



NURSE ASSISTANT PROGRAM

Information and Application Packet

August 2011 through July 2012

Check <http://www.paradisevalley.edu/na> for semester schedules.

Paradise Valley Community College
18401 N. 32nd Street
Phoenix, AZ 85032

COURSE INFORMATION

The Nurse Assistant Course (NUR158) is offered at the Paradise Valley Community College campus. Potential students should check the PVCC college web site for course schedule information during the pre-registration periods for the fall and spring terms.

Occupational Information

Nurse Assistants perform routine tasks in the general care of hospital, clinic, and nursing home patients. They work directly under the supervision of registered and practical nurses. Their role in performing basic patient care assists the licensed staff in providing quality nursing care to the patient. The Nurse Assistant occupation is one of a series of possible steps on a career ladder in the health care field. Nurse Assistants are an important member of a health care team. Typical patient-care duties include bathing and dressing patients, helping with personal hygiene, taking vital signs, answering call lights, transporting patients, servicing and collecting food trays, and feeding patients.

Certification Information

Paradise Valley Community College offers a comprehensive Nurse Assistant Course approved by the Arizona State Board of Nursing. Upon satisfactory completion of the Nurse Assistant Course, the student is eligible to receive a certificate of completion from Paradise Valley Community College and is eligible to take the Arizona State Board of Nursing certifying exam, become a Certified Nurse Assistant, and choose to go directly to work or continue to pursue education opportunities in other health care careers.

Information on the Arizona State Board of Nursing application process is available at <http://www.azbn.gov>. State certified evaluators administer the certifying exam and students may take the exam scheduled at nearby testing centers. The fee for this exam is \$108.00 (subject to change) and is payable to the state evaluators.

An **additional and separate** Fingerprint Clearance Card is required for certification. The Department of Public Safety card required for enrollment in Nurse Assistant classes at the colleges will NOT meet the requirements for state certification. Allow a minimum of six (6) weeks for fingerprint clearance when applying for Nurse Assistant certification.

The Arizona State Board of Nursing office is located at 4707 North 7th Street, Suite 200, Phoenix, Arizona, 85014-3653. Phone 602.771.7856, FAX 602.771.7888. <http://www.azbn.gov>

Effective January 1, 2008 applicants for licensure in Arizona must provide evidence of citizenship or nationality. If there are any questions about eligibility for licensure and the documents required showing eligibility to apply for licensure, contact the Arizona State Board of Nurse <http://www.azbn.gov> or 602-771.7856.

Cost Estimate for the Nurse Assistant Program *

Registration Fee/Course Fee		65.00
NUR158 Nurse Assistant Courses, 6 credits x \$76(Maricopa County Resident)		456.00
Fingerprinting fee	Cost will vary	85.00
CPR	Cost will vary	40.00
Textbooks	Approximate	90.00
Urine Drug Screen/Background Check	Cost may vary	68.00
Uniform and Clinical Supplies	Cost will vary	100.00
Physical Exam and Immunizations	Cost will Vary	<u>250.00</u>
Total Estimated Cost of Nurse Assistant Program		\$1154.00

*Fees are subject to change by the Maricopa Community Colleges Governing Board. All costs quoted are subject to change.

HOW TO REGISTER FOR NURSE ASSISTANT COURSES

Advisement

If you still have questions after reviewing the *Information and Application Packet*, call the PVCC Nursing Secretary at 602-787-7284

- **Read all the information** in this packet and retain the packet for future reference.
- Students must meet all current admission requirements to Paradise Valley Community College.
- Complete a college Student Information Form if you have not taken classes on the campus.
- Complete the Nurse Assistant Request for Registration form included in this packet.
- Complete and attach the required documentation to the Health and Safety Documentation Checklist and Health Care Provider Signature Form found in this packet. Once the college accepts the documents, the documents will not be returned to the student. Therefore, it is suggested that the student retain a copy of all submitted documents. Students are responsible for their medical expenses.
- Return the Request for Registration form, the Health and Safety Documentation Checklist and Health Care Provider Signature Form with all documentation attached to the Information Center in the Kranitz Student Center (KSC Building).
- Once the Nurse Assisting Secretary verifies the requirements, the student is eligible for registration.
- When requirements are met and space is available, the student receives notification of the registration process. The number of available positions in the Nurse Assistant course is limited.

