Texarkana College
Continuing Education
Checklist for Certified Nurse Aide Course Pre-requisites

The items listed below must be submitted to the Allied Health Coordinator in the Continuing Education office prior to the start date of the class

1. _____ Submit copy of high school diploma or GED equivalent. Must be 18 years of age to register.

2. _____ Physical exam must be completed on Texarkana College Health Occupations form. Approximately $50

3. _____ Immunizations: Applicants must have **proof of completing** the following vaccinations prior to starting the program and documented on attached Immunization Record form. Cost dependent on location student obtains injections needed to complete requirement.
   a. _____ Hepatitis B vaccination series of three shots or titer indicating immunity.
   b. _____ Measles, Mumps, & Rubella (MMR) or titers indicating immunity.
   c. _____ Varicella vaccination, chicken pox history or titer indicating immunity.
   d. _____ Tetanus-diphtheria - pertussis within the last 10 years.

4. _____ Negative TB skin test or negative chest x-ray within six months prior to starting the program – approximately $25

5. _____ Current drug screen – approximately $30. Please ask lab to fax “Attention to: Joanne Rose at fax number 903-832-3747. Approximately $30

6. _____ Current background check. Please follow instructions to utilize Pre-Check on attached form. $54

7. _____ Uniform for clinical rotation costing approximately $40. Black scrub pants and white scrub top preferred.

8. _____ $93 fee to receive the CNA exam and due at the end of the course

Please call Joanne Rose, Allied Health Coordinator, at 903-823-3384 if you have any questions about submitting or completing the required documentation listed above.
Spring 2015
Registration begins Dec. 1, 2014

CERTIFIED NURSE AIDE COURSE
The Certified Nurse Aide Course at Texarkana College is a course designed to prepare students to take the state certification test with National Association of Credential Evaluation Services (NACES). This 80 hour course prepares entry level nursing assistants to achieve a level of knowledge, skills and abilities essential to provide basic care to patients and/or residents of hospitals, assisted living and long-term care facilities as patient care technicians or home-health aide. The course consists of 80 classroom theory and lab instruction, and 64 hours of clinical experience. The following is required to register for the course and participants must present documentation before acceptance.
A current:
1. Background check through Pre-check at a cost of $54.
2. Physical examination – approximately $50
3. Drug test – approximately $35
4. TB screening – approximately $25
5. Immunization Record that includes a series of three Hepatitis B vaccinations.
6. Texas State Examination fee of $93 (due at the end of the course)

The fees for health exams, background check and required testing fee is NOT included in the cost of tuition.

Mon., Tues., Thurs., Jan. 12 – April 2 | 6-9 p.m. | 100 hrs. | 11 wks. | $650 (includes books)
Health Sciences Building, Room 255
Instructor: Arthalia Hardy, RN
COURSE OBJECTIVES:

To prepare nurse aides with the knowledge, skills and abilities essential for the provision of basic care to residents in long-term care facilities. After completing this course, participants will be able to:

- provide basic care to residents of long-term care facilities.
- communicate and interact effectively with residents and their families, with sensitivity to the psychosocial needs of residents.
- assist residents in attaining and maintaining maximum functional independence.
- protect, support and promote the rights of residents.
- provide safety and preventive measures in the care of residents.
- demonstrate skill in observing, reporting and documentation.
- function effectively as a member of the health care team.
HEALTH OCCUPATIONS PHYSICAL EXAMINATION

Full clearance for registration will not be granted until the following medical requirements are met.

Name ____________________________

Last __________ First ___________ Middle __________ (Maiden) __________

Single ______ Married ________ Date of Birth ______ Male ________

Widowed ________ Female ______

Address ____________________________

Street/P.O. Box __________ City __________ State __________ Zip Code __________

Name & Address of Nearest Relative ____________________________

Medical History: (To be completed by student)
1. Serious illness - give diagnosis & date __________________________

