

NURSE AIDE I Information packet

This packet contains information and forms needed for Nurse Aide Students:

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WHERE TO START

The things you need to do to get ready for the program:

1. Complete an application for admission to CPCC, obtain a CPCC Student ID number, activate the student CPCC E-Mail address
2. Take the ACCUPLACER test at the CPCC testing center located on the Central, Cato or Levine Campus
3. Check the student CPCC E-Mail address for results of the ACCUPLACER and detailed instructions
4. Look at the expenses involved for the Nurse Aide Program; this is a continuing education program, it is not eligible for financial aid.
5. It is essential that you schedule a medical physical and review your immunization status so that you can meet all the medical requirements.
6. Purchase the required textbook bundle [textbook, workbook and DVD] immediately and begin studying. Students are required to complete the first 15 chapters in the textbook, workbook BEFORE the class begins.

Students find it almost impossible to take the nurse aide course and work full time; the maximum recommended hours of work is 20 hours per week. Please check the website for additional information. Below is a breakdown of potential costs:

Student costs are variable and different for each situation. Generally, individuals should budget \$600 for all the costs associated with the program.

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> • \$220 - CPCC registration and college fees. Please be prepared to pay this fee when you register either via online registration or with CPCC CE Customer Service. | <p>students are covered by health insurance and do not have to pay this cost.]</p> <ul style="list-style-type: none"> • \$ 50 Paid to a facility authorized to conduct "DOT guidelines" Urine Drug Screening | <ul style="list-style-type: none"> • \$ 50 Uniforms, shoes, supplies • \$101 North Carolina Nurse Aide Competency Evaluation [State test for Nurse Aide Certification] |
| <ul style="list-style-type: none"> • \$ 75 - Medical physical and update of required immunizations [IF the individual is current on the required immunizations and just needs the TB screening- some | <ul style="list-style-type: none"> • \$ 45 Paid to the VENDOR when the course begins Criminal Background • \$ 80 Textbook/workbook and DVD bundle | |

INFORMATION PACKET

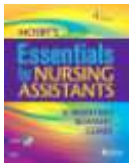
This is your NURSE AIDE I Program information packet.

Success in this class requires both motivation and the willingness to be responsible for your own learning.

This class has a large online component, a classroom/lab component and a clinical component.

Please purchase your textbook and workbook from the CPCC bookstore NOW and read the first 15 chapters in the book and complete the first 15 chapters in the workbook. Make sure you watch the skills on the DVD and CD that is included in the Student Package.

The textbook, workbook and DVD come in a bundled package.



Mosby's Essentials for Nursing Assistants – Textbook, Workbook and Mosby's Nursing Assistant Skills DVD – Student Version Package, 4th Edition ISBN: ISBN: 978-0-323-07218-2

To prepare for the online component, go to the web address below and complete the CPCC LOG IN process. This will be your access for the online component and MUST be done before the course starts. Individuals without a home internet/computer access may go to one of the student computer labs on the CENTRAL CAMPUS or any CPCC Campus.

www.cpcc.edu

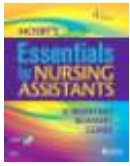
Follow the directions for activating your CPCC LOG IN account and also complete the online orientation - just follow the directions on the page.

Enclosed are the forms you will need to have completed and bring to class on the first day. The criminal background check will be done during the class and more information will be provided in class.

Should you have any questions, please use the e-mail address above.

TEXTBOOK AND SUPPLIES:

The textbook, workbook and DVD come in a bundled package.



Mosby's Essentials for Nursing Assistants – Textbook, Workbook and Mosby's Nursing Assistant Skills DVD – Student Version Package, 4th Edition ISBN: 978-0-323-07218-2

Purchase textbooks: **CPCC Bookstore** (704) 330-6649
(Central Campus)
Professional Development Building

* Call for availability and store hours

Levine Campus Bookstore (704) 330-4233
(Matthews)

2800 Campus Ridge Road; 2nd Floor

* Call for availability and store hours

Supplies needed and documents required on the FIRST DAY OF CLASS – Please do not mail these documents to the program

Notebook, black pen(s), #2 pencils, textbook, workbook

COPIES OF:

Security Card**

Current Drivers License or State Picture ID**

Completed Immunization and Medical Physical Forms

Completed Authorization Forms

Proof of Urine Drug Screen – Receipt for completion [Results are mailed to CPCPC]

****The name on drivers license or official State ID and social security card MUST be the same.**

The items below are NOT required on the first day of class. Your instructor will tell you when these items are required.

