GLENDALE COMMUNITY COLLEGE NURSING ASSISTANT PROGRAM

Application Packet

COURSE INFORMATION

The GCC nursing assistant (NA) course (NUR 158) provides an introduction to the role of the nursing assistant for clients across the wellness/illness continuum within the nurse assisting scope of practice. Includes basic problem-solving processes specific to meeting the basic and holistic needs of clients, therapeutic communication skills essential for the nursing assistant, interventions to ensure the needs and safety of the client, specific types of diseases, conditions and alterations in behavior of the client, and principles of nutrition and fluid balance. Focus is on special needs of the elder client in the acute and long-term care settings, and basic emergency care skills and procedures. The course provides opportunity for the development of clinical competency in the performance of selected nurse assisting skills and procedures through participation in laboratory and patient care clinical experiences.

Upon satisfactory completion of NUR158, the student is eligible to receive a Certificate of Completion (CCL) from GCC; students must apply for the Certificate of Completion. Following successful completion of NUR158, students are also eligible to take the Nursing Assistant skills and written examination and to apply for licensure or certification by the Arizona State Board of Nursing (Board) if all application requirements are met.

OCCUPATIONAL INFORMATION

Nursing assistants are important members of the healthcare team who perform routine tasks in the general care of hospital, clinic, and nursing home patients. They work directly under the supervision of practical and registered nurses to assist licensed staff in providing quality nursing care to the client. Typical patient care duties include bathing and dressing, assisting with personal hygiene, taking vital signs, answering call lights, transporting patients, and assisting with toileting and feeding. The Nursing Assistant role is one of a series of possible steps on a career ladder in the healthcare field, including licensed practical nurse or registered nurse.

ARIZONA BOARD OF NURSING ASSISTANT CERTIFICATION/LICENSURE REQUIREMENTS

Students who successfully complete NUR158 and are seeking certification or licensure in Arizona are required to take the Nursing Assistant competency examination given by D&S Diversified Technologies-Headmaster LLP (www.hdmaster.com). The test includes a written multiple choice knowledge test and a skills test.

Students who pass NUR158 and the state skills and written exams are eligible to apply for either of the levels of nursing assistant recognized by the Board of Nursing in Arizona: Certified Nursing Assistant (CNA) or Licensed Nursing Assistant (LNA):

Certified Nursing Assistant (CNA): A person who passes an approved NA course and the state skills and written exam and provides proof of legal residence will be listed on the CNA registry. No application to the AZBN is necessary, and the person can use the initials "CNA".

Licensed Nursing Assistant (LNA): A person who meets NA educational and exam requirements and additionally submits an application, fingerprints, and fees to the Board of Nursing. If the applicant meets Board requirements, the Board will license the applicant as an LNA and the applicant can use the initials "LNA".

Information about the Arizona State Board of Nursing application process is available at https://www.azbn.gov. The Arizona State Board of Nursing office is located at 4707 North 7th Street, Suite 200, Phoenix, Arizona, 85014-3653. Phone 602.771.7800.

==Felony Bar:== The Arizona Board of Nursing shall revoke a nursing license or multistate privileges or deny licensure if the applicant has one or more felony convictions that have not previously been disclosed to the Board and has not received an absolute discharge from the sentences for all felony convictions three or more years prior to the date of filing an application. If this law pertains to you, your application will be processed, and proceedings for revocation of your Arizona license or multistate privileges in Arizona or denial of your application shall be instituted by the Board. For more information go to Reporting Criminal Charges.

==Legal Presence:== Per AZBN requirements, all students completing a nursing assistant program are required to submit proof of legal presence in the United States to D&S (Headmaster) prior to taking state exams. To facilitate processing of applicants, students are required to submit proof of legal presence to the program instructor. A copy of evidence showing legal status in the U.S. must be submitted to the course instructor and to AZBN. For a list of acceptable documents, see https://www.azbn.gov/licensure-certification/citizenship-alien-status/. Questions about eligibility for licensure should be directed to the Arizona State Board of Nursing.

