



Northwest Technical Institute
rethink education

“Changing lives through education, training, and skill development.”

Medication Assistant Certified MA-C Application Packet

Estela Quintero
Allied Health Office Assistant
479-751-8824 ext. 116
equintero@nwti.edu

709 S. Old Missouri Road
Springdale, AR 72764
Phone: 479-751-8824

MEDICATION ASSISTANT PROGRAM CHECKLIST

FILE COMPLETION-This packet must be returned two weeks prior to first day of class.

- Medication Assistant Application (\$10.00)**
- Immunization Records**
Two (2) Measles, Mumps, & Rubella vaccines (MMR) if born on or after January 1, 1957 or serologic evidence of immunity.
- Flu Vaccine Current year**
- Covid-19 Vaccination**
 - Student must have a vaccine card and be fully vaccinated prior to coming to class
 - Students requesting exemption may not be allowed in clinical and therefore could not complete the program
- TB Skin Test-Negative Tuberculosis skin test** in the last 365 days or negative serum Tspot or Chest x-ray indicating “no active disease” within the last 365 days.
- Accuplacer Reading Comprehension Test (minimum score of 224) or TABE Test (passing score)**
- You will be required to purchase dark gray scrubs and black shoes to wear for clinical.

***NOTE: It is your responsibility to make sure you have a complete file.
Space is limited to 6 students per class. Each slot is given to the
applicant that has completed their entire application packet.***

YOU MUST HAVE A VALID ID OR DOCUMENTATION PROVING THAT YOU CAN WORK IN THE U.S.

No payment plans are available. All expenses are due on the first day of class. If there is a balance from the scholarships, it is required on the first day of class. If for some reason you do not receive a scholarship, the remaining payment is due immediately.



Northwest Technical Institute
rethink education

Medication Assistant Certified Estimated Costs

Tuition (Includes Background check)	\$1500.00
Fees (application fee) (testing fee)	\$10.00
Book	\$ 119.00
Total for the Course	\$1629.00

No payment plans are available. Expenses are due on the first day of class. Any questions should be directed to Estela Quintero 479-751-8824 ext. 116. The above expenses are estimates and are subject to change without notice.

A urine drug screen will be completed before the 1st day of class. A criminal background check will be completed at the end of the program. Any individuals with findings of disqualifying criminal record in accordance with Ark. Code Ann § 20-38-101 et seq and/or under the influence of medical marijuana in accordance with Act 593 Sec 2-25- (A) (B) shall not be eligible to take the competency examination.

After completion of the program, a certificate of completion will be issued. The student will then have an opportunity to test for the state certification. **Completion of the program does not guarantee passing grade on the state board certification test.** Additional costs for ASBN Certification are the responsibility of the student and may exceed \$110.00

Applicants must meet the following qualifications

1. Is currently in good standing on the Arkansas state’s certified nurse aide registry.
2. Has maintained registration on the state’s certified nurse aide registry continuously for a minimum of (1) year.
3. Has completed at least one (1) continuous year of full-time experience as a certified nurse aid in the state of Arkansas
4. Is currently employed at a nursing home.
5. Has a high school diploma or equivalent
6. Has successfully completed a literacy and reading comprehension screening process approved by the Board.

Northwest Technical Institute
709 S. Old Missouri Road
Springdale, AR 72764
(479) 751-8824 ext. 116

APPLICATION FEE \$10.00

Medication Assistant Certified Application for Enrollment

Name _____
Last First Middle

Nickname _____ Maiden Name _____

Current Address _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Cell Phone _____

E-mail _____ SS# _____ - _____ - _____ DOB _____ / _____ / _____

EMERGENCY CONTACT INFORMATION

Last Name	First Name	M	Relationship
-----------	------------	---	--------------

Address	City	State	Zip	Phone
---------	------	-------	-----	-------

Gender: Male Female Expected start date _____

High School Attended _____

High School Address _____

Did you graduate? _____ If so, what year? _____

If high school equivalency achieved, give name of test and date _____

College Attended _____ Hours _____ Degree _____

Other Educational Experience _____

Please select one or more of the following, as applicable: *Additional Information (Used for research purposes and federal and state reporting requirements, not for admission consideration.)

- American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
Are you Hispanic or Latino? Yes No Are you a citizen of the U.S.? Yes No If No, Country or Origin: _____
Marital Status: Married Single Divorced Separated Widowed Are you a Veteran? Yes No

Applicant's Signature

Date



Northwest Technical Institute
rethink education

Waiver of Liability Relating to Coronavirus/COVID-19

In addition to the required vaccinations published in the Medication Assistant Student Handbook, clinical agencies are beginning to require COVID-19 vaccination for onboarding. **Please note that refusal to comply with all of the vaccination requirements may limit site placement and could impede progression through your program of study."**

Northwest Technical Institute Certified Nursing Assistant Program cannot prevent you from becoming exposed to, contracting, or spreading COVID-19 or its variants, while attending the program even after vaccination.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my family in order to attend the NWTI CNA Program. I hereby **RELEASE and FOREVER DISCHARGE**, Northwest Technical Institute its officers, employees, or agents of all of its' divisions, insurers and the Board of Trustees of NWTI and NWTI Foundations, from all claims, actions, causes of action, suits, debts, sums of money (including but limited to principal, interest, attorney's fees and costs), controversies', damages, and demands of any nature whatsoever, in law or in equity, that I ever had, now has, or which any of my predecessors, successors, estate, potential heirs or assigns have, shall have or may have, against the Released Parties from the beginning of time to the present, whether now accrued or hereafter accruing, whether now known or unknown, that are in any way related to, or that arise out of my exposure to COVID-19 virus that may occur due to my participation in the NWTI CNA Program.

