

# Certified Nurse Assistant (CNA)



## Pre-Requisite Checklist:

This packet describes the steps involved in making an application for the CNA program, please read all information. All pre-requisite costs are to be covered by the student.

<p><b>Policy Compliance</b>                  READ program overview, refund policy, general &amp; attendance policies                  SIGN Policy Compliance Form</p>	
<p><b>Physical / CLCC Health Occupations Examination Report Completed by a Physician</b>                  INCLUDING FIRST STEP OF TB SKIN TEST  <i>Note: You may have physical, drug screen, and the (optional) Hepatitis B vaccine done at the same time by the physician or clinic of your choice.</i></p>	
<p>Negative Drug Screen Results on Nine Panel Drug Screen</p>	
<p>Copy of Immunization Record: Includes: Both doses of the COVID-19 vaccination are required. Also, MMR and TDAP)</p>	
<p>Hep. B or signed Declination Form</p>	
<p><b>BRONZE on ACT WorkKeys Assessment.</b>                  Call to make an appointment or register online. Call 601.643.8714 or visit <a href="http://www.colin.edu/workkeys">www.colin.edu/workkeys</a></p>	
<p><b>High School Diploma/Or Equivalent</b>                  Submit a copy of a transcript or diploma</p>	
<p><b>ATTENTION</b>                  A criminal background check/fingerprint will be performed prior to your clinical rotation and a date will be set by the program coordinator.</p>	

**Questions? 601.643.8707**

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## Program Overview

We will assure that everyone is afforded equal opportunity during the application and instructional processes, you should be aware that you must be able to successfully complete ALL of the program's requirements.

### Things to expect while enrolled in this program:

- ❖ Required to attend classroom, lecture, lab, and clinical rotations to complete this program.
- ❖ Travel is required (Dependable transportation is required.)
- ❖ Fast-paced lessons, which require daily reading assignments and tests.

This packet also includes a list of the program prerequisites and several required registration forms. All forms should be carefully completed and include any necessary documents at registration. Please be aware that the period for immunizations is lengthy and you should plan accordingly. **We do NOT accept unfinished applications. Please use the pre-requisite checklist to help ensure your application is complete.**

## Workforce Education Training Policies

The Workforce Education Division will operate its training/courses in accord with the Copiah-Lincoln Community College Student Handbook\* available on each campus of the college.

### The following items are of particular concern in Workforce Training Courses and merit special mention to students:

1. There will be no cell phone use in the classroom or laboratory. **See *Cell Phones and Pagers section of the Student Handbook.*** \*
2. Students must be properly dressed prior to the beginning of training/class. There will be no changing of clothing during the training class or laboratory period.
3. Where applicable, students must have a backpack, duffle bag or other container to keep personal training tools, equipment and other gear. (Example: Welding helmet, goggles, hand tools) Tools and other items are not to be borrowed from other students. All personal items are to be removed from the training site after each day's training.
4. Textbooks and laboratory manuals are to be brought to each training period unless instructed otherwise.
5. There will be no eating or drinking in the classroom. Some laboratory situations may allow drinks (water, soda) in plastic containers. This is

determined by the instructor. Your training area must be cleaned of any trash upon completion of the training/class period.

6. Refreshment and restroom breaks will be scheduled for extended training/class periods. Break areas will be designated by the instructor. Students must not go to their vehicle without permission from the instructor. Students are to abide by the time allotted for break.
7. Students must inform the instructors should an emergency arise which requires them to leave the training/course area.
8. There will be no tolerance for disruption of the educational process in the training/class area (classroom or laboratory). This includes but is not limited to conversations during training/class period, profane language, horseplay or other physical activity, reading unrelated materials, sleeping or any other activity deemed disruptive by the instructor. **Also see *Personal Conversation section of the Student Handbook.*** \*
9. **Smoking and other tobacco use is prohibited. This is a tobacco free campus.**

### Class Attendance

The mission of the Copiah-Lincoln Community College Workforce Education Division is to prepare students for the work force by teaching technical skills and

employability skills. In view of this goal, the following attendance policy has been adopted to aid the student in developing appropriate and professional employability skills in the area of attendance.

Policy Statement: Regular class attendance is very important to college success; therefore, students are expected to attend class unless it is absolutely necessary to be absent. Students are expected to make up all work missed due to absences. **Note:** A penalty may be assessed for work not made up at the discretion of the instructor for the class missed. Each instructor will be responsible for explaining his/her policy to students at the beginning of the training/course. No absence is considered free. Students will be responsible to provide a justifiable reason for each absence. Substantiation should be provided in written form. For example, a doctor's excuse, obituary, legal documents, etc.

### Absences

The cut-out point in Workforce training/courses which meet **three times** a week is **four absences**. Three absences are allowed for classroom meetings. One absence is allowed for clinical rotations.

#### Number of Class Meetings

<u>Per Week</u>	<u>Cut Out Point</u>
One	2
Two	2
Three	3
Four	4

### Tardies

A tardy is defined as missing up to ten (10) minutes of class. Two tardies constitute one absence. A student is counted absent if more than ten minutes late to class or absent anytime for more than ten minutes. Workforce students who are absent or tardy more

than ten (10) minutes from a daily lab period will be counted absent for that lab period.

A student who is tardy **must** notify the instructor of their presence in class at the end of the class.

\*The Copiah-Lincoln Community College Student Handbook may be downloaded at this link: <http://www.colin.edu/students/publications-and-policies>

## Refund Policy

Refunds will be issued only within the fiscal year (July through June) the class was held.

