

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

**Spring 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., March 4 - May 30 | 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](mailto: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](mailto:human.resources@texarkanacollege.edu)*

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

1. \_\_\_\_\_ Responsible for purchasing liability insurance through Texarkana College Business Office and will not be complete until student submits receipt to AH Coordinator - \$20
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.
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.
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.
7. \_\_\_\_\_ Current background check. Must be completed by Pre-Check and please follow instructions to utilize Pre-Check on attached form. Do not complete until after first class meeting.
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

## **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**

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)

# StudentCheck

Look beyond grade point averages.

## INSTRUCTIONS FOR OBTAINING YOUR BACKGROUND CHECK FOR CLINICAL EDUCATION PROGRAM

### **Program Name: Texarkana College CNA Continuing Education**

Background checks are required on incoming student 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 our 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 **MyStudentCeck**, 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.

**Backkground 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 business.

### **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](mailto: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](http://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 dispute anything reported.

If you need further assistance, please contact PreCheck at [StudentCheck@PreCheck.com](mailto:StudentCheck@PreCheck.com)