

Nurse Aide Certification
Registration Packet & Check Off



STEP 1. Using a Laptop or Desktop Computer, Apply for Admission to Southeastern Community College.

- ◆ Visit www.scciowa.edu and complete the SCC Admission Application.
- ◆ Program information can be found on our website at:
- ◆ https://programs.scciowa.edu/current/programs/nurse_aid_program_page.aspx

Use the Red **APPLY ONLINE** button.

STEP 2. Fill out the Course & Contact Information page. Please select which CNA class you wish to attend.

STEP 3. Complete the State of Iowa Criminal History Record Check Request Form

STEP 4. Read the Background Check Policy

STEP 5. Complete the Background Check and Release Form

STEP 6. Review the Iowa Core Performance Standards for Health Care Career Programs form

STEP 7. Sign the Iowa Core Performance Standards Acknowledgement form

STEP 8. Complete a 2- Step **TB** 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.
- ◆ Quantiferon Gold blood test is accepted.

STEP 9. Flu Vaccine Required between October 1st and May 1st. (Need Copy)

STEP 10. 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 \$175 CNA Testing fee—Skills and Written tests
- ◆ May be responsible for the \$25 Background Check Fee

Complete and Return these 4 forms along with the \$25 Background Check Fee

1. **Course and Contact Information**
2. **State of Iowa Criminal History Record Check Request form**
3. **Background Check Release Form**
4. **Iowa Core Performance Standards Acknowledgement**

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

Course & Contact Information

Please indicate your class location (West Burlington, Keokuk, etc.), start date, and time: **(Select one each column)**

Locations:

West Burlington Campus: _____

West Burlington Hybrid: _____

Keokuk Campus: _____

Mt. Pleasant Center: _____

High School Class: _____

Time:

Days: _____

Evenings: _____

Hybrid: _____

Start Date:

Jan. _____

March _____

May _____

June _____

Aug. _____

Oct. _____

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:

E-mail: _____

Cell Number: _____

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

Name of High School I attend: _____

The course I plan to take will be at:

_____ my high school

_____ Keokuk campus

_____ West Burlington campus

_____ Mt. Pleasant Center

Please deliver this form 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
319-208-5278 or 866-722-4692
FAX 319-208-5005



STATE OF IOWA

Criminal History Record Check Request Form



DCI Account Number: 4807-F
(if applicable)

Mail or Fax completed forms to:

Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

Send results to:

Name Southeastern Community College
Health Careers – Continuing Ed
Address 1500 West Agency Road, P.O. Box 180
West Burlington, IA 52655

Phone 319-752-2731 ext 5391
Fax 319-208-5005

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Release Authorization: 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.*****

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.

Release Authorization Signature: _____

<u>Iowa Criminal History Record Check Results</u>	(DCI use only)
As of _____, a search of the provided name and date of birth revealed:	
<input type="checkbox"/> No Iowa Criminal History Record found with DCI	
<input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____	
DCI initials _____	

Background Check Policy

2/2004 / Revised 7/2012, 2/2015

Education of health career students at Southeastern community College requires collaboration between the college and clinical affiliates. Education of these 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 and state regulations. Students enrolled in health care educational 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 Career Program will be required to obtain a criminal background check.

The cost of this background check for entering the Nursing Assistant class is a non-refundable \$25.00 fee. No additional cost is required to complete the checks.

- Students will be notified of the requirement for the background check prior to admission to a health career program. The background check may include, but is not limited to searches, histories, and verifications 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 SSN trace is also used to locate additional names and addresses.
- State Criminal Database Searches which includes a compilation of historical data.
- Adult and Child Abuse Registries
- Sex Offender Registry

Background checks which may render a student ineligible to obtain clinical learning experiences include, but are not limited to, a record of founded child or dependent adult abuse or conviction of a crime other than a simple misdemeanor offense relating to motor vehicles and laws of the road.

Documentation of criminal background checks is maintained in secured files for a minimum of 5 years.

