time that needs to be made up.

ALL THEORY AND CLINICAL HOURS MUST BE COMPLETED BEFORE ANY STUDENT WILL BE CERTIFIED TO THE BVNPT AS HAVING COMPLETED THE VN PROGRAM.

I the undersigned have read this statement of understanding related to the making up of missed theory and clinical hours and agree to abide by the terms of this policy.

_____ _____

STUDENT: DATE:

Rev: 07/10/2009

Solano College of Nursing/ Vocational Nursing Program
Credit Granting Policy

Solano College of Nursing may grant credit for previous nursing education that has been completed within five years prior to admission to the VN program. In accordance with The Vocational Nurses Practice Act Section 2535 credit will be granted as follows:

a). Transfer credit shall be given for related previous education completed within the last 5 years. This includes the following courses:

1). Accredited vocational or practical nursing courses

2). Accredited registered nursing courses

3). Accredited psychiatric technician courses

4). Armed services nursing courses

5). Certified nurse assistant courses.

6). Other courses the school determines are equivalent to courses in the program.

b). Competency-based credit shall be granted for knowledge and/or skills acquired through experience, Credit shall be determined by written and/or practical examinations. Credit will be granted through evaluation of course work (official transcripts) by the Program Director. Students who possess a current Certified Nursing Assistant certificate, will be granted 10.0 units credit for their past experience and education (theory 4 units/clinical 6 units).

Official transcripts documenting that a pre-requisite course has been taken and received a passing grade from the issuing institution shall be given credit at Solano College of Nursing.

The Program Director will determine if any theory or clinical credit will be granted and that determination will be final.

04/07/08

Solano College of Nursing/ Vocational Nursing Program
Dress Code

(Uniforms are worn daily to theory classes as well as clinical)

Students in the VN program are expected to adhere to uniform standards and dress code appropriate to the clinical setting. The complete nursing student uniform must be worn at all times while in the clinical setting and students should carry the appropriate equipment.

- **Uniform** appropriate to clinical setting and/or standard white ¾ length lab coat. While in uniform, students will be expected to be neat. Uniforms must be kept clean, complete and in good condition. Students should wear clean uniforms each day. Students are required to wear their white lab coat when attending a facility to do data collection. No coats, sweaters, jackets maybe worn over the uniform.
- **Uniforms (blue)** must be worn by students at a ll times on campus unless permission has been obtained from the Program Director (for special occasions). NO substitute colors maybe worn.
- **Shoes/socks/hose** appropriate to uniform. Shoes should be polished and socks should be worn at all times. No shoes other than white maybe worn no sandals, no open-toed shoes.
- **Name pins** indicating student status and **SCNVNP patches** must be worn at all times while in uniform. If appropriate, clinical agency identification badges must also be worn at all times while in the clinical facility.
- **Cosmetics or make-up** should be used in moderation Perfume/Aftershave must "not" be worn while in client-contact situations.
- **Fingernails** should be worn short, clean and trimmed neatly. **Acrylic/false nails and colored nail polish are not permitted** while in uniform.
- **Wrist watch with second hand**, wedding bands and small, non-dangling, inconspicuous earrings are the only **jewelry** permitted while in uniform. **Visible tattoos and body piercing are inappropriate in the clinical settings. No visible body piercing, other than one to two small earrings per ear, are appropriate.**
- **Hair** should be well groomed. Long hair should be worn up (off the shoulders and collar); and medium length hair should be pulled back (off the collar). **Extreme hair styles and hair colors are inappropriate in the clinical setting and should be avoided.**

- **Equipment** including a stethoscope, pen light, bandage scissors and ink pen. Students are not permitted to bring their personal B/P cuffs to the clinical setting. Students are to make sure that their personal equipment is clean and in good working order at all times.

FAILURE TO FOLLOW CLINICAL POLICIES MAY RESULT IN IMMEDIATE PROGRAM DISMISSAL
The School of Nursing reserves the right to administratively withdraw any student who fails to adhere to any clinical course policy.

Solano College of Nursing/ Vocational Nursing Program

"Supplemental Dress Policy"

FOOTWEAR:
Running Shoes: Clean running shoes
Leather Oxfords: Clean leather oxfords

NO OTHER FOOTWEAR IS ACCEPTABLE:
No Van's, No Slippers, No Uggs, No Open toed shoes of any kind.