Additional Information for Students Registered in the Nurse Assistant (NA) Course

- Any student not attending class on the first day will be withdrawn from the course. The NA course has strict attendance policies. The state and federal governments regulate this course and certain content is mandatory. Attendance at all of the classroom, lab, and clinical meetings are mandatory. In order to complete the course successfully, all requirements must be met.
- All students will be responsible for obtaining a urine drug screen and background check at specific time designated by the instructor. Failure to comply with this requirement or a report of a positive drug screen will result in withdrawal from the course. Do not obtain a drug test on your own, drug screening without directions from the instructor will not be accepted.
- Nurse Uniforms: You will receive the Nurse Assistant Student Handbook during the first class, which includes dress code guidelines.
- If you are registered for the NA class and if you have decided not to attend for any reason, it is the student's responsibility to contact the Admissions office and withdraw/drop from the NA course in advance of the start date.
- Students may purchase course materials prior to the first day of class in campus bookstore. The bookstore staff will tell you which textbooks and classroom materials are required for the NA course.

INFORMATION FOR STUDENTS

- **ZERO TOLERANCE POLICY:**

The Nurse Assistant supports a Zero Tolerance Policy for the following behaviors:

- Intentionally or recklessly causing physical harm to any person on the campus or at a clinical site, or intentionally or recklessly causing reasonable apprehension of such harm
- Unauthorized use or possession of any weapon or explosive device on the campus or at a clinical site
- Unauthorized use, distribution, or possession for purposes of distribution of alcohol or any controlled substance or illegal drug on the campus or at a clinical site

Nurse Assistant students engaging in this misconduct are subject to immediate dismissal from Nurse Assistant classes and disciplinary action as described in the Student Handbook of the college.

- **HEALTH DECLARATION:** It is essential that nurse-assisting students be able to perform a number of 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 Nurse Assistant experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties affecting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should consider the mental and physical demands of the program prior to making application. **All must provide documentation of compliance with all health and safety requirements required to protect patient safety.** Only students in compliance are permitted to enroll in Nurse Assistant course. Students will meet these requirements by providing the required documentation for the Health/Safety Requirements Documentation Checklist and the signed Health Declaration Form.

- **DRUG SCREENING:** All students are required to complete the urine drug screening procedure under the program account number, within the specified timeframe, and according to directions given at the time of notification. Only students in compliance with the screening guidelines and receiving a negative (undiluted) drug screen, as reported by the Medical Review Officer (MRO), will be permitted to continue their enrollment in Nurse Assistant course.

- **DUTY TO REPORT:** Students with certification and/or licensure from allied health regulatory boards are included under this provision. Students receiving any disciplinary actions against their certificate or license must notify the Nurse Director within five (5) school days. The Nurse Director reserves the right to restrict the student's participation in clinical experiences, involvement in patient care until the certificate and/or license is valid and unrestricted, terms of the action are met, and the action dismissed.

- **BACKGROUND CLEARANCES:** All students must undergo a background check to verify identity, social security number, and to show proof that they do not appear on the List of Excluded Individuals/Entities (LEIE) database. Any student who becomes sanctioned or excluded while enrolled in the program will not be permitted to continue in Nurse Assistant course.

- **WAIVER OF LICENSURE/CERTIFICATION GUARANTEE:** Admission or graduation from the Nurse Assistant course does not guarantee obtaining a certificate or license to practice nursing. Certification, licensure, and subsequent procedures are the exclusive right and responsibility of the State Boards 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. Pursuant to A.R.S. § 32-1606(B)(17), an applicant is not eligible for certification or licensure if the applicant has any felony convictions and has not received an absolute discharge from the sentences for all felony convictions. The absolute discharge must be received five or more years before submitting this application. If you cannot prove that the absolute discharge date is five or more years, the Board may not consider your application. All nurse applicants for certification or licensure will be fingerprinted to permit the Department of Public Safety to obtain state and federal criminal history information. The Fingerprint Clearance Card required for application to the Nurse Assistant program will not meet the requirements for certification or licensure through the State Board of Nursing.

