

BASIC NURSE AIDE 75-HOUR Prerequisite Checklist

		DATE COMPLETED
1.	<p>You must have an accepted DMACC Application for Admission on file (this means within the last 3 years you have been accepted to DMACC or been enrolled). If not, you must complete an online DMACC application and select one of the following:</p> <p>(1) "Nurse Aide" as your major if you only plan on taking Nurse Aide classes OR (2) "Nursing (RN) – AAS" as your major if you are taking Nurse Aide courses as a pre-requisite for one of DMACC's Nursing program.</p> <p>Application link: https://www.dmacc.edu/admissions/Pages/apply.aspx</p> <p><i>Be sure to notify DMACC immediately if your name, address, or phone number changes after you apply.</i></p>	

PLEASE READ THESE INSTRUCTIONS CAREFULLY:

- The forms, listed below, must be filled out completely and submitted to the Nurse Aide Office as a full packet. Completed forms should be submitted by emailing forms to CNA@dmacc.edu from your DMACC email address. Emails from personal email addresses will not be accepted. Forms may also be submitted in-person to the Ankeny Campus, Nurse Aide Office, Building 24-Room 308.
- Completed forms may be submitted on (or after) the date listed for the semester on the website.
- Once your forms are approved, you will receive more information about course registration via your DMACC email address. Available sections at the time of registration are based on seat availability.

All forms, schedules and additional information can be found at: <https://www.dmacc.edu/programs/health/cna>

	FORM	INSTRUCTIONS	FORM READY (✓)
2.	CORE PERFORMANCE STANDARDS (2 pages)	<p>FORM 2: Read and determine if you can perform all the activities listed.</p> <p>FORM 2A: Sign the signature page stating that you can perform the duties listed on the form.</p> <p>(Also known as "Iowa Core Performance for Health Care Career Programs")</p>	
3.	CRIMINAL ABUSE/BACKGROUND CHECK FORM (3 pages)	<p>FORM 3: Read Directions.</p> <p>FORM 3A: "Notice & Release of Criminal Record/Child and Adult Abuse Registry Checks" You may fill out your name, social security number, address and phone number. You must have a witness watch you sign this form and sign as a witness. Witnesses can be family, friends, etc.</p> <p>FORM 3B: "State of Iowa Criminal History Record Check Request Form" You may complete the top box. Note: if you have had more than one last name in your lifetime, you must fill out a form for EVERY last name you have had (ex: maiden, married, adopted, etc.) Sign all forms with your current last name.</p>	
4.	HEALTH AND PUBLIC SERVICES DEPARTMENT RECORD OF TB TESTING	<ul style="list-style-type: none"> • Note: You MUST have TWO TB tests administered and read by a physician. The physician must sign this form. • Skin tests: There must be a minimum of 7 days between the date the first TB test is administered and when the second TB test is administered. • Quantiferon Gold or T-spot TB blood tests are also acceptable, if your provider offers them. A copy of blood test lab results are required. • If you have a positive test, you will need to have and submit a report from a chest x-ray. See form for details. 	

	FORM	INSTRUCTIONS	FORM READY (✓)
5.	FLU VACCINE FORM	Take this form with you to the location where you get your flu shot and have the provider fill it out, documenting that you received your shot.--Required when taking classes from <u>October through May only.</u>	
6.	COURSE ACKNOWLEDGMENT FORM	Read this form carefully and sign, acknowledging what you've read.	

NURSE AIDE FREQUENTLY ASKED QUESTIONS (FAQ's):

(1) How do I get my Nurse Aide Certification so I can work as a C.N.A?

After completing the Basic Nurse Aide course successfully, you will have the opportunity to take the Nurse Aide written (NRA0858) and skills (NRA0859) tests for placement on Direct Care Worker Registry, which is your Nurse Aide Certification.

(2) Where can I find more information about the Nurse Aide program?

The DMACC Nurse Aide website has extensive information about the program and should answer most, if not all, questions you may have. Please consult the website first.

<https://www.dmacc.edu/programs/health/cna>

(3) Do I really need to get TWO TB tests or is one ok?

