



Health Staffing Professionals
Corporate: 915 S. 11th Street Decatur, Indiana 46733
260-724-4417
www.rremployment.com

May 2018 CNA Class Date/Schedule

Orientation Meeting – must attend and have online application completed
By Friday – APRIL 27th at the RR Medical Staffing building.

MAY 2018 Class Schedule

1st night of class MEET AT R & R Medical Staffing Office at 3:15 pm

We will drive over together so everyone knows where class will be held.

TUES.	May 1st	4:00 pm - 9:00 pm
WED.	May 2nd	4:00 pm - 9:00pm
TUES.	May 8th	4:00 pm - 9:00pm
WED.	May 9th	4:00 pm - 9:00pm
THURS.	May 10th	4:00 pm - 9:00pm
FRI.	May 11th	4:00 pm - 9:00pm
MON.	May 14th	4:00 pm - 9:00pm
WED.	May 16th	4:00 pm - 9:00pm

Instructor: Janelle Gresla

Bellmont High School: 1000 North Adams Drive Decatur, IN 46733

****CPR Class located at R & R Medical Staffing Office**

Date will be discussed before you begin attending classes.

****Changes to the schedule may occur during the class.**

Entire Class Cost: \$600.00 (NON-Adams County Resident) Adams County Resident- Options:

- \$300.00 1 year contracted in. _____

You may be eligible to take the class if you are only needing PRN or will be taking your certification elsewhere for employment. The full cost of the class will be required paid in full prior to any acceptance into the class etc.

There is tuition assistance available for those applicants that qualify – the tuition assistance is available to Adams County Residents first; then other criteria used to select candidates include job history, availability to work open shifts, and availability to work at locations needing positions filled.

A class fee of \$600-100.00 is required to hold your spot and is non-refundable if you do not successfully complete your Certified Nurse Aide Testing or leave our program.

Fee includes: background screening, drug testing, physical, TB and agility testing, CPR Certification as well as testing for the state

****After successful completion of the class and state test, students may be eligible for employment opportunity with insurance benefits****

I have received and understand this information:

Name: _____ Date: _____

Witness: _____ Date: _____