UNDER GARMENTS:
No clothing that extends past the sleeve length of the scrub is permitted
NO clothing that extends above the V-line of the scrubs (turtle neck sweaters)

OVER GARMENTS:
NO jackets, NO coats, NO sweaters, NO sweats or sports gear is to be worn over the uniform. The only exception is the wearing of the provided SCNVNP lab coat.

I understand these policies and I will abide by the regulations related to the dress code of Solano College of Nursing for the Vocational Nursing Program. I further understand that if I do not follow the policy I will be dismissed from the program without any further warning.

_____ _____
Student Signature **Date**

Rev: 07/10/2009

Solano College of Nursing/Vocational Nursing Program
Student Evaluations/Grading Policy:

Clinical Evaluations:

All clinical evaluations will be on a Cr/NCr bases with no grade being assigned to the student. Students who do not receive a Cr for clinical experience will be dropped from the program.

Students must be present on the clinical sites at least 20 minutes prior to the beginning of their assigned clinical experience.

Students must not miss more than 3 clinical days in any level as they will only have the opportunity to make up 3 lost days of clinical experience in each level.

Students who present a clinical risk to a patient or the facility will be removed from the clinical setting and may risk termination from the program.

Student who do not adhere to the substance use policies of the school will be terminated from the program.

Theory Evaluations:
Students missing more than 3 theory days in a level will be required to repeat the entire level.

Students will be evaluated based on a set of examinations:

Subject Exams 15 total	value 10% of final grade	= 60%
Comprehensive Exam	value 20 % of final grade	= 20%
Class Participation	value 10% of final grade	= 20%
		= 100%

Students have to write all scheduled examinations on the date the examination is first set. If a student does not write the exam on the first scheduled date, the student is required to write the missed exam but will only receive a grade of 50% for the exam (no exceptions).

The passing grade for this program will be a (75%) or better. Students achieving less that a (75%) will be required to repeat the course.

Credit Granting:
Students will not be given a grade for partial work completed in any Level, in order to have a grade assigned the student must have completed the course work for the entire Level.

07/10/2008WCW

Solano College of Nursing
Vocational Nursing Program

C-NET POLICY/Medication Management

C-NET POLICY:
I understand that Solano College of Nursing requires that each potential applicant complete the C-NET examination and achieve a passing grade of 75% in each of the subject areas: Math, Reading, and Language.

I understand that I must write the C-NET examination and achieving the passing grade of 75% in each of the above-mentioned subjects.

If I do not pass the C-NET examination with the required 75%, I understand that I may be offered a conditional offer of acceptance.

If I am given a " Conditional Offer of Acceptance" I understand that I must pass the C-NET with 75% in all subject areas prior to my being able to graduate/complete the Vocational Nursing Program at Solano College of Nursing.

I further understand that I may only write the C-NET examination twice within a calendar year.

In addition, I understand that I must attend the C-NET Remediation sessions which will be scheduled at Solano College of Nursing. The cost of these sessions will be my sole responsibility and I fully understand that this could cost an additional $325.00 for my attendance in these classes.

Solano College of Nursing/ Vocational Nursing Program

Text Book Purchases

The Vocational Nursing Program at Solano College of Nursing is an exclusive user of text from Lippincott.

Lippincott provides SCN/VN with resources that are free of charge and resources that we would not otherwise be able to supply for our students. The resources include on line text support, computer assisted learning modules, online library resources as well as other nursing support services.

Therefore students who are enrolled in the SCN Vocational Nursing Program must purchase their text books from the bookstore at SCN if we are to continue to enjoy the support that Lippincott extends to us. Without their support we would not be able to provide the virtual services that we now offer.

I the undersigned agree that I will purchase the required program text at the SCN bookstore. I also agree that I will purchase all the required text during the first week of the program in addition I understand that there is a no refund policy for any and all textbooks purchased at the SCN bookstore.

_____ _____

Student Signature **Date**

WCW: 07/10/2009

Solano College of Nursing/ Vocational Nursing Program

KAPLAN-PN PREPARATION CLASS

The Vocational Nursing Program at Solano College of Nursing is contracted to use the services of Kaplan to assist students to progress through the program.

In the past this was a free service, however as of July 01st 2009 there is now a service fee of $100.00 per student to participate in the program.