PROGRAM COSTS

Program costs include tuition, course fees, textbook, uniform and supplies, and health and safety requirements, including Level One Fingerprint Clearance Card and supplemental background check. Additional costs* may include:

Requirement	Fee
Tuition ($85/credit hour in-state tuition)	$382.50
Course Fee	$75.00
Level One DPS Fingerprint Clearance Card	$75.00
American DataBank Background Check	$53.00
American DataBank Immunizations/Compliance	$10.00 1 yr. subscription
American DataBank Urine Drug Screen	$57.00
myClinicalExchange (mCE)	$20.00 6 mo. subscription
Immunizations	$0 - 500.00
BLS/CPR	$40 - 55.00
Uniform	$40.00
Shoes	$25 - 50.00
Stethoscope	$30 - 50.00
Textbook	$100.00
TOTAL	**$907.50 – $1467.50**

All costs are approximate, subject to change, and dependent on previous immunizations additional requirements

ADMISSION REQUIREMENTS
Students will not be permitted to enroll in NUR158 until the following requirements have been met:
1. 	To meet reading requirement: Grade of "C" or better in RDG 100 or higher; Accuplacer Reading Next Gen score 230 or greater; or HESI A2 English Composite score of 70% or greater.
2. 	To meet math requirement: Grade of "C" or better in MAT081 or higher; or Accuplacer Arithmetic Next Gen score 200 or greater; or HESI A2 Math score of 70% or greater.
3. Current Level One DPS Fingerprint Clearance Card. See https://www.maricopa.edu/academics/healthcare/requirements.
4. 	Supplemental criminal background check and signed MCCCD Criminal Background Check Disclosure Acknowledgement form.
5. 	Healthcare provider BLS (CPR) certification.
6. 	Documentation of all health and safety requirements as per course admission requirements (proof of immunity, immunizations, or current testing for identified diseases) into CastleBranch Medical Document Manager.

HEALTH AND SAFETY REQUIREMENTS
Nursing assistant students must meet all Health and Safety requirements to enroll in NUR158 and to maintain enrollment in the course. Students will meet these requirements by uploading required health and safety documentation as directed. Students unable or unwilling to provide documentation of compliance with the Health and Safety Requirements will not be permitted to participate in clinical rotations. Students who do not complete required course hours will not pass the course.

It is essential that nursing assistant students be able to perform various physical activities in the clinical portion of the program. At a minimum, students will be required to lift patients, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement direct patient care. The clinical nursing experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should carefully consider the mental and physical demands of the program prior to making application.

All MCCCD healthcare students are required to complete and sign a Background Check Acknowledgement and must pass a supplemental background check before enrolling in NUR158.

Students may do a **confidential self-assessment background check** prior to applying for the program to determine their pass or fail status. For information about the self-assessment, go to www.CertifiedBackground.com and click on "Students", then enter package code MF69bg-Background Check Only. The student will then be directed to set up the Certified Profile Account. **Results of this self-assessment are not shared with GCC and cannot be used for the background check requirement**. Individuals who complete this self-assessment are required to pay for and complete a second background check for application to NUR158.

For more information about immunizations, supplemental background check, CPR, and other health and safety requirements, see information on the MaricopaNursing website: https://www.maricopa.edu/academics/healthcare/requirements. To learn more about individual health and safety requirements, see the MaricopaNursing Health and Safety video on YouTube. (https://www.youtube.com/watch?v=VaMWAY-QdI4&feature=youtu.be)

DRUG SCREEN: All students are required to submit a urine drug screen. Only students meeting the drug screening requirement and receiving negative drug screens, as reported by the Medical Review Officer (MRO), will be permitted to maintain enrollment in nursing courses.

WAIVER OF LICENSURE/CERTIFICATION GUARANTEE: Admission or graduation from the Nursing assistant program does not guarantee obtaining a license or certificate to practice nursing. Licensure and certification requirements and the subsequent procedures are the exclusive right and responsibility of the Arizona State Board of Nursing. Students must satisfy the requirements of the Nurse Practice Act: Statutes, Rules and Regulations, independently of any college or school requirements for graduation.

According to A.R.S. § 32-1646 (B), an applicant for nursing assistant program certification is not eligible for certification if the applicant has had any felony convictions and has not received an absolute discharge from the sentences for all felony convictions. The absolute discharge from the sentence for all felony convictions must be received five (5) or more years before submitting this application. If you cannot prove that the absolute discharge date is five or more years, the Board will notify you that you do not meet the requirements for certification.
All nursing assistant program applicants for certification will be fingerprinted to permit the Department of Public Safety to obtain state and federal criminal history information. All applicants with a positive history are investigated. If there is any question about eligibility for licensure or certification, contact the nursing education consultant at the Arizona State Board of Nursing (602-771-7800).

APPLICATION/ADMISSION PROCESS
Students who wish to enroll in NUR158 should carefully review all admission requirements before application to ensure that all elements have been met. It is important to begin the process of gathering needed documentation for the program well in advance of application.

