# NorthWest Arkansas Community College Nursing Department

One College Drive Bentonville, AR. 72712 (479) 619-4153

You must be a current student at NWACC, if not then you need to enroll in the college.

# C.N.A. and P.C.A. Application and Checklist

(Revised 7/2012)

AHSC 1213 CERTIFIED NURSE ASSISTANT and AHSC 1223 PATIENT CARE ASSISTANT

\*Applicants must have a score of 19+ on the reading portion of ACT, or 83+ on the reading portion of the Compass placement test, or completion of READ 0033 College Reading with a C or better to be accepted into the C.N.A/PCA Program.\*

\*Before you can register in the C.N.A. and/or PCA courses the following items must be completed.

Certifiedbackground.com Account Setup: Use Account Number ND11. Estimated cost for this account will be \$107.00 — paid by the student. The student must provide Certifiedbackground.com with all the required information themselves. The Health Professions office has a scanner available for student use in BH2423 (hours available vary per semester). There is also a scanner available in the student computer lab on the 1st floor of Burns Hall. The Nursing office will have access to your information. You do not need to turn in any of the required Certifiedbackground.com information to the Nursing office. Certifiedbackground.com instructions are included on the back page of this application. Follow their specific instructions. You will need to print off a statement from Certifiedbackground.com that your results are complete.

## You will need to furnish the following to Certifiedbackground.com:

- 1. Documentation of current (1 year or less) TB Skin Test Results; the documentation must be valid through completion of the C.N.A./PCA course. If you need to obtain a current TB Skin Test, it may require 2 skin tests and could take up to two weeks to complete. If you have tested positive, you will need a chest X-Ray. Contact your family physician or county health department for more information. This process may take up to 4 weeks.
  - Benton County Health Dept, Bentonville AR (479)271-1055
  - Washington County Health Dept, Fayetteville AR (479)521-8181
- 2. Current MMR- Documentation of 2 vaccines given on or after 1st birthday or proof of titers
- **3.** Current **Varicella** –Documentation of 2 vaccines given, proof of titer or history of varicella
- **4. Hepatitis B** Vaccine (3 of 3) **or** Hepatitis Vaccine waiver form signed indicating not wishing to receive the vaccines-included in this application.
- **5.** Negative results of 10 Panel **drug screen**. CertifiedBackground will tell you where to go for testing.
- a. **Health Insurance** is not required for C.N.A. or PCA courses.
- b. **CPR certification will be completed the first week of the PCA course.** CPR is not required for the C.N.A. class.

Students will not be allowed to register in the course until the Certifiedbackground, com information is complete and the required documents are turned into the Nursing Secretary's Office. Once these requirements are completed with a clear background check and drug screen, the hold will be removed so the student can register for the class.

# This DOES NOT quarantee a seat in the class nor does this register you for the class.

It is still the responsibility of the student to register for the class. If the class is full most of these completed items will carry over to the next semester. You must make an appointment with Leanna Bingaman to clarify this information and fill out a new application. Leanna Bingaman is the primary instructor at 986-6790 or Ibingman@nwacc.edu.

## You will need to furnish the following to the nursing office:

- 1. Completed application, page 3.
- 2. Copy of "order confirmation" showing all requirements are complete from Certifiedbackground.com. Attach to the application.
- 3. If applying for the PCA class you must provide copy of your current C.N.A. state certification.
- 4. Signed hepatitis waiver form if applicable, page 4.
- 5. Signed "I UNDERSTAND" form, page 5.

### **Tuition**

In District Residents	\$75.00//credit hour
Out of District Residents	\$122.50/credit hour
Out of State Students	\$175.00/credit hour

#### C.N.A. AND PCA are each 3-credit hour courses.

#### **Administrative Fees**

NWACC admission application fee (if 1st time to enroll)	\$10.00
Re-admission application fee	\$5.00
Learning Support fee (per credit hour)	\$8.50
Technology fee (per credit hour)	\$8.75
Infrastructure fee (per semester)	\$55.00

#### **Other Fees**

Books	\$114.00
Uniform	\$36-\$50
CertifiedBackground.com (includes background check,	
dura bashing and incorruption tracking)	£107.00

drug testing and immunization tracking) \$107.00

Immunizations & Titer costs (estimate) \$10 to \$379.00

State Testing Fee for the state certification (C.N.A.) \$90



# STUDENT INSTRUCTIONS FOR NORTHWEST ARKANSAS COMMUNITY COLLEGE CNA/PCA

**CertifiedProfile** is a secure platform that allows you to order your background check online. Once you have placed your order, you may use your login to access additional features of **CertifiedProfile**, including document storage, portfolio builders and reference tools. **CertifiedProfile** also allows you to upload any additional documents required by your school.

# **Before Placing Your Order**

- Required Personal Information In addition to entering your full name and date of birth, you will be asked for your Social Security Number, current address, phone number and e-mail address.
- **Drug Test (Quest)** After you place your order, you will receive an email directly from the lab containing your electronic chain of custody form (echain); the subject line will read: "**Form Fox**" within 24-48 hours. This email will explain where you need to go to complete your drug test.
- **Immunizations –** Document trackers provide secure online storage for all of your important documents. At the end of the background check order process you will be prompted to upload specific documents required by your school for immunization, medical or certification records. Have your "shot record" available.
- Payment Information At the end of the online order process, you will be prompted to enter your Visa or Mastercard information. Money orders are also accepted but will result in a \$10 fee and an additional turn-around-time.

# **PLACE YOUR ORDER**

Go to: www.CertifiedBackground.com and click on "Students" then enter package code: ND11 You will then be directed to set up your CertifiedProfile account.