As the Kaplan program is an integrated part of the instructional plan at SCN is mandated that "ALL" students will participate in the program.

All students are responsible for the paying of their fee ($100.00) to utilize this service. This fee is not collected by SCN and the students will be given instructions as to how and when the fee is to be paid.

I the undersigned have read this policy and fully understand that I must participate in the Kaplan sessions while I am enrolled in the SCN/VN program. Failure to follow this policy will be cause for dismissal from the program.

_____ _____

Student: Date:

Rev: 07/10/2009

Solano College of Nursing/ Vocational Nursing Program

NCLEX-PN PREPARATION PROGRAM

All students who complete the Vocational Nursing Program at Solano College of Nursing are required to participate in the post program NCLEX-PN preparation program.

This program is held approximately 2 weeks after the completion of the course work and the students have graduated.

The cost of the program varies with the 2009 cost being $350.00 per student. The cost for the 2010 session has not been determined at this time however it should not exceed $400.00 per student.

All students are to participate in this program in order to complete their VN program and the cost of this program is to be borne by the individual student.

This is not a voluntary program and students who do not participate will not be recommended to the BVNPT to write the NCLEX-PN examination.

I the undersigned do hereby acknowledge that I understand this requirement and that I will not be recommended to the BVNPT to write the NCLEX-PN examination unless I have fulfilled this requirement. I further understand that I am responsible to pay the required fee and that this fee is not a part of the program tuition or lab fees.

_____ _____

Student: Date:

Rev: 07/10/2009

SOLANO COLLEGE OF NURSING

STUDENT TUITION RECOVERY FUND POLICY

The Student Tuition Recovery Fund (STRF) was established by the legislature to protect any California resident who attends a private postsecondary institution from losing money if they prepaid tuition and suffered a financial loss as a result of the school.

* Closing
* Failing to live to its enrollment agreement
* Refusing to pay a court judgment

To be eligible, a student must be a California resident and reside in California at the time the enrollment agreement was signed or when the student received lessons at a California mailing address from an approved school those who hold student visas are not considered California residents.

To qualify for STRF reimbursement, students must file a STRF application within one year of receiving notice from the Bureau for Private Postsecondary and Vocational Education that the schools closed. If students do not receive notice from the council, students have 4 years from the date of closure to file STRF application. If a judgment is obtained students must file a STRF application within a year of that judgment.

It is important that students keep copies of the enrollment agreement, financial aid papers, receipts, or any other information that documents the money paid to the school. Questions regarding the STRF may be directed to:

BUREAU FOR PRIVATE POSTSECONDARY AND VOCATIONAL EDUCATION
Physical Address:
2535 Capitol Oaks Drive, Suite 400
Sacramento California, 95833
Mailing address:
P. O. Box 980818
W. Sacramento, CA 95798-0818
Toll Free Number:
1 (888) 370-7589
Telephone Number: (916) 431-6959

Students have a right to a full refund of all charges, less the $100.00 registration fee, if they cancel their enrollment agreement on or before the first day of instruction. Students may withdraw from this course after instruction has started and receive a pro-rate refund for the unused portion of the tuition. If the school cancels or discontinues the course, students will be entitled to full refund of all tuition. Refunds will be paid within 30 days of cancellation or withdrawal.

Summary of Requirements for Licensure as a Vocational Nurse:

All applicants for licensure as a Vocational Nurse in California must meet all of the requirements.

1. Graduate from a California Accredited School of Vocational Nursing. (You must have successfully completed a California Accredited Vocational Nursing Program).
2. Be at least 17 years of age.
3. Furnish proof of completion of the 12th grade of schooling or its equivalent.
4. Complete and sign the "Application for Vocational Nurse Licensure" and furnish a valid U.S. social security number.
5. Complete and sign the "Record of Conviction" form.
6. Not be subject to denial pursuant to Business & Professions code section 480
7. Submit the required department of justice (DOJ) and federal bureau of investigation (FBI) fingerprints. Note: A license will not be issued until the Board receives the background information from DOJ.
8. Attach the appropriate nonrefundable fee made payable to the BVNPT
9. Successfully complete a written examination titled "National Council Licensing Examination for Practical (Vocational) Nursing (NCLEX PN)" or the "National League for Nursing Test Pool Practical Nursing Examination (NLN)."
9. Submit the initial license fee. When you qualify for licensure the Board will advise you of the initial license fee to be paid. This fee is in addition to the Application fee.

