Nursing Assistant Course

Information Guidelines
2016-2017

Revised 12/14/2016
Arkansas Northeastern College
Nursing Assistant Course
Information Guidelines
2016-2017

The Arkansas Northeastern College (ANC) Nursing Assistant (NA) Course is an eight week Certificate of Proficiency course that provides the required 90 hours of training by the Arkansas Department of Health, Office of Long Term Care for students to qualify to test and become a Certified Nursing Assistant (CNA). The Nursing Assistant Course provides instruction on the fundamentals of nursing by means of lectures, discussions, and videos in the classroom along with skill demonstration and validation in the clinical laboratory. The course also provides training in Cardio-pulmonary Resuscitation, First Aid and completes with a supervised clinical experience in a long term care facility. Medical Terminology is also a required course in completing the Certificate of Proficiency in Nursing Assistant.

Nursing Assistant Courses are offered twice each Fall and Spring semester at both ANC Main Campus in Blytheville and the Paragould Campus. Summer classes are offered as needed.

Admission Criteria
All Nursing Assistant students are assigned the Nursing & Allied Health Advising Specialist to be their Advisor. The Advising Specialist may schedule both group and individual sessions with students to ensure College and Admission guidelines are provided and explained for those students seeking admission into the Nursing Assistant (NA) Course. Admission to the Arkansas Northeastern College NA Course is based on students meeting the following enrollment requirements:
1. Complete ANC Application and submit to Admissions in the Registrar’s Office.
2. Complete FASFA (required for any financial assistance including ANC Foundation Scholarship).
3. Complete ANC Foundation Scholarship Application.
4. Submit a high school transcript or GED (with scores) to the Registrar’s Office.
5. Submit official transcripts from any college(s) previously attended to the Registrar’s Office for evaluation.
6. Complete placement testing (COMPASS, SAT, ACT). Must meet minimal required scores.
7. Submit updated Immunization records which must include 2 MMR’s & TB Skin Test or Chest x-ray.
9. Complete Application for Admission to the CP in Nursing Assistant and submit as directed.
11. Attend scheduled advising sessions as required by the Advising Specialist.
12. Review the State of Arkansas Disqualifying Criminal Offences List (pages 4-5). Persons convicted of a crime may not be eligible to take the Certified Nursing Assistant (CNA) Exam or attend clinicals in Long Term Care facilities. Background checks may be required prior to clinicals.
13. Students re-applying for admission/readmission into one of ANC’s Nursing or Allied Health Programs or Courses must have a written letter of recommendation from the previous Program Director validating the student left the program in professional good standing.
Selection Process
It is the student's responsibility to complete the requirements for admission and to submit the required Information as outlined in the Advising Checklist. All applicants who meet minimal admission requirements to include: completes the Arkansas Northeastern College application, Nursing Assistant Course application, Advising Checklist and submits current TB skin test and/or chest x-ray results, and completes the COMPASS with minimum required scores will be invited to register for the NA course based on their ranking of the COMPASS scores and seat availability.

Advisement and Placement
Students interested in the NA Course must meet with the Advising Specialist for Nursing & Allied Health for advisement and placement into the course. The Advising Specialist's office is located at the ANC Main Campus, Statehouse Hall in the Advising Center. Scheduled advising sessions provide students the opportunity to review the admission guidelines and initiate the process for enrollment into the course. The Advising Specialist schedules advising sessions at the ANC Paragould Campus approximately every two weeks to meet with students who have completed the application and testing process.

COMPASS testing for those interested in Nursing Assistant are offered at the following locations:
ANC Main Campus - 870-762-3108
ANC Paragould Campus - 870-239-3200
Students may register to test on line at: http://www.anc.edu/testingcenter.index.htm
This evaluation, advisement and placement service is free to the student.

Developmental Education Courses
Students who do not meet the minimum required COMPASS scores may need to complete Skills Tutor and remediate before COMPASS re-testing. Some students may need to take developmental education courses to increase their skill level. The Advising Specialist will assist students in making the best decisions based on their scores. The developmental courses have pre-established exit levels which are equivalent to the minimum COMPASS score required for admission into the NA Course.

