



GLENDALE COMMUNITY COLLEGE

Basic Nursing Assistant Program
REGISTRATION INFORMATION
Packet

**January 2009 to
December 2009**

Glendale Community College
6000 W. Olive Ave.
Glendale, AZ 85302

GLENDALE COMMUNITY COLLEGE Basic Nursing Assistant Program

Basic Nursing Assistant Program

The Basic Nursing Assistant is designed to prepare students to be eligible for taking the nurse assistant certification test through the Arizona State Board of Nursing. For testing information contact the Arizona State Board of Nursing at <http://www.azbn.gov/> or 602-889-5150.

Requirements for the Basic Nursing Assistant Certificate of Completion

Basic Nursing Assistant course:

Compliance with all pre registration clearance requirements

Adherence to the required 120 hour attendance guideline set by the Arizona State Board of Nursing.

Nurse Assisting Program Completion

Total 4.0 Credits

Upon satisfactory completion of NCE 150 (2 units) & 151 (2 units) - Basic Nursing Assistant (NA) course, the student is eligible to receive a letter of completion and if they choose, a certificate of completion. Each student who requests a certificate must apply to Admissions and Records by the specific date of graduation checkout; approximately 6 - 8 weeks before the end of the program (Refer to the Course Schedule and fees).

The Maricopa Community Colleges reserve the right to change, without notice, any materials, information, curriculum, requirements, and regulations in this publication.

**Notice to Students in Process of Applying to the
Glendale Community College Basic Nursing Assistant Program**

COST ESTIMATE FOR THE BASIC NURSE ASSISTING PROGRAM *

Registration Fee /Course Fee	25.00
NCE 150 & 151 Basic Nursing Assistant Program (4 credits x \$71.00)	284.00
For Maricopa County Resident, out of state students will pay additional cost.	

ADDITIONAL Cost

Fingerprinting fee	Cost will Vary	69.00
Textbooks & course fees	Approx	100.00
Urine Drug Screen & Background check (approx.)		78.00
Uniform and Clinical Supplies	Cost will Vary	75.00
Physical Exam and Immunizations	Cost will Vary	<u>100.00</u>
Total <u>Estimated</u> Cost of Nurse Assisting Program		\$ 731.00

*Fees are subject to change by the Maricopa Community Colleges Governing Board. All costs quoted are subject to change. Medical exams and test costs will vary with each student and total expense for the course.

REGISTRATION INFORMATION

When to request registration for NCE 150 & 151 - Basic Nursing Assistant Program:

Applicants seeking to enroll in the Basic Nursing Assistant Program, NCE 150 & 151, must meet with or talk via phone with the Program Coordinator Georgette Howard (623-845-3264), or Kathy Ashdown (623-845-4605) Assistant Coordinator, for the Basic Nursing Assistant Program prior to applying to the program. You *cannot* enroll directly or via the web for this class.

How to apply for acceptance into the Basic Nursing Assistant Program Course:

Obtain a **Nursing Assistant Application Packet** from the enrollment center, GCC's Nursing Dept. or download from www.gc.maricopa.edu/nursing (follow NA link).

Application packets completed as directed are turned into GCC's Nursing Dept. (on assigned dates) will be time and date stamped and forwarded to the program coordinator or assistant coordinator.

ANY PACKET, MISSING ANY REQUIRED DOCUMENTATION, WILL BE RETURNED TO THE APPLICANT AND THE PACKET DATE STAMP WILL BE VOIDED.

- Complete a college "Student Information Form" if you have not taken classes at the Glendale campus.
- Complete the Basic Nursing Assistant Request for Registration form included in this packet and attach the following documents then submit to GCC's Nursing Department.
- Complete and attach the required documentation to the Health and Safety Documentation Checklist and Health Care Provider Signature Form found in this packet will be accepted. Students must follow direction for submitting health documents as described on the Health and Safety Documentation Checklist.
- Include all documentation of immunizations and titer results.
- All Health and Safety requirements must be current throughout the application process to completion of the course.
- The Health Declaration must have a medical provider signature. **Only** the form provided in this packet will be accepted for health clearance.
- Copy both sides of your **signed** Healthcare Provider or Pro Level, CPR card. This level includes but is not limited to infant, child, and adult CPR, choking, for baby, child, adult, 1 and 2 man rescuer skill, and AED. The card must be current throughout the class.
- A Dept. of Public Safety (DPS) Fingerprint Clearance Card (obtained from DPS) is required for enrollment into the nurse assisting courses. Students must submit a copy of the card (front and back). Additional information is available at www.dps.state.az.us/agency/criminaljusticesupport/licensing.
- Once a student enters into the program, their documents will remain on file for a period of three years according to the Arizona State Board of Nursing regulations.
- Any students who are not accepted can either contact the Nursing Dept. within one week after the class starts to pick up their documents. All unclaimed documents are destroyed to protect the students' personal information.
- It is strongly suggested that students keep a copy of all material that they turn into the college for their records.