When all required documentation has been uploaded to American DataBank and are complete, email the NA Intake Coordinator, Carol Benson Swank (gccnursingassistant@gccaz.edu) to set up an appointment for enrollment. Bring the following documents to your appointment:

1. Application
2. Background check acknowledgement
3. Math/reading scores or unofficial transcript

NURSING ASSISTANT PROGRAM (NUR158) APPLICATION

TO BE COMPLETED BY STUDENT:

(PRINT) Name: _____ Student ID Number: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Phone: Day: _____ Evening: _____

(PRINT CLEARLY): Email address: _____

COMPLETED BY GCC STAFF:

MET	REQUIREMENT	NOTES
	Reading RDG100, HESI A2, GPA, Accuplacer	
	Math MAT081, HESI A2, GPA, Accuplacer	
	Functional Abilities Form	Date completed:
	CPR/BLS card Healthcare provider only	Expiration date:
	Background Check Disclosure	
	Level One DPS Fingerprint Clearance Card	Expiration date:
	MMR Vaccine x 2 or titers for each	MMR dates: _____ _____ Titer: Rubeola _____Mumps _____ Rubella _____
	Varicella Vaccine x 2 or titer	Vaccine dates: _____ _____ Titer: _____
	Tdap Tetanus, Diphtheria, Pertussis vaccine	Tdap date: _____ Renewal: _____
	Hepatitis B vaccine x 3 or titer or declination	Vaccine dates: _____ _____ _____ Titer: _____ Declination: _____
	TB Skin test, blood test, or Chest X-ray	TBST: #1: Result and date: _____ #2: Result and date: _____ QuantiFERON: _____ Positive TB: CXR: _____ Questionnaire: _____
	Influenza Vaccine	Date:_____ Renewal Date:

_____   _____

Signature GCC Staff   Date

Overview of the Requirements

In order for students to be admitted to or maintain enrollment in good standing in Maricopa County Community College District's ("MCCCD") Allied Health and Nursing programs ("Programs") students must provide with their application to a Program all of the following:

- A copy of an Arizona Department of Public Safety Level-One Fingerprint Clearance Card ("Card"). Students are required to pay the cost of applying for the Card. Cards that are NOT Level-One status will not be accepted
- An original version of the "**Criminal Background Check Disclosure Acknowledgement"** form attached to this Summary signed by the student.
- A document from MCCCD's authorized vendor for background checks demonstrating that the student has passed the background check. Students are required to pay the cost of obtaining the background check. Students whose background checks on the date of actual admission to a Program that are more than 6 months old or students who have been in a Program for more than 12 months may be requested to obtain an updated background check. The addition of this criminal background check is due to the fact that some of MCCCD's largest clinical experience partners have established standards that are more stringent than those for obtaining a Card.
  At all times during enrollment in a Program, students must obtain and maintain BOTH a valid Level-One Fingerprint Clearance Card and passing disposition on supplemental background check performed by MCCCD authorized vendor. Admission requirements related to background checks are subject to change as mandated by clinical experience partners

Implementation of the Requirements

1. Students that are denied issuance of a Card may be eligible for a good cause exception through the Arizona Department of Public Safety. It is the student's responsibility to seek that exception directly with the department. Until the student obtains a Card and meets the other requirements for admission, he or she will not be admitted to a Program.

2. Students admitted to a Program whose Card is revoked or suspended must notify the Program Director immediately and the student will be removed from the Program in which they have been admitted or are enrolled. Any refund of funds would be made per MCCCD policy.

3. The **Criminal Background Check Disclosure Acknowledgement** directs students to disclose on the data collection form of the MCCCD authorized background check vendor all of the requested information as well as any information that the background check may discover. Honesty is important as it demonstrates character. Lack of honesty will be the basis for denial of admission or removal from a Program if the information that should have been disclosed but was not would have resulted in denial of admission. Failure to disclose other types of information constitutes a violation of the Student Code of Conduct and may be subject to sanctions under that Code. Students have a duty to update the information requested on the [background check vendor] data collection form promptly during enrollment in a Program. The [background check vendor] data collection form may ask for the following information but the form may change from time to time:

- Legal Name
- Maiden Name
- Other names used
- Social Security Number
- Date of Birth
- Arrests, charges or convictions of any criminal offenses, even if dismissed or expunged, including dates and details.
- Pending criminal charges that have been filed against you including dates and details. Participation in a first offender, deferred adjudication or pretrial diversion or other probation program or arrangement where judgment or conviction has been withheld. The authorized MCCCD background check vendor will be asked to pass or fail each student based on the standards of MCCCD's clinical experience partners that have established the most stringent requirements. The sole recourse of any student who fails the background check and believes that failure may have been in error is with the background check vendor and not MCCCD.

