



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 on submitting your completed application.

What is a certified nurse aide?

A CNA's job scope can vary depending upon the setting (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 individuals confined to hospitals, long-term care nursing facilities and 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 and assisting with feeding
- assisting patients with dressing and bathing
- taking patients' vitals – temperature, blood pressure, etc.
- assisting patients in getting in and out of bed, walking, etc.
- monitoring and observing patients' conditions – physical, mental and emotional, 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 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 are not 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 call CE Allied Health at 409-933-8645 if you have questions.**

Criminal Background Report

Acceptable current TXDPS Criminal Background Report (no older than 12 months & cannot expire before program completion) [Positive criminal history reports must be reviewed by the CE Allied Health Program Director.] Criminal background reports obtained through city or county law enforcement agencies are not acceptable.



Registration

Only applicants approved for the program can register. Registration with an approved form **must** be done in person at the CE Office at the Texas City campus, 1200 Amburn Rd., Texas City, TX 77591. For more information call 409-933-8586. Registration is on a

first-come, first-served basis. Classes may be closed due to maximum enrollment or be cancelled without notice. Therefore, students are encouraged to register early.

Financial Aid

Financial aid may be available for the Certified Nurse Aide Program if the student qualifies and funding is 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 75%) and is a one-time-only grant available to students with financial need. The remaining balance is the student's responsibility and is due at the time of registration. **All application requirements for TPEG must be completed a minimum of two weeks before the class.** Contact Continuing Education at 409-933-8586 for more information on how to apply.

Students: Check your COM email!

Beginning spring 2016, all COM business will be sent your COM email address. Students need to set up their COM email account in order to receive any communication from the Financial Aid Office, Business Office, instructors or other staff. Personal email addresses will not be used for College correspondence. To set up your email 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.

Notice to Students Regarding Licensing

Effective September 1, 2017, HB 1508 amends the Texas Occupations Code Section 53 that requires education providers to notify potential or enrolled students that a criminal history may make them ineligible for an occupational license upon program completion. The following website provides links to information about the licensing process and requirements:

<https://hhs.texas.gov/doing-business-hhs/licensing-credentialing-regulation>

Should you wish to request a review of the impact of criminal history on your potential licensure prior to or during your quest for a degree, you can visit this link and request a "Criminal History Evaluation": <https://records.txdps.state.tx.us/DpsWebsite/CriminalHistory/> and compare it to the requirements for CNA's here: <https://hhs.texas.gov/doing-business-hhs/licensing-credentialing-regulation>

This information is being provided to all persons who apply or enroll in the program, with notice of the requirements as described above, regardless of whether or not the person has been convicted of a criminal offense. Additionally, HB 1508 authorizes licensing agencies to require reimbursements when a student fails to receive the required notice.



Certified Nurse Aide (CNA) Program Application

For CE Allied Health Office
Use Only

Approved Declined

Reviewed By: _____

Date: _____

Cohort: _____-NURA-1001-_____CL

_____ -NURA-1060-_____CL

Semester Requested (check one): Spring Summer Fall
Year: _____

Name: _____ DOB: ____/____/____
Last First Middle

Home Address: _____
Number & Street City State Zip

Phone #: (____) _____ Alt #: (____) _____

Email: _____

In Case of Emergency, Please Contact:

Name (please print) Relation to Student (____) Phone #

Have you or are you planning to apply for Financial Aid: (circle one) YES NO

Before returning your application, make sure you have the following documents:

1. Immunization record(s) showing proof of immunity through titer or vaccine for Hepatitis B, MMR, Varicella, Tdap & negative TB skin test (Tdap & TB cannot expire before program completion)
2. Negative 10 Panel drug screen test results w/list of items tested for (no older than 12 months & cannot expire before program completion) [Drug panels that are less than 10 panel will not be accepted.]
3. Acceptable current TXDPS Criminal Background Report (no older than 12 months & cannot expire before program completion) **[Positive criminal history reports must be reviewed by the CE Allied Health Program Director.] Criminal background reports obtained through city or county law enforcement agencies are not acceptable.**
4. Employee Misconduct Registry Report **[Must be submitted by name, not social.]**
5. Copy of Signed Social Security Card (**must** Match Photo ID)
6. Copy of Driver's License or Government-Issued Photo ID (**Must** Match Social Security Card) [Expired ID will not be accepted.]