Effective January 1, 2008 applicants for licensure in Arizona must provide evidence of citizenship or nationality. If there are any questions about eligibility for licensure and the documents required showing eligibility to apply for licensure, contact the Arizona State Board of Nurse <http://www.azbn.gov> or 602-889-5150.

- **FELONY CONVICTIONS:** The following is a statement from the AZ State Board of Nursing regarding felony convictions.

According to A.R.S. § 32-1646(B), an applicant for nursing assistant certification is not eligible for certification if the applicant has 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 conviction(s) must be received 5 or more years before submitting this application. If you cannot prove that the absolute discharge date is 5 or more years, the Board will notify you that you do not meet the requirements for certification.

Essential Skills and Functional Abilities for Nurse Assistant Students

Individuals enrolled in the Nurse Assistant Course must be able to perform essential skills. If a student believes that he or she cannot meet one or more of the standards without accommodations, the faculty must determine, on an individual basis, whether a reasonable accommodation can be made.

Functional Ability	Standard	Examples Of Required Activities
Motor Abilities	Physical abilities and mobility sufficient to execute gross motor skills, physical endurance, and strength, to provide patient care	Mobility sufficient to carry out patient care procedures such as assisting with ambulation of clients, administering CPR, assisting with turning and lifting patients, providing care in confined spaces such as treatment room or operating suite
Manual Dexterity	Demonstrate fine motor skills sufficient for providing safe Nursecare	Motor skills sufficient to handle small equipment
Perceptual/ Sensory Ability	Sensory/perceptual ability to monitor and assess clients	<ul style="list-style-type: none"> • Sensory abilities sufficient to hear alarms, auscultate sounds, cries for help, etc • Visual acuity to read calibrations on thermometers, I&O graduated containers, & assess color (cyanosis, pallor, etc) • Tactile ability to feel pulses, temperature, palpate veins, etc • Olfactory ability to detect smoke or noxious odor, etc
Behavioral/ Interpersonal/ Emotional	<ul style="list-style-type: none"> • Ability to relate to colleagues, staff, and patients with honesty, integrity, and nondiscrimination • Capacity for development of mature, sensitive, and effective therapeutic relationships • Interpersonal abilities sufficient for interaction with individuals, families, and groups from various social, emotional, cultural, and intellectual backgrounds • Ability to work constructively in stressful and changing environments with the ability to modify behavior in response to constructive criticism • Capacity to demonstrate ethical behavior, including adherence to the professional Nurse and student honor codes 	<ul style="list-style-type: none"> • Establish rapport with patients/clients and colleagues • Work with teams and workgroups • Emotional skills sufficient to remain calm in an emergency situation • Behavioral skills sufficient to demonstrate the exercise of good judgment and prompt completion of all responsibilities attendant to the diagnosis and care of clients • Adapt rapidly to environmental changes and multiple task demands • Maintain behavioral decorum in stressful situations
Safe environment for patients, families and co-workers	<ul style="list-style-type: none"> • Ability to accurately identify patients • Ability to effectively communicate with other caregivers • Ability to operate equipment safely in the clinical area • Ability to recognize and minimize hazards that could increase healthcare associated infections • Ability to recognize and minimize accident hazards in the clinical setting including hazards that contribute to patient, family and co-worker falls 	<ul style="list-style-type: none"> • Prioritizes tasks to ensure patient safety and standard of care • Maintains adequate concentration and attention in patient care settings • Seeks assistance when clinical situation requires a higher level or expertise/experience • Responds to call bells from patients in a rapid and effective manner • Responds and notifies appropriate individuals concerning monitor alarms and emergency signals in a rapid and effective manner

Essential Skills and Functional Abilities for Nurse Assistant Students (cont.)