White SHORT SLEEVE uniform

White hose or socks

White leather / cleanable shoes (no color markings)

Watch with second hand

EXPLANATION OF IMMUNIZATION REQUIREMENTS

Please furnish current health history of infectious diseases, including but not limited to tuberculosis.

Your Vaccination History (Immunization Records) may be obtained from any of the following sources:

ATTACH a copy of this Vaccination Record to the IMMUNIZATION RECORD FORM.

1. High School Records: Your immunization records do not transfer automatically. You must request a copy.
2. Personal Immunization Records - verified by a doctor's stamp or signature, by a clinic or health department stamp.
3. Local Health Department
4. Military Records or WHO (World Health Organization) documents.
5. Previous College or University – Your Immunization Records do not transfer automatically. You must request a copy.

Hepatitis B - *considered immune if.*

History of vaccination (3 doses); or Positive titer

Measles (Rubeola) - *considered immune if.*

- a. Born *before* 1957
 - Documentation of receipt of one dose of the live-measles vaccine; or
 - Positive titer
- b. Born 1957 *or after*
 - Physician documentation of disease or 2 doses of the vaccine is required; or
 - Documentation of 2 doses of live measles vaccine on or after first birthday; or
 - Positive titer

(Note: Persons born between 1957 and 1984 who received childhood measles immunization were given only one dose of vaccine during infancy and may require a second dose of vaccine.)

Mumps - *considered immune if.*

Documentation of physician-diagnosed mumps; or
Documentation of **two** doses of live mumps vaccine on or after first birthday; or
Positive titer

Rubella - *considered immune if.*

Documentation of one dose of live rubella vaccine on or after first birthday; or
Positive titer

Tuberculosis:

Requires 2 step PPD

- The initial PPD skin test is administered and read 2-3 days later.
- A second PPD skin test is performed 2-4 weeks after the first PPD skin test.

If symptoms of active TB (fever, chronic cough, night sweats, weight loss, production of bloody sputum, etc.) or reactive TB skin tests, then a chest X-ray is required.

If history of active TB or reactive TB tests, documentation of testing is required, as well as adequate treatment if indicated.

Varicella (Chickenpox) – *considered immune if.*

Known history of disease (specific date required); or
History of vaccination (2 doses); or
Positive titer

Influenza Vaccination: [seasonal availability]

Date of vaccination or

Reason for declining vaccination: *Refusal of vaccination can result in exclusion from the clinical facility.*

URINE DRUG SCREENING TEST

Central Piedmont Community College and Healthcare Continuing Education, adheres to the policies and procedures of all clinical facilities with which the department is affiliated for student clinical learning experiences.

Clinical facilities are now requiring all students to complete drug tests using a urine specimen. Drug screenings are available at any facility that does a urine drug screening in accordance with DOT guidelines. **The drug screening must be done no sooner than 30 days before the start of the course.**

Drug screening shall include a 10-panel drug screening. Students in all health programs with a clinical experience must complete a urine drug screen. Any individual with a positive drug screen will be ineligible to participate in a clinical experience and will be withdrawn from the program without refund of fees. Students are responsible for the costs of the drug screening. Make sure the 10 drugs below are the ones being tested.

Recommended places for the DOT Urine Drug Screening for CPCCC Students:

Presbyterian Urgent Care (4 locations)

- | | |
|--|--------------|
| • 1918 Randolph Rd Suite 175 Charlotte, NC 28270 | 704-316-1050 |
| • 1450 Matthews Township Pkwy Suite 170 Matthews, NC 28105 | 704-384-8441 |
| • 8420 Medical Plaza Drive Suite 250 Charlotte, NC 28262 | 704-384-1220 |
| • 5815 Blakeney Park Drive Charlotte, NC 28277 | 704-316-2505 |

Results may be mailed by the ordering facility directly to:

Mary Smith
CPCCC Healthcare Continuing Education
Levine Campus 1227
PO Box 35009
Charlotte, NC 28235
Phone: (704) 330 4377

DOT URINE DRUG SCREENING FOR:

- Amphetamines
- Barbiturates
- Benzodiazepine
- Cocaine
- Methadone
- Methamphetamines
- Opiates
- Phencyclidine (PCP)
- Propoxyphene
- THE (cannabis)

SUGGESTED LOCATIONS FOR COMPLETION OF MEDICAL REQUIREMENTS



1918 Randolph Rd Suite 175 Charlotte, NC 28270
704-316-1050

1450 Matthews Township Pkwy Suite 170 Matthews, NC
28105 704-384-8441

8420 Medical Plaza Drive Suite 250 Charlotte, NC
28262 704-384-1220

5815 Blakeney Park Drive Charlotte, NC 28277
704-316-2505

FEE SCHEDULE FOR CPC STUDENTS	
<p><u>PHYSICAL EXAMINATION</u> \$45.00</p> <p>Includes:</p> <ul style="list-style-type: none"> Height Weight TPR BP Snellen, color vision test Whisper test Urine Dip Test <p><u>PPD (2 Step TB Skin Test)</u> \$8.00</p> <p>**2 Step: one now and one in a month** **CPC requirements are that PPDs are considered as positive at 5 mm.** A chest x-ray is then required.</p> <p><u>PA CHEST X-RAY</u> \$65.00</p> <p>**Chest x-ray every 5 yrs if history of (+) PPD**</p> <p><u>TB Assessment</u> \$25.00</p> <p>**Must see physician- TB Assessment form must be completed yearly for a positive PPD.</p> <p><u>DRUG SCREEN Testing</u> \$35.00</p> <p>USDS 10 panel</p>	<p><u>TITERS</u></p> <ul style="list-style-type: none"> Hepatitis B (HBsAb) \$25.00 Measles (Rubeola) \$25.00 Mumps Titer \$25.00 Rubella Titer \$25.00 Varicella IGG \$25.00 Pertussis IGG \$56.00 <p><u>VACCINES</u></p> <ul style="list-style-type: none"> Varicella vaccine \$110.00 each Hepatitis B vaccine \$ 75.00 each MMR vaccine \$ 90.00 each Tdap vaccine \$ 70.00 TD Booster \$ 20.00 <p>The following is only for students requiring a physical and have history of jaundice and/or hepatitis. A Hepatitis Panel is required:</p> <ul style="list-style-type: none"> HBsAg \$39.00 HBcAb \$49.00 HBsAB \$25.00 HepA IGM antibody \$48.00 HCVAB \$60.00

AUTHORIZATIONS FOR RELEASE OF INFORMATION

SECTION A: AUTHORIZATION FOR DISCLOSURE: CPCC INTERNAL RELEASE

All medical records, physical examination results, reasonable accommodation request forms, or other medical information must be collected on separate forms, maintained in separate medical files kept apart from a student's general educational records, and treated as confidential in accordance with the Rehabilitation Act of 1973 and the Americans with Disabilities Act. Disclosure of such information may only be made at the express, written consent of the student to the following:

Administrators, Division Directors, Program Chairs, and others involved in a request for reasonable accommodation or evaluation of qualifications for or performance in a course, program, service, or activity; Division Directors, Program Chairs and instructors for purposes of implementing and enforcing necessary restrictions and accommodations; and First Aid and safety personnel if a known disability may require emergency treatment.

***** I do authorize do not authorize Central Piedmont Community College and the Division to **release and disclose** any and/or all pertinent medical information **as indicated in the above provision**.

***** I further authorize do not authorize the **release and disclosure** of pertinent medical information by Central Piedmont Community College to the **Division Personnel and/or Faculty** who need to be aware of medical conditions that may require special needs. I understand that if I refuse to release my medical information to CPCC officials/clinical facilities, I may lose my eligibility to continue as a student in CPCC's Health Programs.

STUDENT SIGNATURE

DATE

STUDENT NAME PRINTED

STUDENT ID NO.

SECTION B: MEDICAL RECORDS RELEASE OF INFORMATION

TO OFF-CAMPUS CLINICAL FACILITIES

Off-campus clinical facilities may require medical information on students in programs with clinical assignments. Central Piedmont Community College is responsible for providing the clinical facility with medical data abstracted from the student's medical record. This data may include vaccinations received, medical test results and drug screen results. The facility may also require that the student provide a copy of their medical packet.