Students have the right to contact the Board of Vocational Nursing and Psychiatric Technicians for guidance or to file a complaint. The following is the contact information for the board:

Board of Vocational Nursing and Psychiatric Technicians:

2535 Capitol Oaks Drive, Suite #205
Sacramento, CA 95833-2945
(916) 263-7800 Fax: (916) 263-7866
Website: www.bvnpt.ca.gov

SOLANO COLLEGE OF NURSING

1330 Springs Road Vallejo, CA 94591 Tel. (707) 557-7173 Fax (707) 644-3441

VOCATIONAL NURSING PROGRAM APPLICATION

Please Print Legible:

Name : _____
(Last) (First) (Middle)

Address : _____
(Number & Street) (Apt. #) (City) (Zip Code)

Phone Number : _____ _____ _____
(Home) (Work) (E-mail)

Social Security Number:_____ Date of Birth:_____ Sex:___ M____ F

E-mail Address:_____

1. Are you at least 18 years old? _____ Yes _____ No
2. High School attended_____ Graduate?_____ or GED?_____
   Applicant must provide U.S High school diploma or GED scores. All foreign transcript must be evaluated by a member of the National Association of Educational Credentialing Service for 12th grade equivalency.
3. Have you ever been convicted by any court of a crime, other than a minor traffic violation? _____Yes _____No

4. List of Previous Education or Colleges attended:

Name of Institution City and State Dates of Attendance Units Degree Received

_____
_____
_____

Please lists courses below that you wish to apply for transfer credit consideration. ALL courses will be validated.

Prerequisite Courses	***College Attended***	***Course Name & Number***	***Semester & Year Completed***	***Grade & Units***

Courses must be taken within 5 years of application. Minimum Grade of a "C" for all transferable courses.

5. IN CASE OF EMERGENCY, WHO SHOULD WE CONTACT?

Name**:** _____ Relation: _____ Phone: _____

I hereby certify that the information provided in the above application is true, correct and complete to the best of my knowledge. Providing false information on this application shall be considered grounds for denial of enrollment to the Vocational Nursing Program.

Signature of Applicant:_____ Date:_____

SOLANO COLLEGE OF NURSING

ENROLLMENT AGREEMENT/ VOCATIONAL NURSING PROGRAM

A. **SCHOOL NAME:**Solano College of Nursing
ADDRESS: 1330 Springs Road Vallejo, CA 94591
Address where instruction will be provided: (SCN) 1330 Springs Road Vallejo, CA 94591

Address of Clinical Site:
Evergreen Healthcare 1527 Springs Road Vallejo, CA 94591 Tel. (707) 643-2262
La Mariposa 1244 Travis Blvd., Fairfield, CA 94591 Tel. (707) 422-7750
Evergreen at Heartwood Ave. 1044 Heartwood Avenue Vallejo, CA 94591 Tel. (707) 643-2262
Sierra Vista Nursing & Rehab Ctr. 705 Trancas St., Napa, CA 94558 Tel. (707) 255-6060
Chicks in Crisis 8359 Elk Grove Florin Road #103 Sacramento, CA 95829 Tel. (916) 441-1243
Sacramento Community Clinic 2200 Del Paso Blvd. Sacramento, CA 95815 Tel. (916) 924-7988
New Horizons Pre-School 900 Fairgrounds Drive Vallejo, CA 94589 Tel. (707) 644-5066
Kinder Care 1101 Rose Drive Benicia, CA 94510 Tel. (707) 745-0916

STUDENT NAME: _____
ADDRESS:_____
City **State** **Zip Code**

B. **ANY QUESTIONS OR PROBLEMS CONCERNING THIS SCHOOL WHICH HAVE NOT BEEN SATISFACTORILY ANSWERED OR RESOLVED BY THE SCHOOL SHOULD BE DIRECTED TO THE BUREAU FOR PRIVATE POST SECONDARY EDUCATION, 2535 Capitol Oaks Dr. Ste. 400 Sacramento, CA 95833, Mailing Address P.O. Box 980818 West Sacramento, CA 95798-0818 Phone: (916) 431-6959 Toll Free: (888) 370-7589**

