Nurse Aide Program Packet

**Packet must be completed and turned in *by the first day of class*. Missing information will result in the student being dropped from the class.**

**Student Name: Location:**

**Check list:**

 Completed Student Information Sheet

 Signed Sanction Search Verification Form

 Copy of Criminal History Search From - [www.txdps.state.tx.us](http://www.txdps.state.tx.us/)

 Signed Criminal Background Statement

 Course fees: $449.40 (this price does not include books or supplies)

 Proof Immunizations

**Student is responsible for scheduling certification exam and the Testing fees.**

Student Information Sheet

**Student Name:**

**Site/Location**:

**Mailing Address:**

**Email Address:**

**Contact Phone number:**

**Alternate Phone Number:**

**Students supplies needed:**

 Hartman’s Nursing Assistant Care 5th ed., (ISBN-13: 9781604251005)

 Study Guide Workbook for Hartman’s Nursing Assistant Care 5th ed., (ISBN-13: 9781604251012)

 Stethoscope

 Blood pressure cuff

 Gait Belt

 Clinical Attire (Scrub color to be determined by instructor)

(B/P Kit and books are available to order online through the CBC bookstore)

 

Nurse Aide Program

Verification of Student Eligibility

Before training begins, all nurse aide training programs must complete this form and ensure the following requirements of the Texas Administrative Code (TAC) Rule §556.3 (l)(1) - (3), Training Program Requirements, are met.

§556.3 (l) A NATCEP must verify that a trainee:

(1) is not listed on the NAR in revoked status;

(2) is not listed as unemployable on the EMR; and

(3) has not been convicted of a criminal offense listed in Texas Health and Safety Code (THSC),

§250.006(a), or convicted of a criminal offense listed in THSC, §250.006(b) within the five years

immediately before participating in the NATCEP.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bottom to be completed by Program Director or Administrative Authority:

|  |  |  |
| --- | --- | --- |
| Question | Yes | No |
| Is the student listed on the NAR in revoked status? |  |  |
| Is the student listed as unemployable on the EMR? |  |  |
| Has the student been convicted of a criminal offense listed in number 3 above? |  |  |

As Director/Administrative Authority of Coastal Bend College, I certify that the individual listed on this form meets the nurse aide training program requirements above.

 Signature Title Date

**Criminal Background Statement**

Applicant/Student (Print Name)

Social Security Number: \_DOB:

Campus Site/High School:

I understand if I am guilty of any of the below crimes I will not be allowed to participate in the clinical component of the Nursing Aide Training Program.

**I have not been convicted of the following crimes:**

* An offense under Chapter 19, Penal Code (criminal homicide),
* An offense under Chapter 20, Penal Code (kidnapping and unlawful restraint); An offense under Section 22.11, Penal Code (indecency with a Child);
* An offense under Section 22.011, Penal Code (sexual assault);
* An offense under Section 22.02., Penal Code (aggravated assault);
* An offense under Section 22.04, Penal Code, (injury to a child, elderly individual, or disabled individual), An offense under Section 22.041, Penal Code (abandoning and endangering Child);
* An offense under Section 22.08, Penal Code (aiding suicide);
* An offense under Section 25.031, Penal Code (agreement to abduct from custody);
* An offense under Section 25.08, Penal Code (sale or purchase of a child);
* An offense under Section 28.02, Penal Code (arson);
* An offense under Section 29.02, Penal Code I robbery);
* An offense under Section 29.03, Penal Code (aggravated robbery);
* A conviction under the laws of another state, federal law, or the Uniform code of Military Justice for an offense containing elements that are substantially similar the elements of an offense listed under Subdivision (1) (13).
	+ A conviction of an offense under Section 30.02, Penal Code (burglary) or
	+ A conviction under the laws of another state, federal law, or the Uniform code of Military Justice for an offense containing elements that are substantially similar the element of an offense under Section 30.03, Penal Code.