If you are getting traditional TB tests where they put fluid under the skin on your forearm then YES you must get two tests. However, if you are able to get the Quantiferon Gold or T-Spot blood tests you do not need to as these are ONE step tests.

(4) How do I submit my prerequisite paperwork?

Dates packets can be submitted can be found on the Nurse Aide website. If it is within the timeframe for the semester you are wanting to take a Nurse Aide course, you can submit your packets one of these ways:

- (1) Scan and email all forms to CNA@dmacc.edu
- (2) Bring your paperwork in person to the Nurse Aide Office on the Ankeny Campus, located in Building 24-Room 308.

(5) Can I have someone review my paperwork before I email it in?

Yes, the Nurse Aide intake staff on each campus is happy to review your paperwork to make sure everything is complete prior to your sending it in. Please refer to the schedule of courses or Nurse Aide website for contact people on each campus.

Additional FAQ's can be found on the DMACC Nurse Aide website:

<https://www.dmacc.edu/programs/health/cna>

Iowa Core Performance Standards for Health Care Career Programs

Iowa Community Colleges have developed the following Core Performance Standards for all applicants to Health Care Career Programs. These standards are based upon required abilities that are compatible with effective performance in healthcare careers. Applicants unable to meet the Core Performance Standards are responsible for discussing the possibility of reasonable accommodations with the designated institutional office. Before final admission into a health career program, applicants are responsible for providing medical and other documentation related to any disability and the appropriate accommodations needed to meet the Core Performance Standards. These materials must be submitted in accordance with the institution's ADA policy.

Capability	Standard	Some Examples of Necessary Activities (Not All-Inclusive)
Cognitive-Perception	The ability to perceive events realistically, to think clearly and rationally and to function appropriately in routine and stressful situations.	<ul style="list-style-type: none"> • Identify changes in patient/client health status • Handle multiple priorities in stressful situations
Critical Thinking	Critical thinking ability sufficient for sound judgment.	<ul style="list-style-type: none"> • Identify cause-effect relationships in clinical situations • Develop plans of care
Interpersonal	Interpersonal abilities sufficient to interact appropriately with individuals, families and groups from a variety of social, emotional, cultural and intellectual backgrounds.	<ul style="list-style-type: none"> • Establish rapport with patients/clients and colleagues • Demonstrate high degree of patience • Manage a variety of patient/client expressions (anger, fear, hostility) in a calm manner
Communication	Communication abilities in English sufficient for appropriate interaction with others in verbal and written form.	<ul style="list-style-type: none"> • Read, understand, write and speak English competently • Explain treatment procedures • Initiate health teaching • Document patient/client responses • Validate responses/messages with others
Mobility	Ambulatory capability to sufficiently maintain a center of gravity when met with an opposing force as in lifting, supporting and/or transferring a patient/client.	<ul style="list-style-type: none"> • The ability to propel wheelchairs, stretchers, etc., alone or with assistance as available
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective care and documentation.	<ul style="list-style-type: none"> • Position patients/clients • Reach, manipulate and operate equipment, instruments and supplies • Electronic documentation/keyboarding • Lift, carry, push and pull • Perform CPR
Hearing	Auditory ability sufficient to monitor and assess, or document health needs.	<ul style="list-style-type: none"> • Hears monitor alarms, emergency signals, auscultatory sounds, cries for help • Hears telephone interactions/dictation
Visual	Visual ability sufficient for observation and assessment necessary in patient/client care, accurate color discrimination.	<ul style="list-style-type: none"> • Observes patient/client responses • Discriminates color changes • Accurately reads measurement on patient/client-related equipment
Tactile	Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture.	<ul style="list-style-type: none"> • Performs palpation • Performs functions of physical examination and/or those related to therapeutic intervention, e.g., insertion of a catheter
Activity Tolerance	The ability to tolerate lengthy periods of physical activity.	<ul style="list-style-type: none"> • Move quickly and/or continuously • Tolerate long periods of standing and/or sitting
Environmental	Ability to tolerate environmental stressors.	<ul style="list-style-type: none"> • Adapt to rotating shifts • Work with chemicals and detergents • Tolerate exposure to fumes and odors • Work in areas that are close and crowded • Work in areas of potential physical violence

DMACC Nursing Assistant Program – HSC 172

Name: _____ DMACC ID: _____ CRN: _____

Core Performance Standards:

Program continuation requires each student to perform every essential function of the student role. If the student, with reasonable accommodation, is unable to perform any essential function in a safe and successful manner, he/she will be required to withdraw from the program.