VACCINATION REQUIREMENTS: I have read and understand and agree that refusing vaccination for Covid-19 or any of the recommended boosters, or any other vaccination requirements may limit placement in clinical rotations and could impede progression in the program or delay graduation.

WAIVER OF LAWSUIT/LIABILITY: CHOICE OF LAW: I understand and agree that the law of the State of Arkansas will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature: _____ Printed Name: _____

Date: _____

Background Screening Consent

Applicant should complete all relevant information and sign and date the form.

I, _____, hereby authorize Northwest Technical Institute and/or its agents to make an independent investigation of my background, references, character, part employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for entrance into the clinical setting.

I release Northwest Technical Institute and its agent and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed) _____

Maiden Name or Other Names Used _____

Social Security Number: _____ Date of Birth: ____/____/____

Present Address _____

City _____ State _____ Zip Code _____

How Long at Present Address? _____

Former Address _____

City _____ State _____ Zip Code _____

How Long at Former Address? _____

Please List all states and counties of residence since turning age 18:

Driver's License Number _____ State of License _____

Signature of Applicant _____ DATE _____

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. Northwest Technical Institute abides by all applicable state and federal employment laws.

MEDICATION ASSISTANT APPLICATION FOR ENROLLMENT

Employment History: List work in health related fields first.

EMPLOYER	MAILING ADDRESS	JOB	DATES	
			FROM	TO

PERSONAL REFERENCES: No family member or residents of the same household.

NAME	MAILING ADDRESS

Personal Reference Letter from Current Employer: You will need one. Complete the top portion of each form and sign it. The reference should be completed and mailed by your reference and sent directly to NWTI. ***Reference letter submitted to NWTI directly from the applicant will not be accepted!***

In keeping with the guidelines on Title VI, Sections 602, Civil Rights Act of 1964; Title IX, Section 901, Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, this school assures that no person in the United States shall, on the basis of race, color, national origin, sex, or handicap be excluded from the participation in, be denied benefit of, or be subjected to discrimination under any person or activity administered by the school.

I hereby affirm that all information supplied for this application is complete and accurate. It is my understanding that I shall not be considered for admission until I have submitted all credentials specified. I understand that withholding information requested or giving false information may make me ineligible for admission and enrollment. I also understand that upon discovery of any falsified information on this application I will be subject to immediate dismissal from the program.

For more information concerning Northwest Technical Institute’s Campus Security Report, please visit The following link: <http://www.nwti.edu/campus-security.html>

Signature

Date

NORTHWEST TECHNICAL INSTITUTE

MA-C

P.O. BOX 2000

SPRINGDALE, AR 72765-2000

Phone: (479) 751-8824 Ext. 116

EMPLOYMENT REFERENCE LETTER

Employment reference letter submitted to NWTI directly from the applicant will not be accepted.

Employment Reference Letters should be completed and mailed by the employer and sent directly to NWTI.

Employment reference letters submitted to NWTI directly from the applicant will not be accepted!

PART I – TO BE COMPLETED BY PN APPLICANT. ONCE COMPLETED, SEND TO EMPLOYER.

Employer Name and Address, _____

& Phone Number: _____

Applicant's Name: _____

I authorize the above named employer to release to Northwest Technical Institute any information in my personnel file for the purpose of entry into the Certified Nursing Assistant Program.

Applicant's Signature

Date

PART II–FOR EMPLOYER. PLEASE COMPLETE AND MAIL TO NWTI.

The above person has applied for admission to our MA-C Program and has given your name as a reference. Will you kindly give us your candid opinion of this applicant's suitability for the duties of nursing? All information will be kept confidential. Thank you for your assistance.

Employment Dates: _____ Would you rehire this applicant? _____

Job Responsibilities: _____

Evaluate the applicant on the following 1 – 5 scale:

	1=Unacceptable		2=Poor		3=Fair		4=Good		5=Excellent		
Ability to get along with others	1	2	3	4	5	Initiative	1	2	3	4	5
Reaction under stress	1	2	3	4	5	Responsibility	1	2	3	4	5
Character	1	2	3	4	5	Dependability	1	2	3	4	5
Honesty	1	2	3	4	5	Efficiency	1	2	3	4	5

Please give us any further information that you might have about this individual that will help us to decide upon his/her suitability for nursing.

Signature/Title

Date

Nursing Facility Sponsored Students
Signature of Intent to Sponsor

Name of Nursing Facility: _____

Address of Nursing Facility: _____

CNA Student Name: _____

Signature below indicates the above named nursing facility assumes financial responsible for the Northwest Technical Institute Medication Assistant-Certified program tuition, fees, textbooks, and one time testing fees listed in the application. The sponsoring facility will be invoiced after the second week in the course.

Students approved and enrolled in the MA-C program who decide not to attend the course must notify NWTI 1 week prior to the start of the course for the sponsoring facility to receive a full refund of the tuition and textbook fee.

If a student fails to show the first day of the course, or for emergency reasons, could not notify NWTI of the request to be removed from the course enrollment before the 1st day of the course, a grace period of 1 week will be allowed after the course starts. NWTI will contact the sponsoring facility within the 1st week to ensure the student is not going to attend the course. NWTI will then provide a full refund of the tuition and textbook fee to the sponsoring facility.

Application and testing fees are non-refundable.

Every effort will be made to ensure the approved students and sponsoring facilities are notified of student's progression and status in the course.

I agree and understand the above statements

Signature: _____ Date: _____

This signed document must be emailed to the director of nursing:

Debra Walker DNP, FNP-BC, APRN
Director of Nursing NWTI
479-751-8824 ext 123
dwalker@nwti.edu