**In addition, I have not been convicted of the following crimes within the last five years:**

* An offense under Chapter 22.01, Penal Code (assault), that is punishable as a Class A misdemeanor or as a Felony:
* an offense under Chapter 31, Penal Code (theft), that is punishable as a felony an offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution). that is punishable as a Class A misdemeanor or as a felony’ or
* An offense under Section 32.46, Penal Code (securing execution of a document by deception). That is punishable as a Class
* A misdemeanor or as a Felony.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or guardian (if minor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*By signing the parent or guardian is consenting to a background check of the minor listed above.*

**Proof of Criminal Background Must be obtained by the student.**

The link to DPS is as follows: [www.txdps.state.tx.us](http://www.txdps.state.tx.us/)

Coastal Bend College must receive a copy clearing the student of criminal offenses in the event that the student is not cleared he or she will not be eligible to participate in the clinical rotation.

I understand if I am guilty of any of the crimes listed, I will not be allowed to participate in clinical rotations.

I certify that the information on this form contains no willful misrepresentation and that the information given is true and complete.

Applicant/Student signature Date

**For office use only:**

As Director/Administrative Authority of Coastal Bend College, I certify a criminal background check has been completed on the above named individual (copy attached).

 \_The report showed that this person has not been convicted of any of the offenses listed on page 4 and therefore, is cleared to enroll in the course for which application has been made.

 The report showed that the person has been convicted of one or more of the offenses on page 4 and; therefor, is not cleared to enroll in the course for which application has been made.

Program Director /Administrative Authority Date

**Coastal Bend College Nurse Aide Program**

**Student Record of Immunization**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Before being admitted to an allied health program at Coastal Bend College, a student MUST show proof of immunizations against the diseases listed below. This form must be signed by an appropriate health care provider or member of the Coastal Bend College Nurse Aide faculty.

**NOTE:** If shot records are unable to be found for any reason, all shots required must be repeated.

**Tetanus/Diphtheria/Pertussis** (Td/Tdap): One dose of Tdap and Td every ten years.

DATE OF IMMUNIZATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Measles**: Those born since January 1, 1957 must have two doses since 12 month of age.

DATE OF IMMUNIZATION/or DISEASE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mumps**: Those born since January 1, 1957 must have two doses since 12 month of age.

DATE OF IMMUNIZATION/or DISEASE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rubella**: At least two doses since 12 months of age required.

DATE OF IMMUNIZATION/or DISEASE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Varicella** (Chicken Pox): Unless the first dose was received prior to thirteen years of age.

DATE OF IMMUNIZATION/or DISEASE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TB/PPD**: MUST be current during entire program. If result positive, chest x-ray required.

DATE OF NEGATIVE RESULTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Meningococcal vaccine**: required for students that are age 21 and under and attend classes at one of the CBC sites.

**Hepatitis B Series**: All students have occupational exposure UNLESS the student is exempted from receiving the Hepatitis B series for the following reasons. 1) Series previously completed. 2) Medical Reasons. 3) Refusal of vaccination (affidavit required, see Rule 97.62).

|  |  |  |
| --- | --- | --- |
| Date 1st Injection \_\_\_\_\_\_\_\_\_\_\_\_ | Date 2nd Injection \_\_\_\_\_\_\_\_\_\_\_\_ | Date 3rd Injection \_\_\_\_\_\_\_\_\_\_\_ |

Information Verified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Texas Administrative Code**

TITLE 25 HEALTH SERVICES

PART 1 DEPARTMENT OF STATE HEALTH SERVICES

CHAPTER 97 COMMUNICABLE DISEASES

SUBCHAPTER B IMMUNIZATION REQUIREMENTS IN TEXAS ELEMENTARY AND SECONDARY SCHOOLS AND INSTITUTIONS OF HIGHER EDUCATION

RULE §97.64 Required Vaccinations for Students Enrolled in Health-related and Veterinary

Courses in Institutions of Higher Education

(a) Students enrolled in (non-veterinary) health-related courses. This section applies to all students enrolled in health-related higher education courses which will involve direct patient contact with potential exposure to blood or bodily fluids in educational, medical, or dental care facilities.

(b) Vaccines Required. Students must have all of the following vaccinations before they may engage in the course activities described in subsection (a) of this section:

(1) Tetanus-Diphtheria Vaccine. Students must show receipt of one dose of tetanus-diphtheria-pertussis vaccine (Tdap). In addition, one dose of a tetanus-containing vaccine must have been received within the last ten years. Td vaccine is an acceptable substitute, if Tdap vaccine is medically contraindicated.

