College of the Mainland

Continuing Education Allied Health Programs

Certified Nurse Aide (CNA) - Student Requirements:

STAFF VERIFICATION:

_____

DATE:_____

COMMENTS:

_____

_____

_____

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 12 months)***
  - ***10 Panel Drug Screen Test Negative (within 12 months)***
- Student Acknowledgement of Hepatitis B form
- Documenting History of Varicella form
- Current COM Healthcare Physical document signed and dated by your Healthcare Provider (no older than 12 months)
- Copy of signed 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) (no older than 12 months)
- Employability Status Check Search (Instructions attached)
- State Exam application fee of $95 will be expected upon successful completion of program

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

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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)*

☐ Asthma	☐ Heart Disease	☐ Tuberculosis	☐ Measles
☐ Diabetes	☐ Seizures	☐ Emphysema	☐ Hypoglycemic
☐ Hepatitis	☐ Rheumatism	☐ Small Pox	☐ Tuberculosis
☐ Diphtheria	☐ Influenza	☐ Pneumonia	☐ Infantile Paralysis
☐ Osteoarthritis	☐ Mumps	☐ 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)

TB Skin Test ☐ Pos ☐ Neg	Date read	Initials	**TB Chest X-ray** ☐ Pos ☐ Neg	Date read	Initials

(*Attach proof of finding)

Immunizations (Give most recent date)

Hepatitis B (3 shots)	Tdap (w/in last 10 yrs)	MMR (2 shots)	Varicella (2 shots)/Titer
1._____ 2._____ 3._____			

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) _____

_____

_____ _____ M.D.

Date: Signature

_____

Address

Revised July 17, 2015

College of the Mainland

Continuing Education Allied Health Programs

NOTICE TO STUDENTS

Please Initial	PLEASE READ AND INITIAL BELOW
	Your photo ID MUST be current and correct at the time your application is submitted for your NACES exam.
	The name on your Social Security card MUST match the name on your ID. If there is not an exact match, you will NOT be able to take your State exam.
	Student phone numbers MUST 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

College of the Mainland

Continuing Education Allied Health Programs

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 to be presented by the student for COM's Continuing Education Allied Health programs. Please go to the Texas Department of Public Safety website at **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 turned in with checklist information required for your desired program. **Background checks older than 12 months to the class date you are applying for will not be accepted.**

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: _____

College of the Mainland

Continuing Education Allied Health Programs

STUDENT ACKNOWLEDGEMENT OF HEPATITIS B VACCINE

Department of State Health Services
Disease Prevention & Intervention Section
Immunization Branch

POLICY STATEMENT 1.0 Completion of Hepatitis B vaccine series prior to direct patient care

The Texas Department of State Health Services (DSHS) rule §97.64, "Required Vaccinations for Students Enrolled in Health-Related and Veterinary Courses in Institutions of Higher Education" [25TAC§97.64, April 2004], requires students enrolled in health-related courses, which will involve direct patient contact in medical or dental care facilities to **complete a three dose series of hepatitis B vaccine prior to direct patient care**. This rule applies to all medical interns, residents, fellows, nursing students, and others who are being trained in medical schools, hospitals, and health science centers and students attending two-year and four-year colleges whose course work involves direct patient contact regardless of the number of courses taken, number of hours taken, and the classification of student.

Website for Texas Department of State Health Services Adult Immunizations Schedule:
http://www.dshs.state.tx.us/immunize/adult_sched.shtm

Please check one of the following boxes as it applies to your Hepatitis B series:

☐ I have completed the Hepatitis B 3 shot series

☐ I only have 1 shot remaining of the 3 shot series: 3rd shot due _____

☐ I have completed my first shot and the dates for the next two shots are:
_____ and _____

☐ ***Based upon the clinical/extern site rules and regulations I understand & acknowledge that if I have not completed the Hepatitis B 3 shot series, I may not be able to participate in the clinical/externship portion of the program.***

☐ I have read and understand the Texas Department of State Health Services policy on Hepatitis B vaccine series. https://www.dshs.state.tx.us/immunize/docs/school/hepB_Policy.pdf

_____
Student Printed Name

X_____ Date: _____
Student Signature

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College of the Mainland

Continuing Education Allied Health Programs

Documenting History of Illness: Varicella (Chickenpox)

This form summarizes the "**Exceptions to Immunization Requirements (Verification of Immunity/History of Illness) for Varicella (Chickenpox)**."

A written statement from a parent (or legal guardian or managing conservator), or physician attesting to the student's positive history of varicella disease (chickenpox), or of varicella immunity, is acceptable in lieu of a vaccine record for that disease. College of the Mainland shall accurately record the existence of any statements attesting to previous varicella illness or the results of any serologic tests supplied as proof of immunity. If a student is unable to submit such a statement or serologic evidence, varicella vaccine is required.

Documentation of prior varicella illness can be provided by the following methods:

1. A serologic confirmation of varicella immunity (positive varicella IgG result).

2. A written statement from a physician or the student's parent or guardian containing wording such as: "This is to verify _____ had varicella disease (chickenpox) on or about _____ and does not need the varicella vaccine."
   (Printed name of Student)
   (Approximate month/year)

_____ _____

(Printed name of person completing form) (Signature of person completing form)

_____ _____

(Relationship to student) (Date)

TEXAS Department of State Health Services

For more information about Varicella contact:
Texas Department of State Health Services
Immunization Branch
(800) 252-9152
www.ImmunizeTexas.com

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