Communication	<ul style="list-style-type: none"> • Ability to communicate in English with accuracy, clarity and efficiency with patients, their families and other members of the health care team (including spoken and non-verbal communication, such as interpretation of facial expressions, affect and body language) • Required communication abilities, including speech, hearing, reading, writing, language skills and computer literacy 	<ul style="list-style-type: none"> • Follows verbal directions from other members of the healthcare team and participates in health care team discussions of patient care • Elicits and records information about health history, current health state, and responses to treatment from patients or family members. • Establishes and maintain effective working relations with patients and co-workers. • Recognizes and reports critical patient information to other caregivers
Cognitive/ Conceptual/ Quantitative Abilities	<ul style="list-style-type: none"> • Ability to read and understand written documents in English and solve problems involving measurement, calculation, reasoning, analysis, and synthesis • Ability to gather data, establish priorities, and execute treatment plans and modalities • Ability to comprehend three-dimensional and spatial relationships • Ability to react effectively in an emergency situation 	<ul style="list-style-type: none"> • Collects data • Recognizes an emergency situation and responds effectively to safeguard the patient and other caregivers • Transfers knowledge from one situation to another • Accurately processes information on equipment calibrations, printed documents, flow sheets, graphic sheets, other medical records and policy and procedure manuals
Punctuality/ work habits	<ul style="list-style-type: none"> • Ability to adhere to policies, procedures, and requirements as described in the NA Student Handbook, college catalog and student handbook and course syllabus • Ability to complete classroom and clinical assignments and submit assignments at the required time • Ability to adhere to classroom and clinical schedules 	<ul style="list-style-type: none"> • Attends class and clinical assignments punctually • Reads, understands, and adheres to all policies related to classroom and clinical experiences • Contact instructor in advance of any absence or late arrival • Understand and complete classroom and clinical assignments by due date and time

REQUEST FOR REGISTRATION

(PRINT) Student Name _____ Student ID # _____

Phone: Home _____ Work _____ Cell _____

Mailing Address _____

City _____ State _____ Zip _____

(PRINT) E-Mail Address _____

- E-mail will be used to contact you about registration for classes and throughout the course – It is the student's responsibility to notify admissions and the Nurse Assisting Department of any changes

Important Information Regarding Registration for Nurse Assistant Courses:

Once admitted all students will be checked to make sure that their names do not appear on the List of Excluded Individuals/Entities (LEIE) database. Any student who becomes sanctioned or excluded while enrolled in the program will not be permitted to continue. The web site for additional information: <http://oig.hhs.gov/fraud/exclusions.html>

Fingerprint Clearance is required for admission into the program. Applicants must submit a copy of a current **unrestricted** Fingerprint Clearance Card with the application. Information about the process of obtaining a Fingerprint Clearance Card is available in advisement or at www.dps.state.az.us

DIRECTIONS:

- Return this Request for Registration form, and include:
 - the Health and Safety Documentation Checklist with all documentation attached
 - Health Care Provider Signature Form
 - A copy of the front and back of the **unrestricted** Fingerprint Clearance Card
 - A copy of the front and back of the level "C" CPR card. We no longer accept CPR Cards from the American Red Cross.
- Verify that all Health and Safety Requirements remain current through the last day of the Nurse Assistant course.
- Return the Request for Registration and all documentation for the Health and Safety Requirements to the PVCC **Information Center** in the Kranitz Student Center (KSC Building). Make a copy of the documents for your own files.
- **Only students with complete documentation of health and safety requirements, within the designated parameters, will receive permission to register for the Nurse Assistant course.**
- Request registration into the following class and term:

FALL 2011 Enrollment begins March 23, 2011	SPRING 2012 Enrollment begins late October 2011. Beginning Spring 2012, prospective Nurse Assisting students must provide proof of a high school diploma or a GED and must also pass an entrance exam (exact entrance exam to be determined prior to the start of registration).
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CHECK OF REGISTRATION REQUIREMENTS

Student Name _____ ID # _____ Date _____

OFFICIAL USE ONLY: Do not write below this line.