Nursing Assisting Course Objectives:
- The objective of the Nursing Assistant Training Program is the provision of quality of services to patients by Nursing Assistants who are able to:
- Perform uncomplicated nursing procedures, and assist licensed practical nurses or registered nurses in direct resident care.
- Form a relationship, communicate, and interact competently on a one to one basis with the residents, as part of a team, implementing resident care objectives.
- Demonstrate sensitivity to residents' emotional, social, and mental health needs through skillful, directed actions.
- Assist residents in attaining and maintaining functional independence.
- Exhibit behavior in support and promotion of resident’s rights.
- Demonstrate observational and documented skills needed in support of the assessment of residents.

Course and Clinical Attendance:
Enrolled students are expected to attend all classes, be on time, and remain in each class for the scheduled class time. Strict attendance records are maintained and students must attend the scheduled clinical site rotations in its entirety to satisfactorily complete the course.
Other Admission Considerations and Guidelines

Health Statement
Students are required to complete the Health Statement Form and submit during registration or by the first day of class. The requested health data and history information is kept confidential and will be used only as an aid in providing necessary health care if an emergency were to arise or to determine if medical clearance is necessary prior to entering the program. Students who are pregnant or who have an altered health status must have written approval from their physician to enter or continue in clinical rotations. Students must meet all stated clinical outcomes and objectives along with meeting all attendance requirements.

Health Insurance
Arkansas Northeastern College does not provide medical related services, nor does the College assume responsibility for injuries incurred by students during any College activity. Medical services may be obtained from local doctors, clinics, and hospitals at the student’s expense. All students are encouraged to carry their own health and accident insurance throughout the program.

Immunizations:
A current TB Skin test is required performed which indicates freedom from active tuberculosis. A chest x-ray is required for any student who has tested positive to a previous TB skin test. Arkansas State Law, Act 141 of 1987, requires college students born after 1/1/57 to provide proof of immunity against measles, mumps, and rubella within 30 calendar days of enrollment. Two MMR immunizations are required. Students are required to have an annual seasonal influenza vaccine and it is recommended students who have not had the chicken pox receive the Varicella Vaccine.

Conviction of a Crime
Persons convicted of a crime may not be eligible to take the Certified Nursing Assistant (CNA) Exam. Long term care facilities require a criminal background check prior to students attending their facility for clinical rotations. If you do not pass the background check because of a disqualifying criminal offence as listed below you will not be able to attend clinicals and will not be successful in the NA course.