A STUDENT OR ANY MEMBER OF THE PUBLIC MAY FILE A COMPLAINT ABOUT THIS INSTITUTION WITH THE BUREAU FOR PRIVATE POSTSECONDARY EDUCATION BY CALLING (888) 263-1897 TOLL FREE OR BY COMPLETING A COMPLAINT FORM, WHICH CAN BE OBTAINED ON THE BUREAU'S INTERNET WEBSITE www.bppe.ca.gov

C. This agreement is a legally binding instrument when signed by the student and accepted by the school. Your signature on this agreement acknowledges that you have been given reasonable time to read and understand it and that you have been given: (a) a written statement of the refund policy including examples of how it applies and; (b) a catalog including a description of the course of educational service including all material facts concerning the school and the program or course of instruction which are likely to affect your decision to enroll. Immediately upon signing this agreement, you will be given a copy of it to retain. The institution does not provide **English as a Second Language instruction**.

D. This agreement is for the course: **VOCATIONAL NURSING PROGRAM**
A total of **1,530 hours** are required to complete the course or educational service.

Start Date:_____ Scheduled Completion Date:_____

E. **STUDENT'S RIGHT TO CANCEL.** The student has the right to cancel this enrollment agreement and obtain a refund. You may cancel this enrollment agreement and receive a refund by providing a written notice to:

Leticia R. Weber, President
Solano College of Nursing
1330 Springs Road
Vallejo, CA 94591
Tel. (707) 557-7173

F. **REFUND INFORMATION .** The student has a right to a full refund of all charges less the amount of **$ 100.00** for the registration fee if he/she cancels this agreement **prior to or on the first day of instruction**. In addition, a student may withdraw from the course after instruction has begun and receive a pro rata refund for the unused portion of the tuition. Refer to the following computations to determine the amount of refund owed to you. For example: The student completes 100 hours of the 1,404 hours course (1,530 hrs. less Pharmacology 54 hrs., Anatomy & Physiology 36 hrs.)and paid $19,900.00 tuition, the student would be entitled to a refund of $18,482.62.

$19,900.00 amount for tuition	x	1,304 clock hours of instruction paid for, but not received / 1,404 clock hours of instruction for which the student has paid	=	$ 18,482.62 refund amount

If the school cancels or discontinues a course or educational program, the school will make a full refund of all charges. Refunds will be paid within 30 days of cancellation or withdrawal.

NOTICE

ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSE WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

IF THE STUDENT OBTAINS A LOAN TO PAY FOR AN EDUCATIONAL PROGRAM, STUDENT WILL HAVE THE RESPONSIBLITY TO REPAY THE FULL AMOUNT OF THE LOAN PLUS INTEREST, LESS THE AMOUNT OF ANY REFUND.

G. **FEES AND CHARGES.** The student is responsible for the following fees and charges:

Registration (non-refundable)	$ 100.00
Tuition fees	$ 19,900.00
Total Charges	$ 20,000.00
Other Charges:	
Entrance Test	$ 75.00
Books	$ 800.00
Uniforms (2 Sets, 2 Lab coats)	$ 150.00

THE TOTAL AMOUNT FOR ALL FEES, CHARGES, AND SERVICES THE STUDENT IS OBLIGATED TO PAY FOR THE COURSE OR EDUCATIONAL SERVICE IS $ 21,025.00

Schedule of Payment:

Registration fee (upon enrollment to the program)	$ 100.00
Tuition (Down Payment upon acceptance to the program)	$ 5,000.00
Monthly Payment (with 5 days grace period)	
1st month's payment	$ 1,000.00
2nd month's payment	$1,000.00
3rd month's payment	$1,000.00
4th month's payment	$1,000.00
5th month's payment	$1,000.00
6th month's payment	$1,000.00
7th month's payment	$1,000.00
8th month's payment	$1,000.00
9th month's payment	$1,000.00
10th month's payment	$1,000.00

Program End Fee: $4,900.00 due on the last day of class

H. **I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me.**

_____ _____

Signature of Student Date

I. Prior to signing this enrollment agreement, you must be given a catalog or brochure and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, and salaries or wages, prior to signing this agreement.

I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information included in the School Performance Fact Sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet.

_____ _____

Signature of Student Date

J. This agreement is not operative until the students make an initial visit to the institution and receives a thorough tour, or attends the first class or session of instruction.

_____
Date of First Tour

_____
Signature of Student

I certify that Solano College of Nursing has met the disclosure requirements of Education Code 94312 of the Private Postsecondary and Vocational Reform Act of 1989.

