Certified Nurse Aide

Program Application Packet

Certified Nurse Aide Program

APPLICATION

Program description: The Certified Nurse Aide program is designed to prepare students to take the state certification test with NACES. This 100 hour course prepares entry level nursing assistants to achieve a level of knowledge, skills, and abilities essential to provide basic care to residents of long-term care facilities. The course consists of 60 hours of class with 40 hours of clinical experience at a local nursing facility. **Acceptance to the Certified Nurse Aide Program is based on the following criteria:**

The Application Process: All prospective students for the CNA program should contact the Health Sciences Continuing Education Coordinator at 903-434-8350 or set an appointment for more information. The CNA program application is available on the NTCC website www.ntcc.edu/continuinged. The applicant must gather and submit the following required documentation to the NTCC Health Sciences Continuing Education Coordinator to begin the application for admission process:

1. Completed Application.
2. Completed Student Statement of Understanding.
3. Proof of age (submit copy of driver's license or birth certificate)
4. Proof of high school graduation or GED or unofficial college transcripts showing college-level course work completed within the United States.
5. Those applicants who have never taken college-level course work within the United States will be referred for the appropriate academic assessment (TABE) on the Northeast Texas Community College Campus – located in the Student Services Building.
6. Proof of CPR for Healthcare Providers (Heart code BLS) issued through American Heart Association ONLY. Submit copy of CPR Card.
7. Verification of required immunizations (page 5).
8. Background check authorization (pages 7-8). Please submit a copy of social security card.

Class Information:

Classes: NURA1001 64 hours classroom and skills lab

NURA 1060 64 hours clinical externship

- Tuition/fees **$646**
- Students must provide uniform/supplies (see attached list). Uniform's will be ordered in class the first week. **$165 (est.)**
- Students will set up their state exam at certified testing centers and pay exam fee **$120**

Financial Aid:

Qualifying students may be eligible for financial aid. The **Texas Public Education Grant** (TPEG) is available to *assist* non-credit students with tuition expenses only. TPEG application directions can be obtained by submitting proof of eligibility from the NTCC financial aid office. Students are encouraged to apply at least one month prior to registration.

Following submission of the TPEG application, students should follow up with the advisors in the Northeast Texas Community College Financial Aid Department for specific details related to the approval and disbursement of awards. Students may also check with Continuing Education staff members to verify the posting of TPEG awards.

Students that do not qualify for financial aid can set up a payment plan with Northeast Texas Community College. Additional limited assistance may be available. Contact the Continuing Education Department for more information on the student payment plan, at 903-434-8134.

NORTHEAST TEXAS COMMUNITY COLLEGE
Continuing Education—Health Sciences

CERTIFIED NURSE AIDE PROGRAM

NAME: _____

ADMISSION CHECKLIST

TABE, THEA (or equivalent)   _____

APPLICANT – At least 18 years old   _____

GED/HIGH SCHOOL DIPLOMA   _____

SHOT RECORDS COMPLETE   _____

(*BOOSTERS NEEDED:* _____ _ _____)

TB TEST RESULTS   _____

QUESTIONNAIRE/PARAGRAPH   _____

PROOF OF CPR FOR HEALTHCARE PROVIDERS COMPLETION   _____

BACKGROUND CHECK   _____

REGISTRY CHECK

STATE ISSUED PHOTO ID   _____

NORTHEAST TEXAS COMMUNITY COLLEGE

Continuing Education—Health Sciences

CERTIFIED NURSE AIDE PROGRAM

Admissions Application Form

1. Name: _____

    Last   First   Middle

2. Home Address: _____

    Street   City   State   Zip

3. Student ID #:_____ Date of Birth: _____

4. Phone Number(s):

    (Home) _____ (Cell) _____ (Work) _____

5. Email address: _____

6. Educational History: Completion Date:

    High School: _____   _____

    College: _____   _____

7. Please explain your interest in the Certified Nurse Aide career:

    _____

    _____

    _____

    _____

    _____

8. _____   _____

    Applicant Signature   Date

CERTIFIED NURSE AIDE PROGRAM

STATEMENT OF UNDERSTANDING

I understand that if I miss more than 10% of a class, I may not be able to make it up and will have to retake the class. I also understand that if I am tardy to class, points may be taken off my final grade and/or it may be added to the 10% of hours missed in class. The syllabus will explain the method the instructor will use to determine the grade. He/She will determine if the absence can be excused.

I understand that prior to official registration that I will be required to:

1. Provide proof of immunizations or serologic proof of immunity to Measles, Mumps, Rubella, Varicella (Chickenpox), Hepatitis B, Tetanus/Diphtheria/Pertussis, Influenza, and Bacterial Meningitis (required for adults aged 22 and under) at my own expense;
2. Provide proof of current negative TB test at my own expense;
3. Submit proof of current CPR for Healthcare Providers card (Heart code BLS) issued through American Heart Association ONLY.
4. Submit to a criminal background check through Texas Department of Public Safety (DPS) and a registry check through the Department of Aging and Disability (DADS). I further understand that certain offenses prohibit candidates from enrolling in the CNA Program.
5. **Upon completion of this program, it is each student's responsibility to obtain a copy of their Certificate of Completion and Performance records from this department.**

Refunds must be requested through the Continuing Education Office and will be made according to the following schedule:

- 100% if notification is received prior to the first class meeting.
- 80% prior to the second class meeting.
- NO refund after the second class meeting.