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The process for acceptance into the Basic Nurse Assisting Courses:

- At the time of enrollment, the Student must provide proof of US citizenship with a AZ Drivers license, US passport or birth certificate.
- Submit all documents with your name clearly written on each piece of paper.
- The Coordinator's will review the completed NA applications (in order of their date stamp) to see that all of the required legal documentation is present. If any information is missing, the application is returned. The student will need to re-submit their application, and be given a new date stamp position.
- If registration requirements are met and space is available, the student will be contacted via phone or e-mail for notification of entrance into the program. A "Letter of Acceptance" is mailed to the student shortly after the phone contact. The student **must** register by the date indicated on the Letter of Acceptance. If the student fails to register by the designated date indicated on the Letter of Acceptance, they will be dropped from the class roster. Missing a registration date will require the student to reapply for the next program.

Additional Information for registering into Basic Nursing Assistant courses:

Students are to read and review assignments, before the start of the class as indicated in the Acceptance Letter and the class syllabus, the Basic Nursing Assistant Student Handbook.

- Any student not attending class on the first day will be withdrawn from the course. The Basic Nursing Assistant courses have strict attendance policies and students are to attend each class session.
- During the first weeks of the Basic Nursing Assistant Program, a criminal background check and an unannounced drug-screening test are required. All students registered for Basic Nursing Assistant courses will be responsible for following the directions given by the instructor at the time of the drug-screening announcement.
- The first step to the criminal background check and drug screen will be to go online and pay for the screening with a credit card or debit card (payment amount is \$78.00). It is important that the student have the ability to make this online payment, failure to be able to get the process completed on time will cause the student to be removed from the program.
- **Do not obtain a drug test prior to the start of the class and unapproved providers will not be accepted.** Failure to comply with this requirement or a report of a positive drug screen will result in withdrawal from all Basic Nursing Assistant courses. If results are positive, students may be required to pay additional monies for the Medical Officers Review.
- Program Uniforms: There is a specific white uniform for this program. The program works with a specific uniform company (Apparel Pro) and a representative from this company will come to the campus for fittings and sales. The instructor will announce the date that the representative will be on campus. Students can order online (<http://www.apparelprousa.com/MCCD/mccd-main.php>) from this company if they choose or wait until the campus visit.
- If you register for the Basic Nursing Assistant classes and decide not to attend the program for any reason, you must call the Program Coordinator and withdraw in advance of the start date.

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- Students may purchase course materials prior to the first day of class in campus bookstores. The bookstore staff will assist you in obtaining your correct textbook.

INFORMATION FOR STUDENTS

- **ZERO TOLERANCE POLICY:** The Maricopa Community College District supports a Zero Tolerance Policy for the following behaviors:
 - Intentionally or recklessly causing physical harm to any person on the campus or at a clinical site, or intentionally or recklessly causing reasonable apprehension of such harm.
 - Unauthorized use or possession of any weapon or explosive device on the campus or at a clinical site.
 - Unauthorized use, distribution, or possession for purposes of distribution of any controlled substance or illegal drug on the campus or at a clinical site.

Basic Nursing Assistant Program student engaging in this misconduct is subject to immediate dismissal from Basic Nursing Assistant classes and disciplinary action as described in the Student Handbook of the college.

- **HEALTH DECLARATION:** It is essential that Basic Nursing Assistant students be able to perform a number of physical activities in the clinical portion of the program. At a minimum, students will be required to lift patients, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement direct patient care. The clinical nursing experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should give careful consideration to the mental and physical demands of the program prior to making application.

Only students providing documentation of compliance are permitted to enroll in Basic Nursing Assistant courses. Students will meet these requirements by providing the Health/Safety Requirements Documentation Checklist and the signed Health Declaration Form, with all documentation attached, as directed.

