CNA Packet

SOUTHEASTERN COMMUNITY COLLEGE

General Information

- Availability for the CNA class is limited due to the State of Iowa regulations.
- Filling out an application does not guarantee that you will be enrolled in the next starting class.
- Deadline to return completed paperwork to us is ONE Month prior to the class start date. This allows us time to process your background check and to make any adjustments to the class roster.
- You will not be enrolled in the CNA class until the CNA Coordinator has contacted you by phone or email or both.
- PLEASE be certain to provide accurate Phone and E-Mail Information.
- You can pay your tuition bill by going to the Self Service tab on Hawknet. If you do not see a tuition bill, you are NOT enrolled for the class.
- Unless you have funding, Financial Aide, PACE or Voc Rehab, YOU are Responsible for the Full amount of the CNA class.
- This must be paid in FULL before classes begin.

NOTE: Print this packet single-sided so forms will print individually.

Nurse Aide Certificate Registration Packet & Check Off

Please use the following steps to ensure your packet is complete.

A. Using a Laptop or Desktop Computer, Apply for Admission to Southeastern Community College
   1. Go to the Apply Now webpage and start your SCC Admission Application
   2. Program information can be found on our website at: Nurse Aide Certificate
B. Fill out the **Course & Contact Information** page. Please select which CNA class you wish to attend.
C. Complete the Iowa Division of Criminal Investigation **Criminal History Record Check Request Form**
D. Read the Background Check Policy
E. Complete the **Background Check and Release Form**
F. Review the Iowa Core Performance Standards for Health Care Career Programs page
G. Sign the **Iowa Core Performance Standards Acknowledgement Form**
H. Complete a 2-Step Tuberculosis (TB) Skin Test *(Need Copy)*
   ○ You must have TWO TB tests within 12 months
   ○ If you have a Positive TB, a chest x-ray must be submitted
   ○ A QuantiFERON Gold blood test is accepted
I. A Flu Vaccine is required between October 1st and May 1st. *(Need Copy)*
J. COVID-19 Vaccine or an approved exemption is required to complete the Clinical component *(Need Copy)*

High School Age Applicants: Contact High School Counselor

- Responsible for the $190 CNA Testing fee—Skills and Written tests
- May be responsible for the $25 Background Check Fee

Complete and Return these forms with the $25 Background Check Fee

A. Course and Contact Information Form
B. State of Iowa Criminal History Record Check Request Form
C. Background Check and Release Form
D. Iowa Core Performance Standards Acknowledgement Form

Additional forms to be submitted when complete:

A. Tuberculosis (TB) Skin Test Form
B. Record of Influenza Vaccination Form

For Questions, please contact the Nurse Aide Coordinator at (319) 208-5278

Background Check Policy

The education of Health Professions students at Southeastern Community College requires collaboration between the college and clinical affiliates. The education of Health Professions students cannot be complete without a quality clinical education component. The college shares an obligation with the clinical affiliates to protect the affiliate's patients to the extent reasonably possible.

In establishing clinical affiliation agreements, healthcare educational programs are contractually obligated to comply with the requirements set forth by the clinical affiliates. Students enrolled in Health Professions programs must conform to the rules, policies and procedures of the clinical affiliate in order to participate in clinical learning experiences. Therefore, all students enrolled in a Southeastern Community College Health Professions program will be required to complete a criminal background check. An independent third-party vendor will be used to complete all Southeastern Community College background checks. The cost of these background checks has been added to your student fees when you enrolled in the program.