I have reviewed the attached Iowa Core Performance Standards for Health Career Programs.

Signature: _____ Date: _____

Des Moines Area Community College

Criminal/Abuse Background Checks

DMACC will complete Criminal/Abuse background checks on each student. Criminal convictions or documented history of abuse may prevent students from participating in clinical education experience. Students unable to participate in clinical education will be unable to complete the course requirements. The Department of Inspections and Appeals (DIA) regulations can be found on their website, <http://dia.iowa.gov/>

Criminal/Abuse background checks are processed at DMACC. Incomplete forms and forms or copies from outside sources will not be accepted.

Special Instructions:

FORM 3A: *"Notice & Release of Criminal Record/Child and Adult Abuse Registry Checks"*

You may fill out your name, social security number, address and phone number. You must have a witness watch you sign this form and sign as a witness. Witnesses can be family, friends, etc.

FORM 3B: *"State of Iowa Criminal History Record Check Request Form"*

You may complete the top box. Note: if you have had more than one last name in your lifetime, you must fill out a form for EVERY last name you have had (ex: maiden, married, adopted, etc.) Sign all forms with your current last name.



DES MOINES AREA COMMUNITY COLLEGE

Notice & Release of Criminal Record/Child and Adult Abuse Registry Checks

I, the undersigned student in the Nursing Assistant program at Des Moines Area Community College (DMACC), understand that participation in a clinical experience is part of the Nursing Assistant program, and that this includes working at an affiliating agency. I further understand that the affiliating agencies have the right to establish requirements for participation in clinical experience and that the requirements may include submission to criminal record/child and adult abuse registry checks, based upon all current and former last names and aliases. Results of the criminal record/child and adult abuse registry checks will be released to the Department of Human Services (DHS) who will determine if the crime or founded abuse warrants prohibition from clinical education experience.

In accordance with DMACC's contract with affiliating agencies, results of the criminal record/child and adult abuse registry checks will be released to contracted agencies only upon request.

I understand and agree that if I am prohibited from participation in a clinical experience by DHS, or by an affiliating agency or if I refuse to submit to the registry checks that are required in order to participate in a clinical experience, I may be unable to complete my program of study. I hereby release DMACC, its employees, and all affiliating agencies from any liability with regard to my participation in a clinical experience and decisions made concerning my participation in a clinical experience.

Further, I give DCI (Department of Criminal Investigation) and DHS permission to release information to Des Moines Area Community College, which may be requested as a result of the criminal/child and adult abuse check.

Please Print

Name: _____

Social Security Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Signature: _____ Date: _____

Witness: _____ Date: _____





STATE OF IOWA Criminal History Record Check Request Form



DCI Account Number: _____
(if applicable)

To: Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

From: _____

Phone: _____

Fax: _____

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Waiver Information: Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

Waiver Release: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Waiver Signature: _____

<u>Iowa Criminal History Record Check Results</u>	(DCI use only)
As of _____, a search of the provided name and date of birth revealed:	
<input type="checkbox"/> No Iowa Criminal History Record found with DCI	
<input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____	
DCI initials _____	



HEALTH AND PUBLIC SERVICES DEPARTMENT RECORD OF TB TESTING

Complete the information below completely. (Please print)

Last Name _____ First Name _____ Middle Initial _____
 Date of Birth _____ DMACC ID # _____ Program _____ Campus _____

Yearly TB testing is now required of health care workers in cooperating agencies. Nurse Aide students must have this completed before registering for classes.

This section must be completed and signed by your physician (or designee).

