

**Orange Ulster BOCES Occupational Programs Registration Form**

Date: \_\_\_\_\_

**Client Information**

System ID (office use) Last Name:	First	MI	Date of Birth
Mailing Address	City	State	Zip Code

Do you have a HS Diploma/GED? Yes No

Contact Information	Home	Cell:	Email Address:
Emergency Contact 1: Name:		Phone:	Relationship:
Emergency Contact 2: Name:		Phone:	Relationship:

**Employment Status**

I Are you currently employed? Yes No

Name of current employer: \_\_\_\_\_

**Program Information**

Course Code	Program Title	Start Date	Tuition
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**Payment Information**

Discover/Visa/Master Card	Credit Card Number	Expiration Date:	3-Digit Security	Check	Money order
	<b>Please Call (845)781-6715 Extension 2 to pay using Discover, Visa, or MasterCard.</b>			Check number:	
Name on Credit Card:		Zip Code:			

**Funding Sources specific to this Assignment**

SelfPay	Veteran Benefits	EPE
Payment Plan	ACCES VR/VESID	Indian Council
Orange County - ETA	CSEA	

Name of Funding Counselor: \_\_\_\_\_

**Core Goals**

- Obtain employment
- Improve current employment status
- Enroll in additional training/educational program
- General knowledge, not for employment purposes

**Race/Ethnicity: (check all that apply)**

- African
- African American
- Afro-Caribbean
- Alaskan Native
- Latino/a
- Asian
- Native American
- Native Hawaiian
- Pacific Islander White (not Latino)

**Population Categories (check all that apply)**

- Adults with Disabilities
- Veteran
- Dislocated Worker

Prior to your training, did your income fall below:

- Single \$15,590     Couple \$21,000
- Family of 3 \$26,420
- Family of 4 \$31,830
- Family of 5 \$37,240
- Family of 6 \$42,650
- Does not apply

If receiving assistance-please check all that apply:

- TANF                       RIAA                       Medicaid
- TAP                          Safety Net
- SSD                          Food Stamps
- Unemployment          SSI
- WIC                          Workers Compensation

Please Note-In order to determine the effectiveness of our Adult Education programs, a required follow-up phone call or email will be sent to you approximately 3 months after completion to see if employment has been obtained by you or if you are enrolled in any other educational programs.

**Signature of Student** \_\_\_\_\_

Date: \_\_\_\_\_

**Medical Information****Medical Concerns**

If you wish to disclose any medical information for your instructor, please state the condition on the line below. Also, ensure that both of your emergency contacts are listed above and their phone numbers are up-to-date.

Rev. 6/03/21

Attn Staff: Please type the words "Medical Condition" under the "Job Title" option in the Address Section of Xenegrade.

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## Student Acknowledgement of OUBOCES' Rules and Procedures

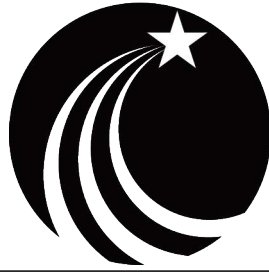
\*Please note: OU BOCES tracks its students after graduation to collect post-graduation/completion information. We kindly request that students cooperate with helping staff determine his/her program outcomes. In addition, upon the completion of your course if you receive employment in the field for which you were trained, please call 845-781-6715 x2 to notify staff of this terrific accomplishment.

I \_\_\_\_\_ have read a) the Student Handbook and b) the Code of Conduct, understand and acknowledge the rules and policies stated. I agree to abide by these rules and policies and understand that violation of a rule or policy can result in dismissal.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Digital Signature

Rev. 6/3/21



# Division of ADULT & CONTINUING EDUCATION

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## Orange-Ulster BOCES Adult Education Program Academic Prerequisites - Student Acknowledgement

Orange-Ulster BOCES Health Careers and Trade programs have specific academic prerequisite recommendations for applicants. In order to reasonably insure that applicants will be able to fulfill the academic requirements of the courses and also be eligible to take post-program certification tests, they should have graduated from high school in good standing, with at least a C average in English and Math. Prior to being accepted into our program, applicants will be required to provide a copy of their high school transcripts.

Applicants without a high school diploma, **will be required** to successfully complete a TABE (Test of Adult Basic Education) assessment prior to being accepted into Health Careers programs. Applicants with high school diplomas who are not sure they are reading or understanding math at a level necessary to be successful in Health Careers programs, are strongly encouraged to take the TABE assessment, before registering and paying for the course. The minimum passing scores for the specific Health Careers and Trade programs are listed below.

Training Program	Reading	Math
Health Information Technician	10	8
EKG Technician	10	8
Medical Assistant	10	8
Nursing Assistant	10	N/A
Practical Nurse	11	9.5
Phlebotomy Technician	10	7.5
Sterile Processing Technician	10	8
Auto Academy	8.5	8
All Trades Programs	8.5	8

To find out when the next TABE assessment is scheduled, or for more general information about program application requirements, call (845) 781-6715 x 2.

**I have read the information above and understand the academic requirements necessary to gain admission to the Orange-Ulster BOCES Health Careers and Trade program. I also understand that meeting the academic requirements to register does not guarantee that I will be successful in the course, which requires that all students maintain a 75% grade point average.**

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Name (Please Print)

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Date

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Digital Signature

1/3/2022



*Division of*  
**ADULT &  
CONTINUING  
EDUCATION**

ORANGE-ULSTER BOCES  
Criminal Background  
Screening

**Criminal Background Information:**

Prospective students considering enrolling in an Orange-Ulster BOCES Certified Medical Program are advised that they may be required to be subject to an interview, criminal record check, and/or a drug/alcohol screening while enrolled in the Program or by a potential clinical or externship site at the site's discretion. Thus, students are responsible to research the requirements and laws that govern the Program and field for which they register. A student who registers for the Program is assumed to have determined that (s)he has or will meet the standards expected and required to participate in all associated levels of the Program: from initial enrollment in the Program as a student, to being placed in a clinical/externship setting through the Program, to eventually finding work in the field and obtaining any required licensing/certifications.

A student who is removed from the Program or who does not qualify for a clinical or externship due to the student's refusal to consent to a criminal record check and/or drug/alcohol screening, or who is denied participation in same due to the result of the criminal record check and/or drug/alcohol screen, will not be refunded any portion of the Program costs. Refunds also will not be given to a student who is not accepted or has been ordered to leave an externship site due to the result of a criminal record check and/or drug/alcohol screening. Orange-Ulster BOCES is not responsible for and will not provide a refund to a student who has completed the training but is unable to find employment due to the results of his/her criminal record check and/or drug/alcohol screening.

Students registering in a Program that is affiliated with National Healthcareers Association, (NHA) as the certifying agency, who have been convicted of a felony or have had a registration or licensure revoked due to disciplinary actions by a health or state board, are prohibited from sitting for certification exams unless approved by an Appeals Committee from NRA. Students must complete an Appeals Form **prior** to registering for a Program. The Appeals Committee will review the Appeals Form to determine the applicant's eligibility for national certification. If you have any questions regarding NHA requirements, please call the National Healthcareers Association at 800-499-9092, prior to your entrance into the Program, to discuss any issues that may prevent you from obtaining a certification.

By signing this, I agree that I have read, and understand the contents of this document.

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Student Name (PRINT)

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Student Name (Signature)

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Date