

Nurse Aide Class Information

88-Hour Nurse Aide Class, 3.5 College Credit Hours

This course is comprised of the state approved curriculum and laboratory module with the skills component. The class includes 32 hours of clinical training in a long term facility, 20 lab hours, and 36 hours lecture. Students must attend a minimum of 30 clinical hours and 15 lab hours in order to pass the class. The course also includes a module on confidentiality, professionalism, and communications. Clinical schedule will be arranged by the instructor and dates given the students on the first day of class and **may include weekend hours.**

According to state regulations, a **background check** must be completed **prior** to enrollment in the class at a cost of \$25.00 non-refundable fee. **Double TB testing** must also be completed within **12 months prior** to the first clinical experience. Any County Public Health Departments can do this or you can go to your health-care provider.

Once enrolled, the registration statement includes tuition, state testing fees, and a drug screen. After the class begins, the student will be sent for a **drug screen** prior to clinical rotation and must undergo that when assigned or may be removed from the class. **Textbooks, plain color scrubs and white shoes comfortable for walking** (required for clinical) are in addition to the tuition and fees. Upon successful completion of this class, the student will meet all state requirements for certification testing.

Students who are **degree seeking and eligible** for Federal Financial Aid may apply their financial aid (Pell grant or student loan) towards the cost of tuition, fees, and books for the college credit nurse aide class.

Books will be purchased at the SCC Blackhawk Bookstore 319-752-2731, extension 5170.

For additional information, please contact:

Kali Watson, Nurse Aide and Health Continuing Education Coordinator

Southeastern Community College

1500 West Agency Road, Health Professions Bldg. (office 104K)

West Burlington, Iowa 52655

319-208-5102 or 866-722-4692

FAX 319-208-5005

E-mail: kwatson@scciowa.edu

CNA Packet 7/2017

Approximate Cost

| | In-State | Out-of-State |
|--------------------------|-----------------------------|--------------------------------|
| Background Check Fee | \$ 25 | \$ 25 |
| Double TB Testing (est.) | Per location | Per location |
| 3.5 Credit Hours | \$630 | \$647.50 |
| Drug Testing | Per location | Per location |
| Testing & Fees | \$150 | \$150 |
| Textbooks (est.) | \$ 70 | \$ 70 |
| Scrubs (est.) | \$ 30 | \$ 30 |
| Total | \$905 + testing fees | \$922.50 + testing fees |

Checklist to enter Nursing Assistant Class

Check off each step as completed.

If you do not have a packet of information, either download the NA Information Packet or get a packet from enrollment services. To find this online, go to www.sciowa.edu. Choose **Continuing Education** from the menu choices, choose **Certifications, Licenses & Permits** from the drop down menu. **Click on CNA Packet**. This is a 10 page PDF file you need to print out.

- _____ 1. Complete SCC Application for Admission online. (May skip this step if you have been enrolled in credit classes during the last two years.) When prompted to select a program, please choose "Non-degree seeking" if only taking the Nurse Aid class. If pursuing any other program, select the specific program and complete the placement testing and new student orientation online.
- _____ 2. You should contact Enrollment Services in order to be placed on a waiting list for the class you desire to enroll.
- _____ 3. In this NA Information Packet are 3 pages that pertain to the background check. Fill out all 3 pages and send with \$25 fee (if a check, make out to SCC) to SCC at the address on the form. In the line asking which class you want – please put the date the class begins and which campus.

Example: 8/18/2016 WB (for West Burlington), Keo (for Keokuk), MP (for Mount Pleasant Center) or FM (for Fort Madison Center).

Once your background check process is complete, you are officially enrolled in the course.
- _____ 4. Obtain 2 TB tests from public health, your physician's office, hospitals, etc. If you have had a TB test or two in the 12 months prior to the start of class, obtain documentation of those tests and turn in to me at the address below. Both TB tests and documentation is due by the third week of class or first day of clinical whichever occurs first.
- _____ 5. Obtain an old-fashioned watch with a second hand.
- _____ 6. Purchase the textbooks from the Bookstore at the West Burlington or Keokuk campus. (\$60)

After Class Starts:

- _____ 7. Purchase a uniform (solid color, any color) prior to when your clinical experience starts.
- _____ 8. You will be instructed on where and when to go for your urinary drug screen test by your classroom instructor. Do NOT attempt to do this prior to the class starting. This fee is included in the Tuition and Fees paid.

Certified Nurse Aide TB Testing & Drug Screening

Background: Southeastern Community College partners with several facilities in our region to provide clinical experiences for students enrolled in the Nurse Aide classes. To insure the highest quality in employees, clinical sites are now requiring that students possess the following:

- Successful passage of a criminal background check
- Testing negative on a double TB (tuberculosis) test
- Testing negative on a urine drug screening

Here are some common questions:

1. When do the TB and drug tests need to be done?

TB: Two TB tests and documentation is due by the third week of class or by the first day of clinical whichever occurs first. If a student has documentation of two TB tests in the last 12 months, they will be accepted. If the student has already obtained a previous TB test within the last year, they will need to verify this with a single TB Test, but documentation of both tests must be presented to the instructor. If the student is a known reactor, then the student needs to make an appointment with their health care provider and receive medical clearance. The medical clearance documentation must be signed by the health care provider and the student must present this documentation to the instructor. If the student has not had any TB testing done in the last year and are not a known reactor, they must obtain a 2-step TB testing process known as Double TB Testing. See question #5 for more information.

Drug screen: The urine drug screen is done after the course has started and before the clinical experience. The instructor will receive a schedule of when to send each student to the appropriate hospital. The student will not know more than 2 days prior to their scheduled date.