Requirement	Check	Notes
Health Care Provider Signature Form		
Fingerprint Card Card can not have any RESTRICTIONS		
CPR card For the Healthcare Provider		
Td		
MMR x 2 or (+)Titer x3	MMR _____ Rubeo __ Mumps __ Rub ____	
Varicella/ x 2 or (+)Titer History of disease is not acceptable		
HepB x 3 or (+)Titer		
TB skin test (2 step) or Chest x-ray	First step _____ Second Step _____ Chest X-ray _____	
Recommendation for Registration		

HEALTH & SAFETY DOCUMENTATION CHECKLIST

Applicant: _____ Student ID # _____ Date: _____ Contact Phone: _____

- A. **MMR (Measles/Rubeola, Mumps, and Rubella): Childhood Disease does not count as immunity. Required documented proof of two MMRs in lifetime or a positive titer for each of these diseases.**

 1st MMR Date: _____ 2nd MMR Date: _____

OR

Date & results of titer: Measles/Rubeola _____ Mumps _____ Rubella _____

Circle: Yes or No I have attached documented proof as specified above.

- A. **Varicella (Chickenpox): Childhood Disease does not count as immunity. Required documented proof of two (2) vaccinations or a positive IgG titer.**

 1st Varicella Date: _____ 2nd Varicella Date: _____ OR Date & results of IgG titer: _____

Circle: Yes or No I have attached documented proof as specified above.

- B. **Tetanus/Diphtheria (Td) immunization within the past 10 years** Td Date: _____

Circle: Yes or No I have attached documented proof as specified above.

- C. **Tuberculosis: Documentation of an initial Two-Step TB skin test (PPD) and annual Update of TB skin test. If positive skin test, provide documentation of chest X-ray within the last 2 years, and annual documentation of a TB disease free status.**

Initial Test: Date: _____ Date of Reading: _____ Results (circle): Negative OR Positive

AND

Boosted Test: Date: _____ Date of Reading: _____ Results (circle): Negative OR Positive

OR

Annual Update: Date: _____ Date of Reading: _____ Results (circle): Negative OR Positive

OR

Chest x-ray Date: _____ Results: _____ Date of Symptom Sheet _____

Circle: Yes or No I have attached documented proof of the initial test with result and the 2nd boosted test given 1 to 3 weeks later with result and if applicable the annual update completed within the last 6 months.
OR
Circle: Yes or No I have attached documented proof of a chest x-ray completed in the last two years and a current symptom sheet.

- D. **Hepatitis B: Documented evidence of completed series or positive antibody titer; if beginning series, first injection must be prior to admission, the second in one month and third in 6 months**

 Date of 1st injection: _____ OR Hep B Titer Date: _____

 Date of 2nd injection: _____ Titer Results: _____

 Date of 3rd injection: _____ OR HBV Vaccination Declination Form Date: _____

Circle: Yes or No I have attached documented proof as specified above.

- F. **CPR Card: Date CPR card Issued: _____ Expiration Date: _____**

Circle: Yes or No I have attached a copy of both sides of the CPR Card. CPR certification must remain current through the semester. CPR certification must be obtained through hands on application and demonstration. Full online CPR cards will not be accepted. American Red Cross CPR cards will not be accepted.

- G. **Fingerprint Clearance Card: Date Card Issued: _____ Expiration Date: _____**

Circle: Yes or No I have attached a copy of both sides of the Fingerprint Clearance Card current through the semester of enrollment. The Fingerprint Clearance Card must not have any restrictions listed on card.

- H. **Healthcare Provider Signature Form: Date Signed _____**

INSTRUCTIONS FOR COMPLETING HEALTH AND SAFETY FORMS

IMPORTANT: All students placed in the Nurse Assistant Course must provide documentation of compliance for the vaccinations and TB testing required to protect patient safety. Only students providing documentation of health and safety requirements are enrolled in Nurse Assistant courses. The Nursing Department will accept only photocopies of all documentation of health related materials. Students are responsible for maintaining their records and must submit documentation when due. All immunization records must include your name and signature of the healthcare provider. A health care provider's signature on the Health Declaration form, without proof of immunization status, is NOT acceptable.

