



Continuing Education Allied Health
200 Parker Court, League City, Tx 77573
Ph. 409.933.8645 www.com.edu/ce

Dear Prospective Student,

Thank you for your interest in the **Certified Nurse Aide Certificate Program** at College of the Mainland. Consideration for acceptance into the program is based upon the submission of your completed application.

What is a Certified Nurse Aide?

A CNA's job scope can vary depending upon the setting (ex. hospital, nursing home or other long-term care facility) that he or she chooses to work in. Nurse Aides help care for physically or mentally ill, injured, disabled, and other types of individuals that are confined to hospitals, long-term care nursing facilities & other settings. Under the supervision of nursing or medical staff, Nurse Aides provide compassionate basic care for patients, including but not limited to:

- making beds
- serving meals & assisting with feeding
- assisting patients' with dressing and bathing
- taking patients' vitals -- ex. temperature, blood pressure, etc.
- assisting patients in getting in and out of bed, walking, etc.
- monitoring & observing patients' conditions – physical, mental, emotional or other; and reporting any changes to the charge nurse

Preparing students to flourish in a demanding role, the COM Certified Nurse Aide Program includes a combination of classroom and clinical instruction. COM's Instructors are registered and licensed vocational nurses who teach from their experience. Students successfully completing these courses will be prepared to take the state exam.

Do I need a High School Diploma or GED?

No; A High school diploma or GED is NOT required to participate in the CNA training program but may be required for Financial Aid application as well as employment at various nursing and medical facilities.

How do I begin?

Interested students must apply to the Certified Nurse Aide training program by submitting, in person, all required application documents to the CE Allied Health Department located at 200 Parker Court, League City, Texas 77573. **Please note: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.** Also, approval of an application does NOT guarantee a student a place in the class, it only gives the ability to register Pending Space Availability. Please contact Nichole Sullivan at (409) 933-8645 if you have questions.

Criminal Background Checks

Please be advised that as part of the State requirements for successful completion of the Certified Nurse Aide Program, **clinical rotations in a DADS (Department of Aging & Disability Services) approved facility are mandatory.** Because of this, we adhere to the guidelines set forth in the Health and Safety Code; Title 4. Health Facilities; Subtitle B. Licensing of Health Facilities; Chapter 250. Nurse Aide Registry and Criminal History Checks of Employees and Applicants for Employment in Certain Facilities Serving the Elderly, Persons With Disabilities, or Persons With Terminal Illnesses; Sec. 250.006. Convictions Barring Employment (<http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.250.htm>) Chapter 250, Health and Safety Code, requires that persons convicted of certain crimes may not be employed in direct contact with an individual in specified facilities and agencies providing care to the aged and disabled.

Criminal history checks are required for providers listed below:

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- Nursing home, custodial care home, or other institution licensed by the Department of Aging and Disability Services (DADS) under Chapter 242, Health and Safety Code.
- Assisted living facility licensed by DADS under Chapter 247, Health and Safety Code.
- Adult day care facility or adult day health care facility licensed by DADS under Chapter 103, Human Resources Code.
- Facility for persons with intellectual disabilities licensed or certified by DADS, or licensed by DADS under Chapter 252, Health and Safety Code.
- Intermediate care facilities serving individuals with an intellectual disability or related conditions (ICF/IID) that is certified by DADS to participate in the Medicaid program under Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.).
- Adult foster care providers that contract with DADS.
- Home and community support services agencies licensed by DADS under Chapter 142, Health and Safety Code.

As part of your training, you will be performing hands on patient care, therefore applicant criminal history reports are held to the criteria set forth in this State Health and Safety Code.

Registration

Only applicants that have been approved for the program will be allowed to register. Registration with an approved form **MUST** be done in person through the CE Office located at the Main Texas City Campus, 1200 Amburn Rd. TVB-1475, Texas City, Texas 77591. For more information please call (409) 933-8586. Registration is a first come, first served basis. Classes may be closed due to maximum enrollment or cancel without notice. Therefore, students are encouraged to register early.

Financial Aid

Financial Aid may be available for the CNA training program if the student qualifies and if there is funding available. Continuing Education students may apply for the **Texas Public Education Grant (TPEG-NC)**. The TPEG-NC covers a portion of tuition fees only (typically 50%) & is a **ONE TIME ONLY** grant that is available to those students demonstrating a financial need. The remaining portion of the balance is the student responsibility and is due at the time of registration. All application requirements for TPEG MUST be completed at least (2) two weeks prior to class start date. For questions regarding financial assistance, please contact Student Financial Services at (409) 933-8401.