Students will be notified of the requirement for the background check prior to admission and upon admission to a Health Professions program. The background check may include, but is not limited to searches, histories, and verification as listed below:

- Positive Identification
- Maiden/AKA Name Search
- Social Security Number Trace which is verification that the number provided by the individual was issued by the Social Security Administration and is not listed in the files of the deceased. The SNN trace is also used to locate additional names and addresses.
- Residency History
- National Criminal Database Searches which include a compilation of historical data, collected from multiple sources in multiple states by background check companies.
- Child and Dependent Adult Abuse/Registries-Single Contact License and Background (SING)
- Office of Inspector General (OIG) search

Background checks which would render a student ineligible to obtain clinical learning experiences include, but are not limited to, certain convictions or criminal charges which could jeopardize the health and safety of patients and sanctions or debarment. Felony or repeated misdemeanor activity within the past seven (7) years and Office of the Inspector General violations will normally prohibit the obtainment of clinical learning experiences with clinical affiliate(s). Positive findings on background checks can have licensure implications upon graduation from a health program. Criminal offenses which occur during the nursing program shall consider due process which provides that an individual is innocent until proven guilty up until which time he/she pled or is found guilty and is then subject to review by regulating authorities.

Documentation of criminal background checks is maintained in secured files and destroyed upon graduation of the Health Professions program.

The background information of any student with a discrepancy will be reviewed by the Nursing Program Clinical Coordinator and the student and submitted to the Department of Inspections and Appeals (DIA) for review. A representative from the assigned clinical experience or field internship site may also be consulted to ascertain the appropriateness of allowing the student to participate in clinical or field experience.

Students who are unable to resolve a positive criminal background check will be dismissed from the health care program. The student will be advised as to their eligibility for program re-entry and the mechanisms for reapplication to the program.

One background check is required during continuous enrollment in a program. In the event a student leaves the program, a new background check will be required prior to re-entry.

(Sign form located at end of handbook)

Iowa Core Performance Standards

Iowa Community colleges have developed the following Core Performance Standards for all applicants to Health Care Career Programs. These standards are based upon required abilities that are compatible with effective performance in health care careers. Applicants unable to meet the Core Performance Standards are responsible for discussing the possibility of reasonable accommodations with the designated institutional office. Before final admission into a health career program, applicants are responsible for providing medical and other documentation related to any disability and the appropriate accommodations needed to meet the Core Performance Standards. These materials must be submitted in accordance with the institution's ADA Policy.

Iowa Core Performance Standards Chart

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
Cognitive-Perception	The ability to gather and interpret data and events, to think clearly and rationally, and to respond appropriately in routine and stressful situations.	● Identify changes in patient/client health status ● Handle multiple priorities in stressful situations
Critical Thinking	Utilize critical thinking to analyze the problem and devise effective plans to address the problem.	● Identify cause-effect relationships in clinical situations ● Develop plans of care as require
Interpersonal	Have interpersonal and collaborative abilities to interact appropriately with members of the healthcare team as well as individuals, families and groups. Demonstrate the ability to avoid barriers to positive interaction in relation to cultural and/or diversity differences.	● Establish rapport with patients/ clients and members of the healthcare team ● Demonstrate a high level of patience and respect ● Respond to a variety of behaviors (anger, fear, hostility) in a calm manner ● Nonjudgmental behavior
Communication	Utilize communication strategies in English to communicate health information accurately and with legal and regulatory guidelines, upholding the strictest standards of confidentiality.	● Read, understand, write and speak English competently ● Communicate thoughts, ideas and action plans with clarity, using written, verbal and/or visual methods ● Explain treatment procedures ● Initiate health teaching ● Document patient/client responses ● Validate responses/messages with others
Technology Literacy	Demonstrate the ability to perform a variety of technological skills that are essential for providing safe patient care.	● Retrieve and document patient information using a variety of methods ● Employ communication technologies to coordinate confidential patient care
Mobility	Ambulatory capability to sufficiently maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a patient/client.	● The ability to propel wheelchairs, stretchers, etc. alone or with assistance as available