ACKNOWLEDGEMENT OF CRIMINAL BACKGROUND CHECK REQUIREMENTS
Maricopa County Community College District

In applying for admission to a Nursing or Allied Health program ("Program") at the Maricopa County Community College District, you are required to disclose on the Arizona Department of Public Safety (DPS) form all required information and on the MCCCD authorized background check vendor data collection form any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program on this form. Additionally, you must disclose anything that is likely to be discovered in the MCCCD supplemental background check that will be conducted on you.

Please complete the DPS form, the MCCCD authorized background check vendor form and any clinical agency background check form honestly and completely. This means that your answers must be truthful, accurate, and complete. If you know of certain information yet are unsure of whether to disclose it, you must disclose the information, including any arrest or criminal charge. Additionally,

By signing this acknowledgement, you acknowledge the following:

- I understand that I must submit to and pay any costs required to obtain a Level-One Fingerprint Clearance Card and an MCCCD supplemental criminal background check.
- I understand that failure to obtain a Level-One Fingerprint Clearance Card will result in a denial of admission to a Program or removal from it if I have been conditionally admitted.
- I understand that I must submit to and pay any costs required to obtain an MCCCD supplemental background check.
- I understand that failure to obtain a "pass" as a result of the MCCCD supplemental criminal background check will result in a denial of admission to a Program or removal from it if I have been conditionally admitted.
- I understand that, if my Level-One Fingerprint Clearance Card is revoked or suspended at any time during the admission process or my enrollment in a Program, I am responsible to notify the Program Director immediately and that I will be removed from the Program.
- I understand that a clinical agency may require an additional criminal background check to screen for barrier offenses other than those required by MCCCD, as well as a drug screening. I understand that I am required to pay for any and all criminal background checks and drug screens required by a clinical agency to which I am assigned.
- I understand that the both the MCCCD supplemental or the clinical agency background check may include but are not limited to the following:
o Nationwide Federal Healthcare Fraud and Abuse Databases
o Social Security Verification
o Residency History
o Arizona Statewide Criminal Records
o Nationwide Criminal Database
o Nationwide Sexual Offender Registry
o Homeland Security Search

- By virtue of the MCCCD supplemental background check, I understand that I will be disqualified for admission or continued enrollment in a Program based on my criminal offenses, the inability to verify my Social Security number, or my being listed in an exclusionary database of a Federal Agency. The criminal offenses for disqualification may include but are not limited to any or all of the following:
- Social Security Search-Social Security number does not belong to applicant
- Any inclusion on any registered sex offender database
- Any inclusion on any of the Federal exclusion lists or Homeland Security watch list
- Any conviction of Felony no matter what the age of the conviction
- Any warrant any state
- Any misdemeanor conviction for the following-No matter age of crime
- violent crimes
- sex crime of any kind including nonconsensual sexual crimes and sexual assault
- murder, attempted murder

- abduction
- assault
- robbery
- arson
- extortion
- burglary
- pandering
- any crime against minors, children, vulnerable adults including abuse, neglect, exploitation
- any abuse or neglect
- any fraud
- illegal drugs
- aggravated DUI

● Any misdemeanor controlled substance conviction last 7 years
● Any other misdemeanor convictions within last 3 years
● Exceptions: Any misdemeanor traffic (DUI is not considered Traffic)

● I understand that I must disclose on all background check data collection forms (DPS, MCCCD background check vendor and a clinical agency background check vendor) all required information including any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program. That includes any misdemeanors or felonies in Arizona, any other State, or other jurisdiction. I also understand that I must disclose any other relevant information on the forms. I further understand that non-disclosure of relevant information on the forms that would have resulted in failing the background check will result in denial of admission to or removal from a Program. Finally, I understand that my failure to disclose other types of information of the forms will result in a violation of the Student Code of Conduct and may be subject to sanctions under that Code.
● I understand that, if a clinical agency to which I have been assigned does not accept me based on my criminal background check it may result in my inability to complete the Program. I also understand that MCCCD may, within its discretion, disclose to a clinical agency that I have been rejected by another clinical agency. I further understand that MCCCD has no obligation to place me when the reason for lack of placement is my criminal background check. Since clinical agency assignments are critical requirements for completion of the Program, I acknowledge that my inability to complete required clinical experience due to my criminal background check will result in removal from the Program.
● I understand the Programs reserve the authority to determine my eligibility to be admitted to the Program or to continue in the Program and admission requirements or background check requirements can change without notice.
● I understand that I have a duty to immediately report to the Program Director any arrests, convictions, placement on exclusion databases, suspension, removal of my DPS Fingerprint Clearance Card or removal or discipline imposed on any professional license or certificate at any time during my enrollment in a Program.

_____   _____

Signature   Date

_____   **Nursing Assistant Program**
                                                 _____
Printed Name   Health Care Program