I do authorize do not authorize Central Piedmont Community College and the Division to release and disclose any and/or all pertinent medical information as indicated in the above provision, to an affiliating clinical facility which may require this information as a condition of my assignment to the facility. I understand that if I refuse to release my medical information to CPCC officials/clinical facilities, I may lose my eligibility to continue as a student in CPCC's Health Programs. I further understand that failure to release the records can result in the facility denying my clinical assignment. I also understand that if the facility is a required rotation and I cannot be assigned there, I may not be able to fulfill the Program requirements.

STUDENT SIGNATURE

DATE

STUDENT NAME PRINTED

STUDENT ID NO.

CPC Healthc Care Continuing Education Nurse Aide Program

PHYSICAL EXAMINATION FORM

(Please print in black ink) To be completed and **signed** by physician or clinic

STUDENT NAME _____

CPC Nurse Aide students are required to have the following physical exam within **6 months** of starting the course. (*)Must Be Completed.

*	*	*
Last Name	First Name	Middle Name
Date of Birth (mo/day/year)		Student ID Number

*	*
Permanent Address	Area Code/Phone Number
City	State
Zip code	

*Height _____ *Weight _____ *TPR _____ / _____ / _____ *BP _____ / _____

<p>*Vision: *Corrected Right 20/ _____ Left 20/ _____</p> <p> *Uncorrected Right 20/ _ Left 20/ _____</p> <p> *Color Vision _____</p> <p>*Hearing: * (gross) Right _____ Left _____</p> <p> * 15 ft. Right _____ Left _____</p>	<p>*Urinalysis: Sugar: _____ Albumin _____ Micro _____</p> <p> .Hgb or Hct (if indicated) _____</p> <p> STS (if indicated) _____</p> <p> Date _____ Results _____</p> <p>10 PANEL DRUG SCREEN Results _____</p> <p>To include <u>propoxyphene</u></p> <p>Please mail lab report to address provided by student.</p>
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*Are there abnormalities? If so, describe fully	Normal	Abnormal	DESCRIPTION (attach additional sheets)
*1. Head, Ears, Nose, Throat			
*2. Eyes			
*3. Respiratory			
*4. Cardiovascular			
*5. Gastrointestinal			
*6. Hernia			
*7. Genitourinary			
*8. Musculoskeletal			
*9. Metabolic/Endocrine			
*10. Neuropsychiatric			
*11. Skin			
*12. Mammary			

- *A. Is there loss or seriously impaired function of any paired organs? Yes _____ No _____
Explain _____
- *B. Is student under treatment for any medical or emotional condition? Yes _____ No _____
Explain _____
- *C. Recommendation for physical activity (physical education, intramurals, etc.) Unlimited _____ Limited _____
Explain _____
- *D. Is student physically and emotionally healthy? Yes _____ No _____
Explain _____

* REQUIRED: HEALTH ASSESSMENT MUST BE COMPLETED BY THE MD, PAC, OR FNP DOING THE PHYSICAL EXAMINATION.	
Based on my assessment of this student's physical and emotional health on _____ (date), he/she appears able to participate in the activities of a health professional in a clinical setting.	
Yes ___ No ___ If no, please explain on the reverse side of this form:	

Signature of Physician/Physician Assistant/Nurse Practitioner Date

Print Name of Physician/Physician Assistant/Nurse Practitioner Area Code/Phone Number

CPCC Healthcare Continuing Education Nurse Aide Program

IMMUNIZATION FORM

To be completed and signed by physician or clinic.

Last Name	First	Middle	Date of Birth	CPCC Student ID #

Required Immunizations

Tdap (tetanus/diphtheria/pertussis) Unless had tetanus within 10 years	Tdap Date given:	Tetanus Date given:

2 MMR vaccinations OR positive titer			
Measles	#1	#2	Titer date & results Submit lab report
Mumps	#1	#2	Titer date & results Submit lab report
Rubella	#1	#2	Titer date & results Submit lab report

Hepatitis B Series (3 vaccinations OR HepB Surface Antibody positive titer)	#1	#2	#3	Titer date & results Submit lab report

Varicella (Chickenpox) 2 vaccinations, history of disease OR positive IgG titer	#1	#2	Disease date	Titer date & results Submit lab report

