

Butler and Associates Certified Nursing Assistant Recertification Agreement
Certified Nursing Assistant Recertification will henceforth be referred to as CNA recertification.

I, _____ understand that I MUST complete Southern Illinois University Carbondale (SIUC) online recertification form, call SIUC and give them my Social Security number and request a packet to begin the recertification process.

I _____ understand that I MUST provide a copy of my letter from the instruction packet received from SIUC on the day of my recertification.

I, _____ understand that, at my expense, I must meet the tuberculosis skin testing requirements of the participating facility and as required by the Illinois Department of Public Health prior to beginning Pre-recertification or Recertification process.

I, _____ understand that CNA recertification could be more than a one day process and will include the pre-recertification written assessment as well as the opportunity to practice each of the 21 skills prior to the Manual Skills Evaluation.

I _____ understand this pre-recertification assessment and practice time will be billed at a rate of \$40.00/ hour (\$45.00 per hour if Evaluator must travel more than 50 miles for the Evaluation) of which the first hour must be paid prior to the beginning of the Pre-recertification assessment.

I, _____ understand that if I am unsuccessful in the completion of the pre-recertification assessment I may choose to receive tutoring at the cost of \$40.00 per hour (\$45.00 per hour if Evaluator must travel more than 50 miles for the Evaluation) by a Certified Nursing Assistant Educator provided by Butler and Associates.

I, _____ understand that to reserve a day and time for recertification, Butler and Associates must receive a money order or certified check in the amount of \$100.00 at least 5(five) business days prior to the recertification date which is non-refundable in the event of cancellation or failure of the recertification, but will be deducted from the final cost of successful recertification.

I, _____ understand that I have 3 (three) attempts to successfully complete each of the 21 skills as outlined in the Illinois Department of Public Health Nursing Assistant Training Performance Skill Evaluation.

I _____ understand that I must also practice and implement the principles of safety, resident rights and infection control at all times and if at any time I violate any of these principles I will fail the skill.

I, _____ understand that receiving tutoring from Butler and Associates in no way guarantees successful completion of the 21 Manual Skills and do not hold Andrea France and/or Butler and Associates or subcontractor of Butler and Associates responsible for the outcome of the recertification process.

I, _____ understand Butler and Associates and/or the participating facility cannot be held liable for any accident, injury, or loss of property at any time before, during, or after the recertification process.

I, _____ agree to maintain confidentiality regarding any and all information obtained about this facility, its residents, and/or family members of residents while providing care under supervision of Butler and Associates.

I, _____ agree to conduct myself in a manner befitting a nursing assistant while being evaluated by Butler and Associates or any subcontractor of Butler and Associates. I also agree to adhere to the dress code as stated in the following guidelines. I understand that this agreement may be terminated by the Manual Skills Evaluator if at any time during the evaluation the evaluator deems my behavior and/or interaction with the resident/residents family, facility personnel, or evaluator to be inappropriate or unsafe or inappropriate.

Dress Code Guidelines

The nursing assistant will wear a clean pair of scrubs and/or uniform with clean white or black shoes. No open toes, mesh, or open backs are allowed.

Hair will be pulled back away from the face and not touch the shoulders.

Jewelry will consist of no more than one pair of post earrings and one ring (bands only)

No hickeys or tattoos may be visible.

You must have a watch with a secondhand and a black pen.

Butler and associates will provide gait belt, stethoscope and blood pressure cuff for evaluation purposes.

I understand that no part of the Pre-recertification process or the Recertification process will begin until this agreement is signed.

I understand that all fees must be paid and all paperwork submitted as stated above prior to the Manual Skills Evaluator Form being sent to IDPH for processing.

By signing this document I agree to abide by the guidelines as stated above.

Evaluator Signature _____ Date _____

Candidate Signature _____ Date _____