



Continuing Education Allied Health Programs

## Certified Nurse Aide (CNA) - Student Requirements:

<b>STAFF VERIFICATION:</b> _____
<b>DATE:</b> _____
<b>COMMENTS:</b> _____ _____ _____

Desired Class Date: \_\_\_\_\_ Session: CEQ \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, Texas Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alt #: \_\_\_\_\_

Email: \_\_\_\_\_

### Students entering the Certified Nurse Aide (CNA) program must meet the following minimum requirements:

- MUST register for both Nurse Aide for Healthcare I **and** Nurse Aide for Healthcare II concurrently to complete the Certified Nursing Assistant (CNA ) program
- Required Immunizations document signed and dated by your Healthcare Provider and accompanying shot records **MUST** include:
  - **Hepatitis B (3 shots)**
  - **Tdap (within the last 10 years)**
  - **MMR (2 shots)**
  - **Varicella (2 shots)/TITER**
  - **TB Skin Test Negative (within 1 year)**
- Current Healthcare Physical document signed and dated by your Healthcare Provider
- Copy of Social Security Card (MUST match Photo ID)
- Copy of Driver's License or Government Issued Photo ID (MUST match Social Security Card) **[Expired ID will not be accepted]**
- Signed and dated Notice to Students Form
- Current Criminal History/Background Check (Instructions attached) Not to be earlier than 1 month of class start date
- Employability Status Check Search (Instructions attached)
- Money Order payable to NACES Plus in the amount of \$95 (this covers the fee for the State Exam)

❖ **SUPPLIES AND EQUIPMENT:** Blue scrubs, white tennis like shoes, second-hand watch for clinical.

**For more information:** Contact **Nichole Sullivan**, Administrative Assistant, 409-933-8645,  
[nsullivan1@com.edu](mailto:nsullivan1@com.edu)



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### Physical Exam & Immunization Requirements

#### Student's Name

Last	M/I	First	Sex	DOB: (DD/MM/YYYY) / /
Weight	Height	Pulse	Temp	Blood Pressure S _____ D _____

List any current illnesses or injuries: \_\_\_\_\_

List any permanent medical conditions or physical limitations: \_\_\_\_\_

#### Medical History: (Check if applicable)

- |   |  |                                       |  |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Asthma         | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Measles             |
| <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Seizures      | <input type="checkbox"/> Emphysema    | <input type="checkbox"/> Hypoglycemic        |
| <input type="checkbox"/> Hepatitis      | <input type="checkbox"/> Rheumatism    | <input type="checkbox"/> Small Pox    | <input type="checkbox"/> Tuberculosis        |
| <input type="checkbox"/> Diphtheria     | <input type="checkbox"/> Influenza     | <input type="checkbox"/> Pneumonia    | <input type="checkbox"/> Infantile Paralysis |
| <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Mumps         | <input type="checkbox"/> Other _____  | (Please specify)                             |

(If checked above please explain): \_\_\_\_\_

#### Tests:

(Please attach proof of results. Must be no more than 1 year old to the date of the class. If results are positive, a chest x-ray is required)

<b>TB Skin Test</b> <input type="checkbox"/> Pos <input type="checkbox"/> Neg	Date read	Initials	<b>TB Chest X-ray</b> <input type="checkbox"/> Pos <input type="checkbox"/> Neg	Date read	Initials
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(\*Attach proof of finding)

#### Immunizations (Give most recent date)

Hepatitis B (3 shots) 1. _____ 2. _____ 3. _____	Tdap (w/in last 10 yrs)	MMR (2 shots)	Varicella (2 shots)/Titer
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I certify that I have examined this individual and he/she is suitable physically and emotionally for the College of the Mainland Allied Health Program to which they are applying for:

Yes  No (If no, please explain) \_\_\_\_\_

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

\_\_\_\_\_  
Signature \_\_\_\_\_ **M.D.**

\_\_\_\_\_  
Address

**NOTICE TO STUDENTS**

<b>Please Initial</b>	<b>PLEASE READ AND INITIAL BELOW</b>
	Your photo ID <b>MUST</b> be current and correct at the time your application is submitted for your NACES exam.
	The name on your Social Security card <b>MUST</b> match the name on your ID. If there is not an exact match, you will <b>NOT</b> be able to take your State exam.
	Student phone numbers <b>MUST</b> be up to date & active.
	Exam and Clinical dates are subject to change without notice.
	State exam dates and times are determined by DADS. You will be notified by NACES once they have confirmed your test date & site. Neither your Instructor nor College of the Mainland has any control over when and where you are assigned. All contact will need to be made to NACES directly.

**STATE BOARD EXAM**

I, \_\_\_\_\_, understand and comply with the above College of the Mainland and NACES policies.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student Printed Name**



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## Criminal History and Background Checks Certified Nursing Assistant

### Employability Checks

Applicants found to be listed on the Employee Misconduct Registry or who are listed on the Nursing Assistant Registry in “revoked” status or who have a criminal history that would bar employment in a Texas Department of Aging and Disability Services (DADS) licensed facility or agency are prohibited from enrolling in a nurse aide training program.

It is understood that I will provide College of the Mainland with an EMR check. *Please initial.* \_\_\_\_\_

Please go to <https://emr.dads.state.tx.us/DadsEMRWeb/emrRegistrySearch.jsp> to request this information. This must be printed out & turned in with all other required documentation.

### Release Agreement

While caring for patients during my clinical rotations, I hereby release and discharge College of the Mainland and all its employees from all liability for all injury, exposure or damage arising from health risks of caring for patients during my clinical rotation or during scheduled class or skills lab. I understand that I may be exposed to communicable diseases (*including blood-borne pathogens*) or personal injury. I am aware of the health risks of caring for such patients. *Please initial.* \_\_\_\_\_

I am also aware that the College of the Mainland Allied Health Department, which oversees the Certified Nursing Assistant (CNA) Program, requires that I have the required immunizations before my clinical rotations. I understand that I will not be allowed to enter the clinical facility for clinical purposes if I do not have the required immunizations. *Please initial.* \_\_\_\_\_

### Background Check

A background check from the Texas Department of Public Safety is required for COM’s CNA program. Please go to the Texas Department of Public Safety website at [www.txdps.state.tx.us](http://www.txdps.state.tx.us) to obtain instructions on how to request a criminal history check. The approximate cost for getting a background check is \$3.57 for each last name of applicant. This must be printed & turned in with all other required documentation.

### Applicant’s Statement

I certify that I have read the above statements and that initialing my name means that I agree with the above statements. If accepted into the College of the Mainland CNA Program, I agree to abide by the rules set forth by the school and the program.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Printed Name:** \_\_\_\_\_