(PLEASE PRINT CLEARLY)



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

Note: All immunizations must be completed in their entirety before clinicals or in class activity with potential exposure to blood or bodily fluids

Immunization record(s) showing proof of immunity through **titer or vaccine** for:

Measles (Rubeola), Mumps & Rubella (MMR)	A. Two doses of Measles, Mumps, Rubella (MMR) vaccine OR	Date #1: _____ Date #2: _____
	B. Serologic test <u>positive</u> for Measles antibody	Date of Collection: ____ Positive Result ____ Negative Result
	B. Serologic test <u>positive</u> for Mumps antibody	Date of Collection: ____ Positive Result ____ Negative Result
	B. Serologic test <u>positive</u> for Rubella antibody	Date of Collection: ____ Positive Result ____ Negative Result
Varicella	A. Two doses of Varicella vaccine OR	Date #1: _____ Date #2: _____
	B. Serologic test <u>positive</u> for Varicella antibody OR	Date of Collection: ____ Positive Result ____ Negative Result
	C. Physician documented history of Varicella (Chicken Pox)	Disease Date: _____
Hepatitis B	A. Dose 1 Dose 2 Dose 3 OR Date : _____ Date : _____ Date : _____	B. Serologic test <u>positive</u> for Hepatitis B antibody Date of Collection: _____ ____ Positive Result ____ Negative Result
Tdap	A. Must be current within the last 10 years.	Date: _____
TB (PPd)	A. Must be current within the last 12 months. Date Given: _____ Date Read: _____ ____ Positive Result ____ Negative Result ____ mm	B. If TB (PPd) skin test is positive, a negative chest x-ray report is required. Date of X-Ray: _____ ____ Positive Result ____ Negative Result
10 Panel Drug Screen	A. Negative 10 Panel Drug Screen test with list of items tested for (Must be current within the last 12 months) [Drug panels less than 10 panel will not be accepted.]	Date of Collection: _____ ____ Positive Result ____ Negative Result

I am 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 _____



Acknowledgement of Hepatitis B Vaccine Requirement

Department of State Health Services Disease Prevention and 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 training 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:
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 is scheduled for _____
- I have completed my first shot and the dates for the next two shots are scheduled for: _____ 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. www.dshs.state.tx.us/immunize/docs/school/hepB_Policy.pdf

Applicant Signature

Date



Documenting History of Illness: Varicella (Chicken Pox)

This form summarizes the “Exceptions to Immunization Requirements (Verification of Immunity/History of Illness) for Varicella (Chicken Pox).”

A written statement from a parent (or legal guardian or managing conservator), or physician attesting to the student’s positive history of varicella disease (chicken pox), 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:

- A serologic confirmation of varicella immunity (positive varicella IgG result).
- A written statement from a physician or the student’s parent or guardian containing wording such as: “This is to verify _____ had
(Printed Name of Applicant)
varicella disease (chicken pox) on or about _____ and does not
(Approximate month/year)
need the varicella vaccine.”

Printed name of person completing form

Signature of person completing form

Relationship to applicant

Date



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



Criminal History Report for Certified Nurse Aide Applicants

Criminal History Report

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. ***The report results must be printed out and turned in with all completed requirements 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 responsible for providing** College of the Mainland with a copy of my Criminal History background report. **PLEASE INITIAL _____**

Notice to Students Regarding Licensing

Effective September 1, 2017, HB 1508 amends the Texas Occupations Code Section 53 that requires education providers to notify potential or enrolled students that a criminal history may make them ineligible for an occupational license upon program completion. The following website provides links to information about the licensing process and requirements:

<https://hhs.texas.gov/doing-business-hhs/licensing-credentialing-regulation>

Should you wish to request a review of the impact of criminal history on your potential licensure prior to or during your quest for a degree, you can visit this link and request a “Criminal History Evaluation”: <https://records.txdps.state.tx.us/DpsWebsite/CriminalHistory/> *and compare it to the requirements for CNA’s here:* <https://hhs.texas.gov/doing-business-hhs/licensing-credentialing-regulation>

This information is being provided to all persons who apply or enroll in the program, with notice of the requirements as described above, regardless of whether or not the person has been convicted of a criminal offense. Additionally, HB 1508 authorizes licensing agencies to require reimbursements when a student fails to receive the required notice.

APPLICANT SIGNATURE OF ACKNOWLEDGEMENT _____



Employee Misconduct Registry Report

Applicants found to be listed on the Employee Misconduct Registry (EMR) 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.

Please go to <https://emr.dads.state.tx.us/DadsEMRWeb/emrRegistrySearch.jsp> to request this information. **MUST BE SUBMITTED BY NAME, NOT SOCIAL. The report results must be printed out and turned in with all completed requirements for your desired program.**

It is understood that I am responsible for providing College of the Mainland with a copy of my EMR check. **PLEASE INITIAL_____**

Signature Agreement for Certified Nurse Aide Applicants

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.

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.

Applicant Printed Name

Date

Applicant Signature

Completed Applications are to be submitted in person to the
North County Learning Center
200 Parker Court – League City, Texas – 77573
Monday – Friday 8:00am – 4:30pm