



**MODESTO JUNIOR COLLEGE
ALLIED HEALTH and FAMILY & CONSUMER SCIENCE DIVISION
NURSE ASSISTANT TRAINING PROGRAM
STUDENT HANDBOOK**

SIGNATURE PAGE

I, _____, have read the Modesto Junior College Nurse Assistant Training Program **Student Handbook**. I understand the policies, procedures, conditions, and behaviors that are expected of me as outlined in the handbook and agree to abide by all of them. I understand that the failure to observe the Nurse Assistant Training Program's policies in both clinical and theory components may jeopardize my ability to be successful. **Please complete handbook and syllabus quiz on canvas.**

Student must complete 60 hours of theory and 100 hours of clinical. Students are allowed to miss a maximum of one lecture class and one clinical day, that must be made up on the assigned make-up day. Absences must be made up **hour for hour, with instructor present, without exception.** If the make-up is not completed on the assigned make-up day or if more classes are missed, the student will be dropped by the instructor. **NO EXPECTATIONS**

_____By initialing this box, I understand that I must complete **60 hours of theory and 100 hours of clinical.** I may miss a maximum of one lecture class and one clinical day, that **must be made up on the assigned make-up day NO EXCEPTIONS.** Absences must be made up **hour for hour, with instructor present, without exceptions.** If the make-up is not completed on the assigned make-up day or if more classes are missed, the student will be dropped by the instructor. **NO EXPECTATIONS**

Students must completed all assignments and quizzes on the due date, failure to do so will result in a zero for the assignment or quiz. NO EXPECTATIONS. _____By initialing this box, I understand that I must complete all assignments and quizzes on the assigned due dates, failure to do so will result in a zero for the assignment or quiz and there are no exceptions.

SOCIAL SECURITY CARD (not a copy or laminated) must have my signature._____By initialing this box, I understand that in order to complete the state exam I must provide an original social security card, not copied or laminated.

DRIVERS LICENSE OR CALIFORNIA ID OR PASSPORT_____By initialing this box, I also understand that in order to complete the state exam, if my address has changed it must be updated on my government issued id. Or I must provide the DMV issued change of address card.

_____ Last Name

_____ First Name

_____ Signature

Semester: _____

Year: _____

Date: _____