Requirements:**A. MMR (measles/rubeola, mumps, rubella)**

Options to meet this requirement:

- a. Attach a copy of proof of two previous MMR vaccinations to the health declaration form.

OR

- b. If you had all three illnesses OR you have received the vaccinations but have no documented proof, you must have a titer drawn for each illness.

1. If the titer results are POSITIVE, attach a copy of the results to the health declaration form.
2. If the titer results are NEGATIVE, you must get your first MMR vaccination and attach documentation to the health declaration form. The second MMR must be completed within one month and proof submitted to the Nursing department.

B. Varicella (Chickenpox)

Options to meet this requirement:

- a. Attach a copy of proof of a positive IgG titer for varicella.

OR

- b. If the titer is NEGATIVE, attach a copy of proof to the health declaration form that you received the first vaccination. Complete the second vaccination in 4 to 8 weeks and submit proof to the Nursing department.

C. Tetanus/Diphtheria (Td) immunization within the past 10 years: Attach a copy of proof of Td vaccination.**D. Tuberculosis (TB)**

- a. Attach a copy of proof of an initial two-step TB skin test (PPD). Submit the initial result and the second result of test given 1 to 3 weeks later. If you have the initial 2-step test, include the annual update within the last 6 months. Records for skin testing for TB require name and signature of the healthcare provider.

Source: *Core Curriculum on Tuberculosis What the Clinician Should Know*, Dept of Health and Human Services, Center for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of Tuberculosis Elimination, Atlanta, Georgia, 4th Ed. 2000.

OR

- b. If positive skin test, provide documentation of chest X-ray within the last 2 years and annual documentation of a TB disease free status by completing the Tuberculosis Screening Questionnaire.

E. Hepatitis B

If you have not received the injections in the past, do not test for titer. You must obtain the first injection and attach a copy of proof of the injection to the health declaration form. You must receive the second injection in one month and the 3rd five months after the second. Submit documentation to the Nursing department.

- a. Attach a copy of proof of completion of three Hepatitis B injections to the health declaration form.

OR

- b. If received entire series, attach a copy of proof of a positive HbsAB antibody titer to the health declaration form.

OR

- c. Signed Hepatitis B Virus (HBV) Vaccination Declination Form

F. CPR Card:

Attach a copy of both sides of the CPR card to this form. CRP certification must include infant, child, and adult, 1 and 2 man rescuer, and evidence of a land-based demonstration component. **CPR certification** must remain current through the semester of enrollment. American Red Cross CPR cards will not be accepted.

G. Fingerprint Clearance Card:

Attach a copy of the front and back of the Fingerprint Clearance Card. The Fingerprint Clearance Card must remain current through the semester of enrollment. The Fingerprint Clearance Card cannot have restrictions listed on card.

HEALTH CARE PROVIDER SIGNATURE FORM**Instructions for Completion of Health Care Provider Signature Form**

A health care provider **must** sign Health Care Provider Signature Form **within 6 months of application** and indicate whether the applicant will be able to function as a Nurse Assistant student. Health care providers who qualify to sign this declaration include a licensed physician (M.D., D.O.), a nurse practitioner, or physician's assistant.

(Please Print)

Applicant Name _____ Student ID Number _____

It is essential that students be able to perform a number of 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 Nurse Assistant experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties affecting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should consider the mental and physical demands of the program prior to making application.

I believe the applicant _____ WILL OR _____ WILL NOT be able to function as a Nurse Assistant student as described above.

If not, explain: _____

Licensed Healthcare Examiner (M.D., D.O., N.P., or P.A.)

Print Name: _____

Title: _____

Signature: _____

Date: _____

Address: _____

City: _____ State: _____

Phone: _____