- If using 2-step PPD Skin Test by Mantoux (NOT TINE): a time period of more than 7 days but less than 1 year will be needed between TB skin test #1 and #2. Induration greater than 10.0 mm requires chest X-ray and prophylactic treatment consideration. Thereafter, an annual TB test (single step only) will be required.
- Quantiferon Gold blood test or T-spot TB blood test will also be acceptable and must be done annually. Documentation of lab results required.

TB SKIN TEST	Date Placed mm/dd/yy Include time, site and signature of administrator	Date Read mm/dd/yy Include time	Results in mm induration*	Signature of reader
#1 TB skin test				
#2 TB skin test				
*If POSITIVE Test complete the following:				
	Date of Chest X-Ray	Chest X-Ray results		
Chest X-Ray		Copy of signed Chest x-ray report required		
Is treatment plan indicated? Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No	If treatment plan is indicated please describe below.			

_____ Date

_____ Signature of Physician (or designee)

_____ Phone

_____ Address

_____ City/State/Zip

Centers for Disease Control and Iowa Department of Public Health Guidelines/Recommendations for Interpreting TB Skin Tests

Excerpted from CDC’s Chapter 3: Testing for Tuberculosis Infection and Disease, page 54.

Table 3.2 Interpreting the TST Reaction

5 or more millimeters	10 or more millimeters	15 or more millimeters
<p>An induration of 5 or more millimeters is considered positive for</p> <ul style="list-style-type: none"> • HIV-infected persons • Recent contacts of persons with infectious TB • People who have fibrotic changes on a chest radiograph • Patients with organ transplants and other immunosuppressed patients (including patients taking a prolonged course of oral or intravenous corticosteroids or TNF-α antagonists) 	<p>An induration of 10 or more millimeters is considered positive for</p> <ul style="list-style-type: none"> • People who have come to the United States within the last 5 years from areas of the world where TB is common (for example, Asia, Africa, Eastern Europe, Russia, or Latin America) • Injection drug users • Mycobacteriology lab workers • People who live or work in high-risk congregate settings (hospitals, long-term care, homeless shelters and correctional facilities) • People with certain medical conditions that place them at high risk for TB (silicosis, diabetes mellitus, severe kidney disease, certain types of cancer, and certain intestinal conditions) • Children younger than 5 years of age • Infants, children, and adolescents exposed to adults in high-risk categories 	<p>An induration of 15 or more millimeters is considered positive for</p> <ul style="list-style-type: none"> • People with no known risk factors for TB

**NURSING ASSISTANT PROGRAM
RECORD OF INFLUENZA VACCINATION**

Annual Influenza Vaccination is required of Nurse Aide Students and Faculty who have clinical contact October through May.

SECTION A Please Print

Students: complete the information below and submit with your completed packet.

Last Name _____ First Name _____ Middle Initial _____
Date of Birth _____ DMACC ID Number _____
Program _____ Campus _____
HSC 172/HSC 182

Students must have this record completed during flu season, October through May.

SECTION B

This section must be completed and signed by the person administering the flu vaccination.

Check one:

This vaccine is contraindicated for this person at this time due to:

Signature and Title

Print Name

This verifies that an Influenza Vaccination was given to the person named above on:

Date administered: _____

Administered by:

Signature and Title of Vaccine Administrator

Print Name

Address

City/State/Zip

()

Phone

COURSE ACKNOWLEDGEMENT FORM

NURSE AIDE 75-HOUR or ADVANCED NURSE AIDE

Term (check one):

- Fall
- Spring
- Summer

Name _____ DMACC ID # _____

DMACC email _____

Please initial each statement below to verify you have read and understand them.

_____ I acknowledge that I am responsible for knowing the course meeting dates, days, times and location of the Nurse Aide course for which I will be registering.

_____ I understand I am required to be present the first day of class or I will be dropped and unable to continue the course.

_____ For web-blended courses: I understand I will need to log in the first day the course is available to be counted as present. Otherwise, I will be dropped and unable to continue the course.

_____ I understand the allowable limits for course absences are as follows. Absences beyond this will result in a failing grade and I will no longer be able to attend class.

- 3 hours of the classroom section (theory) - this limit does not apply to web-blended courses
- 1.5 hours of lab
- 3 hours during the clinical rotation.

Signature _____ Date _____