

Texarkana College
Community & Business Education Center - Allied Health Program
Certified Nurse Aide Course

Fall 2019

The Certified Nurse Aide Course at Texarkana College is a course designed to prepare students to take the state certification test. This 100-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. The course consists of 100 hours of classroom theory/lab instruction, and 44 hours of clinical experience. Prior approval of required documentation listed on the Course Pre-requisite list must be reviewed and approved to be accepted into the program.

All student registrations submitted online or in person will be “incomplete” until a copy of the student’s high school diploma or GED equivalent from the United States of America and their social security number is submitted to the Allied Health Coordinator. If the student has an “out of country” diploma they must provide a translation report verifying it is equivalent to one issued in the USA.

Dates & Times: Mon., Tues., Thurs., Sept. 16 - Dec. 19 | 5-9 p.m. | 144 hrs. | 12 wks. |

Student Tuition: \$650 (includes books)

Location: Health Sciences Building, Room 255

State Exam: Students are provided instructions on how and when to apply for their state exam. Students will pay for their written and skills exam online and be able to schedule their exam at Texarkana College Regional Testing Site on dates specified.

Refund Policy: Students will receive 100% refund upon request and within 24 hours prior to the first class meeting only.

Criminal Background Requirements: For students who may have a criminal background, please be advised that the background could keep you from being licensed by the State of Texas. If you have a question about your background and licensure, please check with the Texas Nurse Aide Registry by calling 1-512-438-2050 or certification board for your topic of study to determine if you are qualified to obtain a certificate in that field. You also have the right to request a criminal history evaluation letter from the applicable licensing agency.

- ❖ **A social security number is required in order for students to complete the required Pre-Check online application for criminal history report and to register for this course.**

TC does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Human Resources Director, 2500 N. Robison Rd., Texarkana, TX. 75501, (903) 823-3355, human.resources@texarkanacollege.edu

Texarkana College no discrimina en base de raza, color, origen nacional, sexo, discapacidad o edad en sus programas o actividades. Las consultas relacionadas con las políticas de no discriminación de Texarkana College deben dirigirse a: Director(a) de Recursos Humanos, 2500 N. Robison Rd., Texarkana, TX, 75599, (903) 823-3017, human.resources@texarkanacollege.edu

Texarkana College
Community & Business Education - Allied Health Program
Certified Nurse Aide Course Clinical Requirements

Attention Registrants:

Persons wanting to register for the Certified Nurse Aide course **must** present documentation of items number 1 through 6 listed below, to the Allied Health Coordinator in the Community & Business Education office by the **end of the second week of class** in order to continue in the program. This means students must start the process of obtaining their background check and drug screen the day the class begins because the results of those two items take two to three days. Prices below reflective of student discount at Healthcare Express only.

1. _____ Responsible for purchasing liability insurance through Texarkana College Business Office and will not be complete until student submits receipt to AH Coordinator - \$20 Students must go the Business Office in the Administration Building and let them know you are a CNA student and want to pay the above.
 - a. Students must submit their receipt to Joanne Rose by the deadline date announced in class.
2. _____ Report of Employee Misconduct from Texas Nurse Aide/Employee Misconduct Registry - will be completed by Allied Health Coordinator prior to course start date.
3. _____ Physical exam must be completed on Texarkana College Health Occupations form. \$25
4. _____ 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 titer indicating immunity.
 - c. _____ Varicella vaccination, chicken pox history or titer indicating immunity.
 - d. _____ Tetanus-diphtheria - pertussis within the last 10 years.
5. _____ Negative TB skin test or negative chest x-ray within six months prior to starting the program. \$16
6. _____ Current drug screen. *Note: Notify the Allied Health Coordinator the location your drug screen was completed so the report can be obtained by her. Do not complete until after first class meeting. \$45
7. _____ Current background check. Pre-Check online instructions attached. Usually takes 5 days for report to by Allied Health Coordinator. See attached instructions for Pre-Check completion.
 - a. Must be clear from a Texas Department of Public Safety criminal background check
8. _____ Uniform for clinical rotation costing approximately. Black scrub pants and white scrub top preferred.

State Exam Fee is \$104.50 and payable by the student directly to the State upon successful completion of online registration process.

Students will receive 100% refund of registration fee, upon request prior to first class meeting only. 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.

I understand and acknowledge the requirements must be completed and submitted within the time-frame stipulated above.

Student

Date

Reviewed and approved by:

Allied Health Coordinator

Date

HEALTH OCCUPATIONS PHYSICAL EXAMINATION

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)

- Serious illness - give diagnosis & date _____
- Operations - give diagnosis & date _____
- Do you have any allergies? If so, what? _____
- Do you have any physical disorders at present? _____
- Do you have any emotional disorders at present? _____
- What prescribed & unprescribed medications are you taking? _____
- Have you had any severe injuries? If so, what? _____
- 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 _____
- 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

(Record Dates)

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)

Clinical Externship Medical/Documentation Authorization Release Form

Please submit this form with clinical externship prerequisites:

First Name

Middle Name

Last Name

Release Authorization (to be completed by applicant):

I, _____ do hereby authorize CCI Healthcare and Training to release the
Applicant Name (printed)

following to potential clinical externship facilities as deemed necessary for clinical externship purposes
(check all that apply):

Criminal Background Check /Clearances/Fingerprint Card

Drug Panel Screening

PPD (TB) Test Results

Immunization Record

Physician Statement of Health

CPR/First Aid/BCLS Certification

Other (fill in): _____

Applicant Signature:

Date:

StudentCheck

Look beyond grade point averages.

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 are 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.

To get started go to **MyStudentCheck**, select your program from the drop down menu and select Background Check.

If you previously created a StudentCheck profile as of November 2017, please login with your username and password. If you have not created a profile, please create an account.

Complete all required fields as prompted and hit Continue to enter your payment information. For your records, you will be provided a receipt and confirmation page of the background check ordered through PreCheck, Inc.

Background Check \$49.50

**applicable taxes will be applied for residents of Texas and New Mexico.*

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:

1. **Does PreCheck need every street address where I have lived over the past 7 years?** No, just the city and state.
2. **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.
3. **How long does the background check take to complete?** Most reports are completed within 3-5 business weekdays.
4. **Do I get a copy of the background report?** Yes, log into your StudentCheck profile at www.mystudentcheck.com and click on "Check Status" under Orders, enter your SSN and DOB. If your report is complete, you may click on the application number to download and print a copy.
5. **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.