2. Operations - give diagnosis & date __________________________

3. Do you have any allergies? If so, what? __________________________

4. Do you have any physical disorders at present? __________________________

5. Do you have any emotional disorders at present? __________________________

6. What prescribed & unprescribed medications are you taking? __________________________

7. Have you had any severe injuries? If so, what? __________________________

8. Check any of the following conditions you have had:

   Hay Fever ________ Infectious Mononucleosis ________ Tuberculosis ________

   Asthma ________ Hepatitis ________ Arthritis ________

   Rheumatic Fever ________ Fainting Spells ________ Kidney Disease ________

   Heart Murmur ________ Diabetes ________ Emotional Disorder ________

   Poliomyelitis ________ Epilepsy ________ Chemical Dependency ________

9. Name & address of personal physician __________________________

PHYSICAL EXAMINATION (To be completed by your family physician or certified Nurse Practitioner)

Weight ________ Height ________ Skin Abnormalities ________

   Eyes ® ________ (L) ________ Corrected to ® ________ (L) ________ Ears ® ________ (L) ________

   Throat ________ Nose ________ Neck ________ Lungs ________

   Breasts ® ________ (L) ________ Heart ________ Nodes ________

   Abdomen ________ Hernia ________ Pulse Rate ________

Blood Pressure ________ Defects Found? ________

Corrections Recommended __________________________

Any Reason for Limitation of Physical Activity? __________________________

Any Reason for Limitation of Health Care Activity? __________________________

Signed ____________________________

Print name and title ____________________________

Date ____________________________

Return original to:

CONTINUING EDUCATION

TEXARKANA COLLEGE

2500 NORTH ROBISON ROAD

TEXARKANA, TEXAS 75599
TDaP or Booster (within 10 years)

TB Skin Test Reading (If the tuberculin skin test is positive, either a chest x-ray or documentation of follow-up is required.)

Chest x-ray Reading

*Rubella

*Hepatitis B vaccine (series of 3 or confirmation of immunity to Hepatitis B)

Dates

Varicella:

The following are required for all born since January 1, 1957:

*Measles (2 doses after age 12 months)

and

*Mumps

Printed name and title

Signature

*or physician’s verification of immunity (attached)
INSTRUCTIONS FOR OBTAINING YOUR BACKGROUND CHECK
FOR A CLINICAL EDUCATION PROGRAM

Texarkana College CNA Continuing Education

Background checks are required on incoming students to insure the safety of the patients treated by students in the clinical education program. You will be required to order your background check in sufficient time for it to be reviewed by the program coordinator or associated hospital prior to starting your clinical rotation. A background check typically takes 3-5 normal business days to complete. The background checks are conducted by PreCheck Inc., a firm specializing in background checks for healthcare workers. Your order must be placed online through StudentCheck.

Go to www.mystudentcheck.com and select your School and Program from the drop down menus for School and Program. It is important that you select your school worded as Texarkana College CNA Continuing Education.

Complete all required fields as prompted and hit Continue to enter your payment information. The payment can be made securely online with a credit or debit card. You can also pay by money order, but that will delay processing your background check until the money order is received by mail at the PreCheck office. Texas residents will pay $53.58 and New Mexico residents will pay $53.09. Residents in all other states will pay $49.50. For your records, you will be provided a receipt and confirmation page of the background check performed through PreCheck, Inc.

PreCheck will not use your information for any other purposes other than the services ordered. Your credit will not be investigated, and your name will not be given out to any businesses.

FREQUENTLY ASKED QUESTIONS:

• Does PreCheck need every street address where I have lived over the past 7 years? No. Just the city and state.
• I selected the wrong school, program, or need to correct some other information entered, what do I do? Please email StudentCheck@PreCheck.com with the details.
• How long does the background check take to complete? Most reports are completed within 3-5 business weekdays.
• Do I get a copy of the background report? Yes. Log into www.mystudentcheck.com and click on “Check Status”, and enter your SSN and DOB. If your report is complete, you may click on the application number to download and print a copy. This feature is good for 90 days after submittal. After 90 days, you will be charged $14.95 for a copy of your report, and will need to contact PreCheck directly to request this.
• I have been advised that I am being denied entry into the program because of information on my report and that I should contact PreCheck. Where should I call? Call PreCheck’s Adverse Action hotline at 800-203-1654. Adverse Action is the procedure established by the Fair Credit Reporting Act that allows you to see the report and to dispute anything reported.

If you need further assistance, please contact PreCheck at StudentCheck@PreCheck.com.