2. Where do students get these tests?

TB: Testing can be done at the student's health care provider's office or at the local County Public Health Department.

Drug screen: Testing for West Burlington and Mt. Pleasant classes will be done at Great River Medical Center in West Burlington. Testing for Keokuk classes will be done at Keokuk Area Hospital.

3. Do students have to make an appointment for the TB testing? Most physician offices operate by appointments and you should plan accordingly. County Public Health Departments allow for walk-ins, however, days and times when testing is available will vary. You will want to contact your local department for information:

- | | |
|--|--|
| a. Des Moines County Public Health 522 N. 3rd St, Burlington, IA 52601 (319) 753-8290 | d. Louisa County Public Health 850 US Hwy 61 North, Wapello, IA 52653 (319) 523-3981 |
| b. Henry County (Iowa) Public Health 407 South White, Mt. Pleasant, IA 52641 (319) 385-3141 | e. Great River Business Health 1401 W. Agency Road West Burlington, IA 52655 (319) 768-4151 |
| c. Lee County Public Health 2218 Ave H, Ft. Madison, IA 52627 (319) 372-5225 or (800) 458-6672 | |

4. What do the tests cost and how will they be paid for?

TB: Cost will vary at the different sites. On average, a single test is \$15. A double test would total \$30. The student is required to pay for the testing at time of service.

Drug Screen: Cost will vary at the different sites. The drug screen fee is incorporated in the course billing.

- 5. What is meant by a double TB test?** Two consecutive TB tests done within 3 weeks of each other. The first TB test is administered and the student returns to that same office within 48 – 72 hours to assess their reaction. If the reaction is negative, the student will return to the same office for the second TB test one to three weeks after the first test was administered. Many times a single TB negative result is a false negative and a second test is required for accurate results.

6. How will the results be documented for the tests?

TB: The student must ask the facility where the test is administered for written documentation of the results. Documentation must be submitted to the course instructor when acquired. It is not required to use the SCC form, but that is available for convenience.

Drug test: The hospital will notify SCC's Coordinator of Health Careers with the results of the test.

- 7. What kind of drugs show up on a urine drug screen?** What if a student is taking a medicine that their doctor has prescribed? When a student goes to the hospital for the drug screen, she/he will be asked to complete a form. The student **MUST** list all prescriptions and over the counter medications he/she is taking. If test results are positive, the prescription or over the counter medication may explain that, but those medications must be listed on the form prior to the test. SCC Personnel will be notified of drug screen results, so knowing about any medications is essential to determine if a student may continue in a course.

8. What happens if a student tests positive?

TB: If a student tests positive for TB, she/he will need to make an appointment with their health care provider. If the health care provider determines the student is showing no signs of any TB infection and/or the student has a negative x-ray, then the provider will write a medical release and that will be accepted. Testing positive does not mean a student has active TB, only that he/she has been exposed to TB and the health care provider must complete an assessment. The medical release must be submitted the first night of the Nurse Aid class.

Drug screen: If the drug test comes back positive, SCC's Coordinator of Health Careers will contact the student and schedule a time to meet. If the drug screen is positive, it may be because of prescriptions or over the counter medications a student is taking and has disclosed on the initial form (See question 5.) If that is the case, the Coordinator of Health Careers will make the final determination as to whether the student may continue in the class or not. If the test is positive for any other reason, the student will not be allowed to participate in the clinical experience and will be dropped from the course with either a "W" or "F" grade, depending upon the timing of the results and college drop date policy. Also, according to the college tuition refund policy, there will be no refund of tuition or testing fees. Standards for health care providers are high and rightfully so. No individual would want a health care provider at any level caring for them while under the influence.

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.



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.**

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

Health Occupations Program: Nursing Assistant

STATE OF IOWA
NON-LAW ENFORCEMENT RECORD CHECK REQUEST
FORM A

Account Number: 4807-F

Iowa Division of Criminal Investigation
Bureau of Identification
Wallace State Office Building
Des Moines, Iowa 50319

(515) 281-5138
(515) 242-6876 (fax)

MAIL FROM TO:
Southeastern Community College
Health Careers – Continuing Ed
1500 West Agency Road, P.O. Box 180
West Burlington, IA 52655
319-752-2731 ext 5391
319-208-5005

KALI WATSON

SCC Representative Signature

(If you pay the \$25 fee with a check, please make it out to Southeastern Community College.)
Requesting an **Iowa Criminal History** check on:

| | | | | | |
|---------------------------------------|--|---------------------------|---------------------------------------|--|-------|
| Student - (Type or Print Legibly) | | | <u>REQUEST</u> | | |
| _____ | | _____ | _____ | | _____ |
| Last Name (Mandatory) | | First Name (Mandatory) | Middle Name (Recommended) | | |
| Maiden Name and/or all Aliases: _____ | | | _____ | | |
| _____/_____/_____ | | _____ | ____-____-____ | | |
| Date of Birth (Mandatory) | | Gender (Mandatory) | Social Security Number (Mandatory) | | |

WAIVER

I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

| | |
|-------------------------------------|-------------|
| X _____ | _____ |
| Signature (See Back of Form) | Date |

| | | |
|---|--------------------------|--|
| (DCI Use Only) | <u>RESULTS</u> | |
| As of _____, a name and date of birth check revealed: | | |
| CCH record attached | <input type="checkbox"/> | No CCH record found <input type="checkbox"/> |
| DCI initials _____ | | |

Course/Section Desired (date starting & instructor or #)

Contact information to notify you of results:

E-mail: _____

Cell Number: _____

Please deliver this form with the \$25 (made out to SCC) non-refundable fee to:

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