# **VIEW YOUR RESULTS**

Your results will be posted directly to your CertifiedProfile account. You will be notified if there is any missing information needed in order to process your order. Although 95% of background check results are completed within 3-5 business days, some results may take longer. Your order will show as "In Process" until it has been completed in its entirety. Your school's administrator can also securely view your results online with their unique username and password.

#### **CPR Certification**

CPR is not for C.N.A. class. American Heart CPR will be completed the first week of PCA class.

#### **Health Insurance**

Health insurance is not required for the C.N.A. or PCA student.

## Measles, Mumps & Rubella (MMR)

- -There must be documentation of one of the following:
- 2 vaccinations
- Positive antibody titers for all 3 components (lab reports required)

## Varicella (Chicken Pox)

- -There must be documentation of one of the following:
- 2 vaccinations
- Positive antibody titer (lab report required)
- Medically documented history of disease by date, signed by health care provider.

## TB Skin Test (1 Step) or Chest X-Ray

- -There must be documentation of one of the following:
- Annual 1 step test
- If the results are positive a clear Chest X-Ray (with lab report) is required

#### **Hepatitis B**

- -There must be documentation of one of the following:
- 3 vaccinations
- Positive antibody titer (lab report required)
- Signed declination waiver

#### I NEED HELP!!!

If you need assistance please contact **CertifiedProfile.com** at **888-666-7788** or <a href="mailto:studentservices@certifiedprofile.com">studentservices@certifiedprofile.com</a> and a Student Support Representative will be available **Monday-Thursday 8am-8pm**, **Friday 8am-6pm** & **Sunday 12pm-8pm** EST.

CertifiedBG:
ACT/Compass:/
Sig forms:
Unblocked

# NorthWest Arkansas Community College Certified Nurse Assistant and/or Patient Care Assistant Application

				Semester: Preferred Class days/times	
Date:		-	Student	: ID #	
Name(First)	(Middle)	(Last)	Social S	ecurity Number	
Address					
Cit	y		State	Zip	
Home Phone:	Wo	rk Phone: _		Cell Phone:	
Email:				<u></u>	
Are you currently en (If not, please contact the				ES or NO admission requirements.)	
Do you plan on beco	ming certified a	as a nurse as	ssistant? Yes	s / No	
Do you have any hea	althcare or fire t	training? Ye	es / No		
If yes. Please briefly	describe your t	raining?			
Are you aware that yof certain felonies?		allowed to b YES or		Certified if you have been convi	cted

Is there anything in your background that might cause you to be ineligible for Arkansas certification, such as a conviction of a crime (including expunged cases) or suspension/revocation of a license or certification? Yes or No

# NORTHWEST ARKANSAS COMMUNITY COLLEGE HEPATITIS VACCINE FORM

#### RELEASE FROM LIABILITY

- 1. I acknowledge that I have received information concerning the hepatitis vaccination and possible adverse consequences which result should I not be vaccinated, including hepatitis B virus by reason of increased exposure thereto in connection with my clinical experiences. I also understand that this will not prevent me from contracting other types of hepatitis, i.e. Hepatitis A, Hepatitis C, and other types of hepatitis.
- 2. I have received information that this vaccination is not guaranteed to prevent the occurrence of any malady, including that for which I am being vaccinated and that possible adverse side effects to said vaccination may occur.
- 3. I have received information that this vaccination is not recommended for pregnant females, for mothers who are breast-feeding, for persons with a fever or active infection, and for persons who are allergic to Thimerosal or yeast.
- 4. For myself, my heirs and assignee(s), I hereby release and discharge NorthWest Arkansas Community College, its agents and employees, the members of its Board, and its liability insurance carrier from any and all liability resulting from an in any way connected with my decision not to receive the vaccination herein above described.
- 5. I acknowledge that I have read this document in its entirety and I understand it.
- 6. I acknowledge that it is my responsibility to seek further information from my physician should I have questions about the hepatitis vaccine.

Indicate below your hepatitis B vaccine status or	intent.	
I do not wish to receive the vaccin	e.	
Student Name (Print)		
,		
Student Signature	Date	
Witness Signature	Date	

#### NORTHWEST ARKANSAS COMMUNITY COLLEGE

## **I UNDERSTAND FORM**

## C.N.A. Class

I understand that in addition to the required 70 hours in class, there are 21 hours of clinical required. I understand that it is my responsibility to arrange transportation and be at the clinical site on time. Clinical hours are from 6:30 AM - 2:30 PM and clinicals are held on Fridays and Saturdays without exception. I understand that failure to meet these required hours will result in failure of the course and I will be ineligible to receive a certificate of completion of training.

## **PCA Class**

I understand there are 70 required class hours with an additional 24 clinical hours for the PCA class in the spring and fall. Clinical hours are from 6:30 AM - 2:30 PM and clinicals are held on Fridays and Saturdays without exception. Again, missing class or any of the required clinical hours will result in failure to obtain a certificate of completion of training.

Be advised that if offenses are reported on your background check, you might be prevented from completing the clinical portion of these courses. Failure to fulfill clinical objectives will result in failure of the course(s).

I attest that I have read and understand the application instructions and acknowledge that I am eligible to apply. My signature verifies that the information I have provided is complete and correct. I understand that any false information will result in my being disqualified for admission or will be grounds for dismissal from the classes. I understand that my acceptance is contingent upon a clear criminal background check.

By signing this paper I am stating that I understand there is a required clinical component in addition to classroom time for the Certified Nurse Assistant Class and/or Patient Care Assistant Class.

Student Name Printed	Date
Student Signature	Doto
Student Signature	Date

Turn this signed paper in with your application.