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
Motor Skills	Gross and fine motor abilities to provide safe and effective care and documentation	● Position patients/clients ● Reach, manipulate, and operate equipment, instruments and supplies ● Electronic documentation/ keyboarding ● Lift, carry, push and pull ● Perform CPR
Hearing	Auditory ability to monitor and assess, or document health needs	● Hears monitor alarms, emergency signals, auscultatory sounds, cries for help
Visual	Visual ability sufficient for observations and assessment necessary in patient/client care, accurate color discrimination	● Observes patient/client responses ● Discriminates color changes ● Accurately reads measurement on patient client related equipment
Tactile	Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture	● Performs palpation ● Performs functions of physical examination and/or those related to therapeutic intervention
Activity Tolerance	The ability to tolerate lengthy periods of physical activity	● Move quickly and/or continuously ● Tolerate long periods of standing and/or sitting as required
Environmental	Ability to tolerate environmental stressors	● Adapt to rotating shifts ● Work with chemicals and detergents ● Tolerate exposure to fumes and odors ● Work in areas that are close and crowded ● Work in areas of potential physical violence ● Work with patients with communicable diseases or conditions

Source: https://educate.iowa.gov/media/2431/download?inline
Revised 2018

(Sign form located at end of handbook)

Course & Contact Information Form

Please indicate your class location, start date, and time: (Select one from each section)

Course Selection Information		
Locations	**Time**	**Start Date**
O - West Burlington Campus	O - Days	O - January
O - West Burlington Hybrid	O - Evenings	O - March
O - Keokuk Campus	O - Hybrid	O - May
O - Mt. Pleasant Center		O - June
O - High School Class (see below)		O - August
		O - October

Please provide contact information to notify you of enrollment into the nurse aide course. Ensure you write clearly and provide an email address that is checked regularly:

_____
Printed Student Name

_____
Email Address

_____
Phone Number

If you are a high school student, please complete this information as well:

_____
Name of High School

The course I plan to take will be at:

O - My High School
O - West Burlington Campus
O - Keokuk Campus
O - Mt. Pleasant Center

Please deliver this and all other required forms with the $25 (made out to SCC) non-refundable fee to:

Nurse Aide and Health Continuing Education Coordinator
Southeastern Community College
1500 West Agency Road, Health Professions Bldg. (office HP 104C)
West Burlington, Iowa 52655

Phone: (319) 208-5278 or (866) 722-4692
FAX: (319) 208-5005

Iowa Division of Criminal Investigation
Criminal History Record Check Request Form

DCI Account number (if applicable)

4807-F

REQUESTOR INFORMATION

PLEASE WRITE CLEARLY

Name (business or individual)	*Mailing address (street/PO Box, city, state, zip code)*
Southeastern CC, Health Careers/Cont. Ed	1500 West Agency Road, P.O. Box 180, West Burlington, IA 52655

Phone number	*Fax number*	*Email address*
(319) 208-5391	(319) 208-5005	

I would like the results sent to me by: ○ Mail ◉ Fax ○ Email

I am required to have the results notarized: ○ Yes ◉ No *for specific requirements in another country only.

SUBJECT OF REQUEST INFORMATION

Please provide all required demographic information on the form or it will be returned. Multiple names require a separate Request Form and fee.

LAST NAME (required)	FIRST NAME (required)	MIDDLE NAME (recommended)

DATE OF BIRTH (required)	GENDER M, F or Other (required)	SOCIAL SECURITY NUMBER (recommended)

RELEASE AUTHORIZATION INFORMATION: Without a signed release from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a signed release from the subject of the request. This form (DCI-77) is the only approved release authorization form for this purpose.

This response only includes public criminal history data. Under Iowa law, most juvenile records are confidential. Confidential juvenile court records cannot be included in this response. A signed release authorization is not sufficient to obtain this information from the DCI. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code 232.147(18) through the Clerk of Court. Criminal history data concerning convictions for certain juvenile sex offenses can be found online through the the Iowa Sex Offender Registry (SOR). Even though some information is available online through the SOR, the actual records for juveniles may still be confidential and cannot be provided. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code section 232.147(18) through the Clerk of Court.

RELEASE AUTHORIZATION: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law. I understand this can include information concerning completed deferred judgments and arrests without dispositions. I understand the signature below certifies the information provided is true and accurate. Furthermore, I understand this is an official statement and record. Any false statement(s) made in this record may result in further action.