Students: Check your COM email!

Beginning Spring 2016 all COM business will be administered your COM email address. Students will need to setup their COM email account in order to receive any communication from the Financial Aid office, business office, Instructors or other. Personal email addresses will not be used for College correspondence. From the COM Home page click on Information Technology under College Operations. From the left menu you can find all information under Get Connected. Direct links:
<http://its.com.edu/login-information> <http://its.com.edu/email> For more information contact IT at (409) 933-8302.

**Applicant: Please retain this page for your records.
It does not need to be turned in with your application. Thank you!**



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Certified Nurse Aide (CNA) - Student Requirements:

(Please fill out legibly and completely)

Desired Class Date: _____

Session: CEQ_____

Name: _____

DOB: _____

Age: _____

Address: _____

City: _____, Texas

Zip: _____

Phone #: _____

Alt #: _____

Email: _____

In Case of Emergency, Please Contact:

Name (please print)

Relation to Student

Phone Number

OFFICE USE ONLY:

☐

APPROVED

☐

DECLINED

STAFF VERIFICATION: _____

DATE: _____

COMMENTS: _____

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Students entering the Certified Nurse Aide program must meet the following minimum requirements:

(THIS PAGE TO BE COMPLETED BY COM STAFF ONLY)

Required Immunizations document signed and dated by your Healthcare Provider and accompanying shot records **MUST** include:

- ☐ ○ **Hepatitis B (3 shots)** _____, _____, _____ (to be completed by COM Staff ONLY)
- ☐ ○ **Tdap (within the last 10 years)** _____ (to be completed by COM Staff ONLY)
- ☐ ○ **MMR (2 shots)** _____, _____ (to be completed by COM Staff ONLY)
- ☐ ○ **Varicella (2 shots)/TITER** _____, _____ (to be completed by COM Staff ONLY)
- ☐ ○ **TB Skin Test Negative (within 12 months)** _____ (to be completed by COM Staff ONLY)
- ☐ ○ **Negative 10 Panel Drug Screen Test w/list of items tested for (within 12 months)** [Drug panels that are less than 10 panel will NOT be accepted]
- ☐ ❖ Completed and Signed Student Acknowledgement of Hepatitis B form
- ☐ ❖ Completed and Signed Documenting History of Varicella form
- ☐ ❖ Current COM Healthcare Physical document completed and 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
- ☐ ❖ Acceptable current TXDPS Criminal Background Check (Instructions attached) (no older than 12 months) **[Positive criminal history reports MUST be reviewed by the CE Allied Health Program Director.]**
- ☐ ❖ Employability Status Check Search (Instructions attached) **[MUST be submitted by name not social]**
- ❖ **SUPPLIES AND EQUIPMENT:** Blue scrubs, white tennis like shoes, second-hand watch for clinical.

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PHYSICAL EXAM & IMMUNIZATION DOCUMENTATION

All Sections are to be Completed ONLY by Healthcare Professional

(STUDENTS ARE NOT TO COMPLETE ANY PART OF THIS FORM)

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: _____

Is student currently pregnant: _____ If so, what is the due date: _____

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: (*Attach proof of finding)

(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
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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 to participate in the CE Allied Health CERTIFIED NURSE AIDE Program to which they are applying for:

☐ Yes ☐ No (If no, please explain) _____

Date: _____

Signature _____

Address & Office Phone _____

M.D.



Employability & Criminal History Checks for Certified Nurse Aides

Employability Status Check

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. **MUST be submitted by name not social.** Print out report & turn in with all other required documentation.

Background Check

A criminal history 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 **MUST** be obtained from the Texas DPS website. Reports processed through city police, county sheriff or other will **NOT** be accepted as they are not all inclusive of the state of Texas.
- Background checks older than 12 months to the class date you are applying for will not be accepted.
- Positive criminal history reports **MUST** be reviewed by the CE Allied Health Program Director.
- Criminal history clearance through College of the Mainland CE Allied Health does not constitute clearance through potential employers or hiring entities.

It is understood that I **am to provide** College of the Mainland with a Criminal History background check. *Please initial.* _____

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.* _____

Immunization Acknowledgement

I am also aware that the College of the Mainland CE 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.* _____

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 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

Student Signature

Date: _____

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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
(Printed name of Student)
disease (chickenpox) on or about _____ and does not need
(Approximate month/year)
the varicella vaccine.”

(Printed name of person completing form)

(Signature of person completing form)

(Relationship to student)

(Date)



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

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