Background checks will be completed within a 30 day window of the first scheduled day of class as specified by Iowa Law

The background information of any student with a discrepancy will be reviewed by the Department of Human Services which has final authority in determining whether prohibition of the student's involvement in the clinical education component is warranted. 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, & charges with an outstanding disposition or warrant.

Students who are deemed ineligible to participate in the clinical education portion of the course as determined by the Department of Human Services will not be official enrolled in the course. The student will be advised their background check results prior to the first day of the desired course.



Background Check and Release Form

7/2015

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, & 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).

Student Signature

Date

Printed Student Name: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

Email: _____

Phone: _____

Iowa Core Performance Standards for Health Care Career Programs

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 healthcare 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.

Capability	Standard	Some Examples of Necessary Activities (Not All-Inclusive)
Cognitive-Perception	The ability to perceive events realistically, to think clearly and rationally and to function appropriately in routine and stressful situations.	<ul style="list-style-type: none"> • Identify changes in patient/client health status • Handle multiple priorities in stressful situations
Critical Thinking	Critical thinking ability sufficient for sound judgment.	<ul style="list-style-type: none"> • Identify cause-effect relationships in clinical situations • Develop plans of care
Interpersonal	Interpersonal abilities sufficient to interact appropriately with individuals, families and groups from a variety of social, emotional, cultural and intellectual backgrounds.	<ul style="list-style-type: none"> • Establish rapport with patients/clients and colleagues • Demonstrate high degree of patience • Manage a variety of patient/client expressions (anger, fear, hostility) in a calm manner
Communication	Communication abilities in English sufficient for appropriate interaction with others in verbal and written form.	<ul style="list-style-type: none"> • Read, understand, write and speak English competently • Explain treatment procedures • Initiate health teaching • Document patient/client responses • Validate responses/messages with others
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.	<ul style="list-style-type: none"> • The ability to propel wheelchairs, stretchers, etc., alone or with assistance as available
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective care and documentation.	<ul style="list-style-type: none"> • Position patients/clients • Reach, manipulate and operate equipment, instruments and supplies • Electronic documentation/keyboarding • Lift, carry, push and pull • Perform CPR
Hearing	Auditory ability sufficient to monitor and assess, or document health needs.	<ul style="list-style-type: none"> • Hears monitor alarms, emergency signals, auscultatory sounds, cries for help • Hears telephone interactions/dictation
Visual	Visual ability sufficient for observation and assessment necessary in patient/client care, accurate color discrimination.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • Performs palpation • Performs functions of physical examination and/or those related to therapeutic intervention, e.g., insertion of a catheter
Activity Tolerance	The ability to tolerate lengthy periods of physical activity.	<ul style="list-style-type: none"> • Move quickly and/or continuously • Tolerate long periods of standing and/or sitting
Environmental	Ability to tolerate environmental stressors.	<ul style="list-style-type: none"> • 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



SCC Certified Nursing Assistant Program

Iowa Core Performance Standards Acknowledgement

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 Health Career Programs.

Printed Name: _____ Signature: _____ Date: _____



Tuberculosis Skin Test Form

Student/Patient Name _____

Testing Location: _____

TEST #1

Date Placed: _____

Site: Right Left

Lot # _____

Exp Date: _____

Administered by:

TEST #2

Date Placed: _____

Site: Right Left

Lot # _____

Exp Date: _____

Administered by:

Date #1 Read: _____

Date #2 Read: _____

Induration (mm): _____

Induration (mm): _____

PPD (Mantoux) Results:

Negative Positive

PPD (Mantoux) Results:

Negative Positive

Read by:

Read by:

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



**NURSING ASSISTANT PROGRAM
RECORD OF INFLUENZA VACCINATION**

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

SECTION A Please Print

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

Faculty: return completed documentation to the Program Coordinator.

Last Name _____ First Name _____ Middle Initial _____
Date of Birth _____ ID Number _____
Program _____ Campus _____
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.

Check one:

- This vaccine is contraindicated for this person at this time due to:**

Signature and Title

Print Name

- This verifies that an Influenza Vaccination was given to the person named above on:**

Date administered: _____

Administered by:

Signature and Title of Vaccine Administrator

Print Name

Address

City/State/Zip

**()
Phone**