(2) Measles, Mumps, and Rubella Vaccines.

(A) Students born on or after January 1, 1957, must show, prior to patient contact, acceptable evidence of vaccination of two doses of a measles-containing vaccine administered since January 1, 1968 (preferably MMR vaccine).

(B) Students born on or after January 1, 1957, must show, prior to patient contact, acceptable evidence of vaccination of two doses of a mumps vaccine.

(C) Students must show, prior to patient contact, acceptable evidence of one dose of rubella vaccine.

(3) Hepatitis B Vaccine. Students are required to receive a complete series of hepatitis B vaccine prior

to the start of direct patient care.

(4) Varicella Vaccine. Students are required to have received two doses of varicella (chickenpox)

vaccine.

(c) Limited Exceptions:

(1) Notwithstanding the other requirements in this section, a student may be provisionally enrolled in these courses if the student has received at least one dose of each specified vaccine prior to enrollment and goes on to complete each vaccination series as rapid as medically feasible in accordance with the Centers for Disease Control and Prevention's Recommended Adult Immunization Schedule as approved by the Advisory Committee on Immunization Practices (ACIP). However, the provisionally enrolled student may not participate in coursework activities involving the contact described in subsections (a) and/or (d) of this section until the full vaccination series has been administered.

(2) Students, who claim to have had the complete series of a required vaccination, but have not properly documented them, cannot participate in coursework activities involving the contact described in subsections (a) and/or (d) of this section until such time as proper documentation has been submitted and accepted.

(3) The immunization requirements in subsections (b) and (d) of this section are not applicable to individuals who can properly demonstrate proof of laboratory confirmation of immunity or laboratory confirmation of disease. Vaccines for which this may be potentially demonstrated, and acceptable methods for demonstration, are found in §97.65 of this title (relating to Exceptions to Immunization Requirements (Verification of Immunity/History of Illness)). Such a student cannot participate in coursework activities involving the contact described in subsection (a) of this section until such time as proper documentation has been submitted and accepted.

**Texas Administrative Code**

TITLE 25 HEALTH SERVICES

PART 1 DEPARTMENT OF STATE HEALTH SERVICES

CHAPTER 97 COMMUNICABLE DISEASES

SUBCHAPTER B IMMUNIZATION REQUIREMENTS IN TEXAS ELEMENTARY AND SECONDARY SCHOOLS AND INSTITUTIONS OF HIGHER EDUCATION

RULE §97.62 Exclusions from Compliance

Exclusions from compliance are allowable on an individual basis for medical contraindications, reasons of conscience, including a religious belief, and active duty with the armed forces of the United States. Children and students in these categories must submit evidence for exclusion from compliance as specified in the Health and Safety Code, §161.004(d), Health and Safety Code, §161.0041, Education Code, Chapter 38, Education Code, Chapter 51, and the Human Resources Code, Chapter 42.

(1) To claim an exclusion for medical reasons, the child or student must present an exemption statement to the school or child-care facility, dated and signed by a physician (M.D. or D.O.), properly licensed and in good standing in any state in the United States who has examined the child or student. The statement must state that, in the physician's opinion, the vaccine required is medically contraindicated or poses a significant risk to the health and well-being of the child or student or any member of the child's or student's household. Unless it is written in the statement that a lifelong condition exists, the exemption statement is valid for only one year from the date signed by the physician.

(2) To claim an exclusion for reasons of conscience, including a religious belief, the child's parent, legal guardian, or a student 18 years of age or older must present to the school or child-care facility a completed, signed and notarized affidavit on a form provided by the department stating that the child's parent, legal guardian, or the student declines vaccinations for reasons of conscience, including because of the person's religious beliefs. The affidavit will be valid for a two-year period from the date of notarization. A child or student, who has not received the required immunizations for reasons of conscience, including religious beliefs, may be excluded from school in times of emergency or epidemic declared by the commissioner of the department.

(A) A person claiming exclusion for reasons of conscience, including a religious belief, from a required immunization may only obtain the affidavit form by submitting a request (via online, fax, mail, or hand-delivery) to the department. The request must include the following information:

(i) full name of child or student;

(ii) child's or student's date of birth (month/day/year);

(iii) complete mailing address, including telephone number; and

(iv) number of requested affidavit forms (not to exceed 5).