### 2014-2015 STUDENT SCHEDULE – DEFINED PROGRAMS

Name: ___________________________  
Age Level: □ Adult □ High School: Grade ____ School _________ Counselor ________

School ID #: ______________________

<table>
<thead>
<tr>
<th>Class</th>
<th>Dates for FY 2015</th>
<th>Days &amp; Time</th>
<th>Site</th>
<th>Tuition</th>
<th>Fees</th>
<th>Books</th>
<th>Supplies</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified Nurse Assistant</td>
<td>May Session TBD</td>
<td>Monday &amp; Wednesdays</td>
<td>Tooele Applied Technology College</td>
<td>224.00</td>
<td>80.00</td>
<td>0*</td>
<td>0*</td>
<td>$ 304.00</td>
</tr>
<tr>
<td>Adult (128 hrs)</td>
<td>4:00 - 8:00 PM</td>
<td></td>
<td>88 S. Tooele Blvd Room 145</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certified Nurse Assistant Secondary</td>
<td>May Session TBD</td>
<td>Monday &amp; Wednesdays</td>
<td>Tooele Applied Technology College</td>
<td>N/A</td>
<td>40.00</td>
<td>0*</td>
<td>0*</td>
<td>$ 40.00</td>
</tr>
<tr>
<td>(128 hrs)</td>
<td>4:00 - 8:00 PM</td>
<td></td>
<td>88 S. Tooele Blvd Room 145</td>
<td></td>
<td></td>
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</tbody>
</table>

Note: Clinical hours will be scheduled separately on 4 Saturdays for 6 hours ea.

*Required Item for Class (May be purchased at the USU Bookstore):
- Nursing Assistant Care Textbook 3rd Edition $46.50
- Nursing Assistant Care Workbook 3rd Edition $22.50
- Gait Belt $12.00
- BP Cuff $16.70
- Stethoscope $16.70
(Prices subject to change)

Total Amount Paid: ______________________

Received By: ______________________  
Date: ______________________

Sponsor / Counselor (must have voucher):
- □ DWS Counselor & Phone#: ________________________________
- □ Deseret Industries Counselor & Phone#: __________________
- □ TATC Scholarship:____________________________________
- □ VA Voc Rehab Counselor & Phone#:_______________________
- □ Voc Rehab Counselor & phone#:__________________________
- □ LYFE Counselor & Phone#:______________________________
- □ Other Counselor & Phone#:_____________________________

Sponsor Address: ______________________

- □ TATC Employee Benefit  ____ Employee
- □ Spouse/Child (Emp.Name:______________________)
- □ TATC Professional Development (requires prior approval from supervisor, memo attached)

Registered By: ____________  
Date: _____________________

2/19/2015