- Any student who is pregnant or becomes pregnant during the class rotation must notify the Program Coordinator immediately. To ensure that the student is physically capable to continue the class, the student must provide the Program Coordinator with a medical clearance regarding their ability to perform the above mentioned task with regards to their pregnancy status.
- **FINGERPRINTING REQUIREMENT:** Fingerprint clearance is required for enrollment in Basic Nursing Assistant courses. Fingerprint clearance is required to work and care for children, the elderly, and any vulnerable adult. If there is a positive criminal history, a fingerprint clearance may be denied. The Fingerprint Clearance Card cannot expire during the nurse assisting program. The Fingerprint Clearance Card required for the Basic Nursing Assistant program will not meet the requirements for certification through the Arizona State Board of Nursing.
- **DRUG SCREENING & BACKGROUND CHECK:** All students are required to have a criminal background check and a random urine drug screening test. Refer to the Non-Academic Allied Health Handbook, pages 7-15 for additional information (<http://www.gccaz.edu/nursing/12438.htm>).

- **WAIVER OF CERTIFICATION GUARANTEE:** Admission or graduation from the Glendale Community College Basic Nursing Assistant Program does not guarantee obtaining a certificate to practice nursing. Certification requirements and the subsequent procedures are the exclusive right and responsibility of the Arizona State Board of Nursing. Students must satisfy the requirements of the Nurse Practice Act: Statutes, Rules and Regulations, independently of any college or school requirements for graduation.

Pursuant to A.R.S. § 32-1606(B)(17), an applicant for professional or practical nurse license by examination is not eligible for licensure if the applicant has any felony convictions and has not received an absolute discharge from the sentences for all felony convictions. The absolute discharge must be received five or more years before submitting this application. If you cannot prove that the absolute discharge date is five or more years, the Board cannot consider your application.

All nurse and nursing assistant applicants for certification and licensure will be fingerprinted to permit the Department of Public Safety to obtain state and federal criminal history information. All applicants with a positive history are investigated. If there is any question about eligibility for licensure or certification, contact the nursing education consultant at the Arizona State Board of Nursing (602-889-5150).

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REQUEST FOR REGISTRATION

(PRINT Clearly)

Name _____ Student ID Number (not SSN#) _____

Phone: Day _____ Evening _____ Cell _____

Mailing Address _____

City _____ State _____ Zip _____

(PRINT) E-Mail

Address _____

E-mail may be used to contact you about registration for classes.

If you change your address, phone number (home or cell) or e-mail address contact the program coordinator and give new information as soon as possible. If the program coordinator cannot contact you due to inaccurate information, it is the student's accountability for the outcome.

DIRECTIONS:

- Return this **Request for Registration form**, the **Health and Safety Documentation Checklist** and **Health Care Provider Signature Form** with all documentation attached, a copy of the front and back of the **Fingerprint Clearance Card**, and a copy of the front and back of the **CPR card** to the Basic Nursing Assistant Coordinator. All health and Safety Requirements including the Fingerprint Clearance Card must remain current through the length of the Basic Nursing Assistant courses.
- Submit all documents with your name on all documents. Do not turn in original documents, once the college receives the health documents, the college will not return them.

HEALTH AND SAFETY DOCUMENTATION REQUIREMENTS

IMPORTANT: All health and safety requirements must be current and not expire during the Nurse Assisting courses. The Nursing Department will accept only photocopies of all documentation of health related materials.

All immunization records must include your name, name and signature of the healthcare provider giving the immunization, and date. **A health care provider's signature on the Health Declaration form, without proof of immunization status, is NOT acceptable.**

Immunizations

A. **MMR** (measles/Rubeola, Mumps, Rubella) Options to meet this requirement:

a. Attach a copy of proof of two previous MMR vaccinations to the health declaration form.

OR

b. If you had all three illnesses OR you have received the vaccinations but have no documented proof, you must have a titer drawn for each illness.

1. If the titer results are POSITIVE, attach a copy of the results to the health declaration form.

2. If the titer results are NEGATIVE, you must get your first MMR vaccination and attach documentation to the health declaration form. The second MMR must be completed within one month (according to CDC Guidelines) and proof submitted to the nursing department.

B. **Varicella** (chickenpox) **You cannot state that "I had the disease as a child" as proof of immunity.**

Options to meet this requirement:

a. Attach a copy of proof of a positive IgG titer for Varicella.

OR

b. If the titer is NEGATIVE, attach a copy of proof to the health declaration form that you received the first vaccination. Complete the second vaccination in 4 to 8 weeks and submit proof to the nursing department.

C. **Tetanus/Diphtheria (Td) immunization within the past 10 years.**

Attach a copy of proof of Td vaccination to the health declaration form.

D. **PPD Tuberculin Skin Testing**

A two step test* is required by the Nursing Assistant Program. *Two-step testing is used to reduce the likelihood that a boosted reaction will be misinterpreted as a recent infection.

a) If the reaction to the first test is classified as negative, a second test is to be done 1-3 weeks later.

b) A positive reaction to the second test probably represents a boosted reaction (past infection or prior BCG vaccination).