Refunds will be mailed by the College Business Office. Students should allow two to three weeks for processing.

Courses may be postponed or cancelled without notification.

I certify that I have read each of the above statements and understand their meanings. I also have been given the opportunity to ask questions regarding these statements.
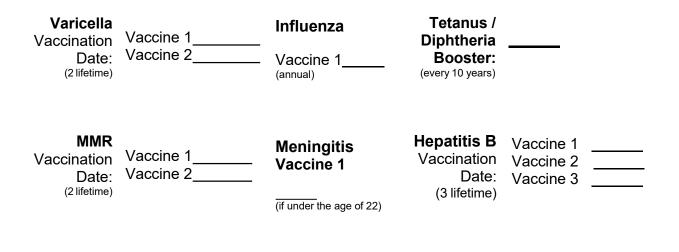
_____   _____

Applicant's Signature   Date

Northeast Texas Community College is an equal opportunity, affirmative action, ADA institution.

Immunization Records

Students must submit immunization records with dates, or serologic tests confirming immunity.

Varicella
Vaccination Date:
(2 lifetime)

Vaccine 1 _____
Vaccine 2 _____

Influenza

Vaccine 1 _____
(annual)

Tetanus / Diphtheria Booster:
(every 10 years)

_____

MMR
Vaccination Date:
(2 lifetime)

Vaccine 1 _____
Vaccine 2 _____

Meningitis Vaccine 1

_____
(if under the age of 22)

Hepatitis B
Vaccination Date:
(3 lifetime)

Vaccine 1 _____
Vaccine 2 _____
Vaccine 3 _____

Tuberculosis Screening Date: _____
(annual)

Date: _____

I understand and agree that I must undergo a Nurse Aid registry check with the Department of Aging and Disability Services, prior to entrance into the Certified Nurse Aide program. I am furnishing my information and understand that if my Nurse Aid registry checks return with questionable findings, it can result in not being able to enroll in the Nurse Aid program.

_____
Signature

_____
Full Name (PRINT CLEARLY)

_____
Other names (maiden, married)

_____
Date of Birth

_____
Social Security #

_____
Driver's License #
Texas Issued   ___Y___N

NTCC witness: _____

Applicants please note: Completing this form does not automatically generate the need for a criminal history verification. This verification will not be conducted until the applicant is being seriously considered for employment. An applicant's criminal history does not automatically exclude them from employment; each situation will be reviewed carefully for consideration prior to a final offer of employment. All information is kept at the highest levels of confidentiality and is not included in an employee's personnel file.

DPS Computerized Criminal History (CCH) Verification
(Agency Copy)

I,_____, have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on Name and date of birth (DOB) information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method. This agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process, I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process, I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of $ 9.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by NTCC. Required for future DPS Audits.)

_____
Signature of Applicant or Employee

_____
Date of birth

_____
Today's date

_____
Agency Name

_____
Agency Representative Name (Please print)

_____
Signature of Agency Representative

Please:
Check and initial each Applicable Space
CCH Report printed:
Yes_____ No_____ _____Initial
Purpose of CCH:
Hire_____ Not hired_____ _____Initial
Date printed: _____Initial

Destroyed Date:_____ _____Initial

Retain in your files

Certified Nurses Aide (CNA)
One Program: TWO ways to Go

CNA Through Continuing Education (CE):
- 8 week class (meets at night & on Saturdays)
- Eligible for State grant TPEG to pay half of tuition & fees
- Tuition & Fees estimated at $646.00. The Texas Public Education Grant to cover ½ of tuition if eligible. Student is responsible for other expenses & fees.
- Eligible to sit for CNA licensing exam

CNA through the Patient Care Technology Program (a class for credit):
- 16 weeks (meets at night & Saturdays)
- Eligible for Federal & State Student Aid, including Pell grants, student loans & scholarships.
- Estimated expenses around $2,850.00, which are eligible for Pell grant
- Eligible to sit for CNA, PCT, & EKG Tech certificates

I certify that I have read the above statements and understand that there are two types of CNA classes available to me, both continuing education and credit. I have been made aware of the differences between them and I will not ask to be transferred from one to the other while the CNA course is in progress. I understand that students will be given the option to transfer once the CNA courses have been completed with a C or better. If I chose to take the 8 week program and then decide to move on to PCT, there will be an $80 fee to convert my CNA to my transcript for graduation.

_____   _____

Applicant's Signature   Date

CNA

SUPPLIES……..Estimated cost $180.00
WATCH WITH SECOND HAND (No Smart Watch)

STETHOSCOPE (any you choose)

SET OF SCRUBS (Black)

BLACK TENNIS SHOES (JUST NEED TO BE MAINLY BLACK WITH BLACK LACES)

BLOOD PRESSURE CUFF (VELCRO ENCLOSURE)

GAIT BELT (any color)

*You must have access to a computer to do the online class work for this program, can not be done just on a smartphone!

Class Times:
Monday – Thursday 5:30pm – 10pm (CNA)
Clinical time same as class time.