

Authorization & Enrollment - Nurse Aide



This form must be completed and signed by the EMPLOYER/SPONSOR and the PARTICIPANT/STUDENT

Contact Information (Recipient)	Service Provider (District)
Organization Name	Madison Area Technical College
Street Address	Professional & Continuing Education
City, State, Zip Code	1701 Wright St., Madison WI, 53704
Organization Representative Name	
Organization Representative Phone	
Organization Representative Email	

INVESTMENT

Investment per enrollee: \$645 paid by employer (*Student pays no fees*)

Course fees, books and materials, are included below: \$0 (*grant funding covers additional fees, books, materials*)

PAYMENT TERMS

I hereby authorize the individual listed below to enroll at Madison College Technical College and will be responsible for the payment of course fees, including books and materials, as indicated below:
Payment shall be made within 30 days after receipt of invoice(s), unless waived by this agreement. District employees performing under this contract shall remain under the exclusive control of the District.

EMPLOYER/SPONSOR SIGNATURE _____ **DATE** ____ / ____ / ____

PROGRAM COURSEWORK OVERVIEW

- 59 hours of theory, online asynchronous instruction
- 26 hours of lab and clinical in person either at your clinical site or at a Madison College Campus as determined by your employer

TRAINING SCHEDULE

Prin of Nurse Aide Safe & Comm – October Cohort		Orientation 10/5	Online	10/12/22	11/12/22
Fund of Nurse Aide Training 1 – October Cohort		Orientation 10/5	Online	10/12/22	11/12/22
Application of NA Skills – October Cohort		Orientation 10/5	In person	TBD	TBD

STUDENT RESPONSIBILITIES

1. You will need to have an active Madison College Account (Student ID Number, Username and Password) to register for this class.
To get started, visit Student Account Creation at: <https://students.madisoncollege.edu/student-account>

It is important not to create a duplicate account – doing so will delay your registration and adversely impact your attendance record.

If your name has changed, that's OK – please register for the course with your former name and submit name change information later.
2. Complete the following information and return it to the person in your organization who is coordinating your registration in this program.
3. Make note of your Student ID Number, Username, Password and email for your record and check your Madison College email regularly as your instructor will contact you via your Madison College email address ONLY.

ENROLLMENT – PARTICIPANT/STUDENT INFORMATION

Participant/Student First Name, Last Name, M.I.	
Participant/Student Former Last Name/s	Participant DOB (MM/DD/YYYY)
Participant/Student Phone Number (XXX-XXX-XXXX)	Participant Email Address
Residential Address (Street Address, City, State, Zip Code)	County
MATC ID# (Required to enroll in this course):	

For questions or issues concerning account set-up/activation, duplicate accounts, forgotten login/password or student ID information, please reach out to Madison College Student Enrollment Service at: 608-246-6210; enrollmentservices@madisoncollege.edu

For needs regarding issues with or access to technology, please reach out to Madison College Technology Service at: <https://madisoncollege.edu/student-experience/support/tools-technology>

REQUEST FOR RELEASE OF ACADEMIC RECORDS INFORMATION

I authorize my employer to obtain records pertaining to the course listed above including grades, attendance, and tuition. This release is valid for one year from the date it is signed. A copy of this release is as valid as the original.

PARTICIPANT/STUDENT SIGNATURE _____ **DATE** ____ / ____ / ____

This is to certify that this declaration is made for the purposes of my academic record and that I intend to use this name consistently for these purposes at Madison College.