Refund requests should be made in writing. Request should include the name of participant, name of class, reason for refund, payment method, location and date of class, contact information, and mailing address.

Written refund requests are not required in the event the class is cancelled due to a necessary action by Copiah-Lincoln Community College.

Class fees containing test vouchers, curriculum materials, meals, or any time sensitive materials could be subject to a partial refund at the discretion of the facilitator.

In the event any class/program specific rules conflict with these general rules, the class specific rules shall control. Co-Lin Workforce reserves the right to interpret and apply all rules applicable to its classes and its interpretation and application shall be final.

This training program, sponsored by Copiah-Lincoln Community College Workforce Education, is not eligible for college credit. Completion of this course will prepare students to sit for the National Healthcareer Association Certification Exam. Copiah-Lincoln Community College does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or other factors prohibited by law in any of its educational programs, activities, admissions, or employment practices.

## Policy Compliance Form

I, \_\_\_\_\_, have read and understand the Workforce Education Training Policies

I have read and understand the Workforce Education Refund Policies. I understand that in the event I do not complete this training for any reason or am dismissed from this program, no refunds will be allowed

I certify that all the information submitted in this application is accurate and true to the best of my knowledge.

I understand that a Criminal Background Check/Fingerprint Background Check will be performed prior to my clinical rotation and a date will be set by the program coordinator. This check is required before entering the facility for rotation. I understand that failure to comply will result in dismissal from the program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Occupations Examination Report

**Directions to Health Care Provider:** I am an applicant for a Health Occupations Education Program at Copiah-Lincoln Community College, Wesson, MS. This document serves as an authorization for you to share all the requested information.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## APPLICANT INFORMATION

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Health History

\_\_\_\_\_  
\_\_\_\_\_

## HEALTH EXAMINATION

Ears:Condition (R) (L) Hearing (R) (L)

Eyes:W/glasses (R) (L) W/out glasses (R) (L)

Feet: (R) (L)

Nose: Sinuses: Throat:

Thyroid: Lungs: Heart:

B/P: Skin: Abdomen:

Hernia: Posture: Back:

## TEST RESULTS AND IMMUNIZATIONS

### First Step TB Test

Date: \_\_\_\_\_ Findings: \_\_\_\_\_

If positive, must complete a pulmonary history survey and attach.

May attach copies of TB skin test and immunization records

Hepatitis #1 Date: Rubella Date:

Hepatitis #2 Date: Rubeola Date:

Hepatitis #3 Date: Varicella Date:

## Health Occupations Examination Report (Continued)

Does the applicant have a history of drug abuse?

Yes  No

Does the applicant have a history of alcohol abuse?

Yes  No

Does the applicant have a history of mental or emotional illness?

Yes  No

Is the applicant's health satisfactory to perform duties in the field for which application is made?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Is applicant taking any routine prescribed medications?

Explain any physical findings or conditions that would prevent applicant from rendering service in health occupations education.

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### PHYSICIAN INFORMATION

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City

State

ZIP Code

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Signed: \_\_\_\_\_ M.D./N.P.

Date: \_\_\_\_\_



## Hepatitis B Vaccine Consent Form

Copiah-Lincoln Community College seeks to provide protection of students and instructors in all situations. The Hepatitis B policy was adopted to help ensure the safety of all involved in health occupations.

NAME: \_\_\_\_\_

Hepatitis B is a viral illness that can cause serious illness and liver disease. The virus causing Hepatitis B is present in many people who are not aware of it. Those working in hospitals and other health care facilities frequently come into contact with blood products that can pass on the Hepatitis B virus to us. In an attempt to secure the well-being of our students and to avoid the spread of this disease, the school is recommending the Hepatitis B recombinant vaccine. Since the disease does cause a significant amount of severe illness, cirrhosis, potential liver cancer, and occasionally even death, Co-Lin recommends that you take the vaccine.

The vaccine is made by recombinant gene technology and there is no risk of acquiring AIDS or any other infection from taking the vaccine. Minor reactions such as soreness at the injection site can occur, but serious reactions are rare (less than 1 in 10,000 injections). Those who know they are allergic to yeast, who have a hypersensitivity reaction to a previous Hepatitis B vaccination, should not take the vaccine. If you are now pregnant or have an active infection, you should delay vaccination unless an exposure occurs. If an exposure occurs, a decision will be made on an individual basis.

Below are two options that you are offered with respect to the Hepatitis B vaccine. You may elect not to take the vaccine; you may elect to take the vaccine as an intramuscular injection.

Please select option A or option B below.

- A. I do not wish to take any vaccine to prevent me from getting Hepatitis B. I realize that Hepatitis B is a very serious illness causing severe liver damage and potential death. I also realize that the disease, if I get it, can potentially be passed on to my family and any unborn children. I understand that the vaccine has a very low risk of any kind of reaction and that the vaccine will not expose me to any risk of AIDS because it is not made from other human serum.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- B. Intramuscular Injection: I wish to receive the vaccine through intramuscular injection to reduce the likelihood of acquiring Hepatitis B. The injection is given in 1cc doses intramuscularly on three separate occasions. I realize that I must get all three injections before I am considered immune. I also realize that it is possible to take all three injections and still not be immune. I understand that a blood test to tell if I have immunity is not routinely given or recommended after intramuscular vaccine, but I may obtain an immunity test through my own physician or resources. I agree to take the first injection and submit proof of this on the first day of class. I agree to pay all costs associated with the vaccine.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_