On the basis of this second test result, the person should be classified as previously infected and cared for by a health care provider. This would not be considered a skin test conversion. If the second test result is negative, the person should be classified as uninfected. In these persons a positive reaction to any subsequent test is likely to represent new infection with M tuberculosis (skin test conversion). Two step testing should be used for the initial skin testing of adults who will be retested periodically, such as health care workers.

c) Students with a history of positive reactions to TB skin tests must provide a report of a negative chest x-ray. Further TB screenings may be required by a health care provider.

E. **Hepatitis B**

Options to meet this requirement:

1. Attach a copy of proof of completion of three Hepatitis B injections to the health declaration form.

2. Attach a copy of proof of a positive Hbs AB antibody titer to the health declaration form.

3. If you have not received the injections in the past, you must obtain the first injection and attach a copy of proof of the injection to the health declaration form. You must receive the 2nd injection in one month and the 3rd five months after the second. Submit documentation to the nursing department.

F. **CPR Card:**

Attach a signed copy of both sides of the CPR card to this form. CPR certification must include infant, child, and adult, 1 and 2 man rescuer, and evidence of a land-based demonstration component. **CPR certification must be current throughout the class.**

G. **Fingerprint Clearance Card:**

Attach a copy of the front and back of the Fingerprint Clearance Card (see requirements on page 4). The expiration date on the Fingerprint Clearance Card must not expire before the last day of the nursing course.

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HEALTH AND SAFETY DOCUMENTATION STUDENT CHECKLIST

Providers are not to sign this form as proof of immunizations. Failing to follow these directions will delay the application process and could potential delay acceptance into the Basic Nursing Assistant Program.

Applicant (Print Clearly): _____ Date: _____

Home Phone: _____ Cell Phone: _____ E-MAIL: _____

Use this list as a method to **only** keep track of the required legal documentation needed for each topic.

These illnesses require either two immunizations in a lifetime or a positive titer for <u>each illnesses</u> .				
MMR =	First injection	Second injection	Positive IgG Titer	
Rubeola (Measles)				
Mumps,				
Rubella				
Varicella (chickenpox) <i>Having the illness is not proof of immunity</i>				
Tetanus/Diphtheria (Td) <i>Within the last 10 years. Cannot expire during program</i>				
Tuberculosis: TB skin test/PPD: The two-step testing for <u>initial</u> skin testing of an adult who cannot provide proof of negative PPD readings for the past 2 years. If proof of (2 yrs) negative PPD test is provide only annul testing is required.	1 st step Read date: Result:	2 nd step (1-3 weeks after 1 st test is read) Read date: Result:	A Positive TB skin test requires a negative chest x-ray every 2 years, and annual written documentation of TB disease-free status.	Film Results attached:
Hepatitis B Series <i>(Does not need to be completed before entry into program, must be kept current)</i>	First injection (first in series)	Second injection (30 day after 1 st .)	Third injection (5 months after 2 nd)	Positive Hep. B Titer
CPR Card - Healthcare Provider or <u>PRO level only</u> . Must sign card and provide copy of front and back of card	Date issued:	Expiration date:		
DPS Fingerprint Card copy front and back	Date issued:	Expiration date:		

Medical Health Care Provider Signature Form

Instructions for Completion of Health Care Provider Signature Form

A health care provider **must** sign Health Care Provider Signature Form and indicate whether the applicant will be able to function as a Basic Nursing Assistant student. Health care providers who are eligible to sign this declaration are either a licensed physician (M.D., D.O., P.A.), or a nurse practitioner (NP). The Health Care Provider Signature Form must be signed and must remain current through the length of the course.

(Please Print)

Applicant Name _____ Student ID Number _____

It is essential that Basic Nursing Assistant student be able to perform a number of physical activities in the clinical portion of the program. At a minimum, students will be required to lift patients, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement direct patient care. The clinical nursing experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties affecting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should give careful consideration to the mental and physical demands of the program prior to making application. Any student who is pregnant or becomes pregnant during the class rotation must notify the Program Coordinator immediately. To ensure that the student is physically capable to continue the class the student must provide the Program Coordinator with a medical clearance regarding their ability to perform the above-mentioned task concerning their pregnancy status.

I believe the applicant _____WILL OR _____WILL NOT be able to function as a nursing student as described above.

If not, explain: _____

Licensed Healthcare Examiner (M.D., D.O., N.P., P.A.)

Print Name: _____ Title: _____

Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Phone: _____