RELEASE AUTHORIZATION SIGNATURE

FOR DCI USE ONLY

As of _____ a search of the information provided revealed:

○ NO IOWA CRIMINAL HISTORY RECORD FOUND WITH DCI

○ AN IOWA CRIMINAL HISTORY RECORD WAS FOUND. A COPY OF THE RECORD IS INCLUDED - DCI# _____

Processed by _____

SUBMIT THE REQUEST/BILLING FORM(S) AND FEE(S) BY ONE OF THE FOLLOWING METHODS:

ADDRESS: Iowa Division of Criminal Investigation
Support Operations Bureau
Dissemination Unit
215 E 7th St
Des Moines IA 50319

FAX: 515-725-6080

EMAIL: dcirecordchecks@dps.state.ia.us

QUESTIONS: dcirecordchecks@dps.state.ia.us

Form DCI-77 9/22/21

Background Check and Release Form

I have received and carefully read the Background Check and Release Policy and fully understand its contents. I understand that the healthcare program to which I am admitted requires a background check to comply with clinical affiliate contracts and state regulatory requirements. By signing this document, I am indicating that I have read and understand Southeastern Community College's policy and procedure for background checks. I voluntarily and freely agree to the requirement to submit to a Background Check and to provide a negative Background Check prior to participation in clinical learning experiences. Any charges the Department of Human Services do not evaluate will result in denial of enrollment in the program. These are inclusive of juvenile charges, pending charges, ft charges with an outstanding disposition or warrant. I further understand that my official enrollment in the health care program is conditioned upon satisfaction of the requirement of the Background Check with the vendor designated by the college.

A copy of this signed and dated document will constitute my consent for release of the original results of my Background Check to the college. I direct that the vendor hereby release the results to the college. A copy of this signed and dated document will constitute my consent for the college to release the results of my background check to the clinical affiliate(s).

_____

Printed Student Name

_____

Email

_____

Phone Number

_____

Student ID (if known)

_____

Student Signature

_____

Date

Iowa Core Performance Standards Acknowledgement Form

Program continuation requires each student to perform every essential function of the student role. If the student, with reasonable accommodation, is unable to perform any essential function in a safe and successful manner, he/she will be required to withdraw from the program.

I have reviewed the attached Iowa Core Performance Standards for all applicants to Health Care Career Programs.

_____
Printed Student Name

_____
Email

_____
Phone Number

_____
Student ID (if known)

_____
Student Signature

_____
Date

Tuberculosis (TB) Skin Test Form

Payment Received for: One | Two Tests (circle choice)

Student/Patient Name: _____

Testing Location: _____

TB Skin Test Form Data	
Test #1	**Test #2**
Date Placed: _____ Site: Left	Right (circle choice) Lot #: _____ Exp. Date: _____ Administered by: _____	Date Placed: _____ Site: Left	Right (circle choice) Lot #: _____ Exp. Date: _____ Administered by: _____
Date #1 Read: _____ Induration (mm): _____ PPD (Mantoux) Results: Negative	Positive (circle choice) Read by: _____	Date #1 Read: _____ Induration (mm): _____ PPD (Mantoux) Results: Negative	Positive (circle choice) Read by: _____

*** In order for this document to be valid, all sections of this form must be completed.**

Record of Influenza Vaccination Form

Annual Influenza Vaccination is required of Nursing Assistant Students and Faculty who have clinical contact October through May of the following year.

SECTION A

Students: Complete the information below and return completed documentation to your Campus Intake Personnel.

Faculty: Return completed documentation to the Program Coordinator.

PLEASE PRINT

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Student/Employee ID: _____

Program: _____ Campus: _____
(CNA: HSC-168)

Students and faculty must have this record completed during flu season, October through May of the following year.

SECTION B

This section must be completed and signed by the person administering the flu vaccination.

Select one:

[ ] This vaccine is contraindicated for this person at this time due to:

_____
Reason(s) for contraindication

_____ _____
Signature and Title *Date*

[ ] This verifies that an Influenza Vaccination was given to the person named above on:

_____
Administered by (print name)

_____ _____
Signature and Title of Vaccine Administrator *Date Administered*

_____ _____
Street Address *Phone Number*

_____
City/State/Zip