_____ _____
Signature, Title of School Official Date

This agreement is accepted by _____
Signature of School Official Date

You must pay the state-imposed fee for the Student Tuition Recovery Fund (STRF) if all the following applies to you:

1. You are a student, who is a California resident and prepays all or part of your tuition either by cash, guaranteed student loans, or personal loans, and

2. Your total charges are not paid by any third-part payer such as an employer, government program or other payer unless you have a separate agreement to repay the third part.

You are not eligible for protection from the STRF and you are not required to pay the STRF fee if either of the following applies:

1. You are not a California resident

2. Your total charges are paid by a third party, such as employer, government program or other payer, and you have no separate agreement to repay the third party.

SOLANO COLLEGE OF NURSING

1330 Springs Road Vallejo, CA 94591 Tel. (707) 557-7173 Fax (707) 644-3441

CANCELLATION POLICY

Date of first class session: _____

Students may cancel their contract with the school without any penalty or obligation on or before the first day of class.

If a student decides to cancel, any tuition fee will be pro-rated and paid within 30 days of the receipt of the proper written notice. The registration fee is non-refundable.

Cancellations must be made in writing. Students may not cancel by telephoning the school or by not attending the class. Notice must be received prior to or on the first day of class for a full refund less registration fee **($100.00 for Vocational Nursing).** Otherwise, the student will receive a pro-rate refund. Textbooks, Uniforms and other equipment costs will not be refunded regardless of when you cancel your contract for instruction. To cancel, the student should mail or hand deliver a copy of this page:

Leticia R. Weber, Administrator
Solano College of Nursing
1330 Springs Road, Vallejo, CA 94591
Tel. (707) 557-7173

Students who have questions or complaints that cannot be resolved with the school call or write:

Bureau for Private Postsecondary Education
2535 Capitol Oaks Drive, Ste. 400
Sacramento, CA 95833
Toll free: (888) 370-7589 Tel. (916) 431-6959
Fax (916) 263-1897

Mailing Address:
P.O. Box 980818
West Sacramento, CA 95798-0818

TUITION REFUND POLICY

Students have a right to a full refund of all tuition, less the registration, if they cancel on or before the first day of instruction. The tuition does not include the cost of the textbook, uniform and other expenses. Registration is not refundable. In addition, a student may withdraw from the course after instruction has begun and receive a pro rata refund for the unused portion of the tuition if the student has completed 60% or less of the course.

Example of pro-rate refund calculations:

Total Tuition fees	$19,900.00
Less: Registration fee (non-refundable)	100.00
Total amount subject to refund	$20,000.00

Total cost of tuition divided by the number of hours in the program:
$19,900.00/1404 hrs.= $14.17/ course program hour
(1530 hrs. less Pharmacology-54, Anatomy & Physiology-36, Nutrition - 36)

For example, if the student has completed 100 hours of the 1404 hours (1530 hrs. less Pharmacology 54 hrs., Anatomy & Physiology-36 hrs, Nutrition 36 hrs) Vocational Nursing course and paid $19,900.00 tuition, the student would be entitled to a refund of $18,482.62.

$$\underset{\text{amount for tuition}}{\$19{,}900.00} \times \frac{\text{1304 clock hours of instruction paid for, but not received}}{\text{1404 clock hours of instruction for which the student has paid}} = \underset{\text{refund amount}}{\$\ 18{,}482.62}$$

This is to certify that I received a copy of the Cancellation Policy of which I have read and understand.

_____
PRINT NAME

_____ _____
SIGNATURE DATE

SOLANO COLLEGE OF NURSING
1330 Springs Road Vallejo CA 94591 Tel. (707) 557-7173 Fax (707) 644-3441

PERFORMANCE FACT SHEET
LICENSED VOCATIONAL NURSE

YEAR	COURSE COMPLETION	PASSAGE RATE	EMPLOYMENT RATE
January 2011 to December 2011	Ten (10) students enroll in the Vocational Nursing Program. Ten (10) out of the Ten or 100% completed the course.	Five (10) or 100% passed the course.	One (2) of the students who passed the course or 20% found employment as Licensed Vocational Nurse in health care facilities and agencies. Two (2) of the graduates employed in the field worked at least 32 hours per week.

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Student Initial Date