Hemophilus, influenza vaccination <i>(If declining vaccination, please write DECLINE in date box and provide a reason)</i>	Date:	Decline Reason:

2 Step PPD (TB Skin Test) (Two TB skin tests done 2-4 weeks apart)	#1: Results:	#2: Results:
If positive PPD: chest x-ray within 5 years	Date of x-ray:	Results:

Signature of Physician/Physician Assistant/Nurse Practitioner Date

Print Name of Physician/Physician Assistant/Nurse Practitioner Area Code/Phone Number

CRIMINAL BACKGROUND CHECK POLICY

Central Piedmont Community College and Healthcare Continuing Education adheres to the policies and procedures of all clinical facilities with which the department is affiliated for student clinical learning experiences. Many clinical facilities are now requiring criminal background screening of all students.

Central Piedmont Community College will designate the company selected to do the criminal background screening. Healthcare Continuing Education will not accept criminal background screening results from any company other than the one designated by the College. The student will pay the cost of the criminal background screening at the time of the screening. The cost is non-refundable. If a student's background check prevents participation in the clinical experience, college costs are also non-refundable.

Criminal Background screenings will be performed by an external vendor and will review the student's criminal history. The check will include sex offender registry checks and verification that the student is not excluded from providing services under federal healthcare programs. The check will also include the cities and counties of all known residence. Criminal background checks will include the student's criminal history for the seven years prior to entry into a Health Educational Program. Consumer or investigative consumer reports which may contain public record information may be requested including, but not limited to consumer credit and criminal records. Information from various Federal, State and Local agency regarding past activities will be obtained.

All positive findings on the student background check will be given to the clinical facility. The decision of acceptance or denial of student access to the clinical facility is made by the clinical facility. The clinical facility decision is final.

Notes:

Verification information will be filed in a secured area to ensure confidentiality. In the event that the student feels an error has been made in the results of the screening, it is the responsibility of the student to contact the external vendor for a verification check and the student is responsible for any cost associated with this check. Other than error relative to identity, there will be no appeal to this policy. If the history is discovered or a conviction occurs after enrollment, the student will be withdrawn from the program without refund of fees. A student who is convicted of a criminal offense while enrolled in the program must report the conviction to the Program Coordinator **IN WRITING** within three days of the conviction.

*****Criminal background checks from an outside agency will not be accepted. All background checks will be done IN CLASS within the first week of class*****

Questions

Email: MARY.SMITH@CPCC.EDU

AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

Bring this completed form to the first day of the Nurse Aide Class

Healthcare facilities which provide educational experience for students enrolled in health programs at Central Piedmont Community College require criminal background checks prior to clinical placement. CPCC has arranged for Certified Background (certifiedbackground.com) to conduct these background searches for our students. These background checks include sex offender registry checks and verification that the student is not excluded from providing services under federal health care programs.

Results of criminal background checks may be shared with affiliating healthcare facilities. Results will be maintained in confidential CPCC files and reviewed by authorized CPCC employees only.

You will be provided with the necessary instructions you need for CB to conduct the screening. **The cost is \$42 and must be paid by the student to Certified Background with a credit card.** The review will extend to the past seven years.

A student who declines to have the check done, or to have results reviewed by authorized CPCC employees, or to have the results released to a healthcare facility will become ineligible for enrollment in all courses requiring experience in a healthcare facility and will become ineligible for program completion. The student will not receive any refund of fees associated with the course.

A criminal record, when reported to an affiliating healthcare facility, may result in the student's ineligibility to complete the program. The decision of the healthcare facility is final. If the facility does not allow the student to enter the facility, the student will become ineligible for the course. The student will not receive any refund of fees associated with the course.

If the history is discovered or a conviction occurs after enrollment, the student will be withdrawn from the program without refund of fees. A student who is convicted of a criminal offense while enrolled in the program must report the conviction to the Program Coordinator IN WRITING within three days of the conviction.

Please read, sign, and date the following statement:

Authorization for Criminal Background Check

I have read and understand the above-stated information and hereby agree to have a criminal background check completed, results reviewed by authorized CPCC employees, and results shared with affiliating healthcare facilities.

STUDENT SIGNATURE

DATE

STUDENT NAME PRINTED

STUDENT NUMBER