Disqualifying Criminal Offences List
Effective October 1, 1997, long term care facilities shall not knowingly employ or hire a person who has been found guilty or has pled guilty or nolo contendere to any of the offenses listed below by any court in the State of Arkansas or any similar offense by a court in another state or of any similar offense by a federal court.
1. Capital murder, § 5-10-101;
2. Murder in the first and second degree, §§ 5-10-102 and 5-10-103;
3. Manslaughter, § 5-10-104;
4. Negligent homicide, § 5-10-105;
5. Kidnapping, § 5-11-102;
6. False imprisonment in the first degree, § 5-11-103;
7. Permanent detention or restraint, § 5-11-106;
8. Robbery, § 5-12-102;
9. Aggravated robbery, § 5-12-103;
11. Aggravated assault, §§ 5-13-204, and assault in first and second degree, §§ 5-13-205 and 5-13-206;
12. Introduction of controlled substance into body of another person, § 5-13-210;
13. Terroristic threatening in the first and second degree, § 5-13-301;
14. Rape, § 5-14-103;
15. Sexual assault in the first, second, third and fourth degree, §§ 5-14-124 – 5-14-127;
16. Sexual indecency with a child, § 5-14-110;
17. Violation of a minor in the first and second degree, §§ 5-14-120 and 5-14-121;
18. Incest, § 5-26-202;
19. Domestic Battery (all degrees), §§ 5-26-303 - 5-26-306;
20. Endangering the welfare of incompetent person in the first and second degree, §§ 5-27-201 and 5-27-202;
21. Endangering the welfare of a minor in the first and second degree, § 5-27-205 and 5-27-206;
22. Permitting abuse of a minor, § 5-27-221;
23. Engaging children in sexually explicit conduct for use in visual or print media, transportation of minors for prohibited sexual conduct, or pandering or possessing visual or print medium depicting sexually explicit conduct involving a child, or employing or consenting to the use of a child in a sexual performance by producing, directing, or promoting a sexual performance by a child, §§ 5-27-303, 5-27-304, 5-27-305, 5-27-402, and 5-27-403;
24. Felony abuse of an endangered or impaired person, § 5-28-103;
25. Theft of property, § 5-36-103;
26. Theft by receiving, § 5-36-106;
27. Arson, § 5-38-301;
28. Burglary, § 5-39-201; Rules and Regulations for Conducting Criminal Record Checks October 1, 1997 (Revised September 1, 2009)
29. Felony violation of the Uniform Controlled Substances Act, §§ 5-64-101 – 5-64-501 et seq;
30. Prostitution, §§ 5-70-102, Patronizing a prostitute, §§ 5-70-103, or Promotion of prostitution (all degrees), §§ 5-70-104 – 5-70-106;
31. Stalking, § 5-71-229;
32. Criminal attempt, criminal complicity, criminal solicitation, or criminal conspiracy, § 5-3-201, 5-3-202, 5-3-301, and 5-3-401, to commit any of the offenses listed in this section.
33. Forgery, § 5-37-201;
34. Breaking or entering, § 5-39-202;
35. Obtaining a controlled substance by fraud, § 5-64-403;
36. Computer child pornography, § 5-27-603;
38. Coercion, §§ 5-13-208;
39. Terroristic act, §§ 5-13-310;
40. Voyeurism, § 5-16-102;
41. Communicating death threat concerning a school employee or student, § 5-17-101;
42. Interference with visitation or interference with court-ordered custody, §§ 5-26-501 and 5-26-502;
43. Contributing to the delinquency of a minor or juvenile, §§ 5-27-209 and 5-27-220;
44. Soliciting money or property from incompetents, §§ 5-27-229;
45. Theft of services, §§ 5-36-104;
46. Criminal impersonation, §§ 5-37-208;
47. Financial identity fraud, §§ 5-37-227;
48. Resisting arrest, §§ 5-54-103;
49. Felony interference with a law enforcement officer, §§ 5-54-104;
50. Cruelty to animals, §§ 5-62-101;
51. Public display of obscenity, §§ 5-68-205;
52. Promoting obscene materials, §§ 5-68-303 or Promoting obscene performance, §§ 5-68-304;
53. Obscene performance at a live public show, §§ 5-68-305;
54. Public sexual indecency, §5-14-111; 
55. Indecent exposure, §5-14-112; 
56. Bestiality, §5-14-122; 
57. Exposing another person to human immunodeficiency virus (HIV), §5-14-123; 
58. Registered sex offenders, §§5-14-128 – 5-14-132; 
59. Criminal use of a prohibited weapon, §5-73-104; 
60. Simultaneous possession of drugs and firearms, §5-74-106; and 
61. Unlawful discharge of a firearm from a vehicle, §5-74-107.

Functional Ability
Nursing Assisting is a practice discipline, with cognitive, sensory, affective, and psychomotor performance requirements. The knowledge, skills and abilities to safely and effectively practice Nursing Assisting is important. To ensure that your decision to become a Nursing Assistant is the correct the NA faculty asks that you understand the physical, emotional, and professional demands of being a nursing Assistant. Take into consideration whether you can perform the following functions, with or without accommodations. If you determine that you are unable to do any of the skills listed and you have a documented disability, you will then need to determine if a reasonable accommodation can be provided. Throughout the NA course and upon entering the healthcare workforce, you will find yourself in a variety of learning experiences. You will need to take into consideration the specifics of each body position and the percentage of time the skill requires in order to determine if reasonable accommodations can be provided.

To request an accommodation, you will need to contact Arkansas Northeastern College’s Student Services office and present documentation of your disability.

**Functional Ability Categories, Descriptions and Representative Activities and Attributes**

1. **Gross Motor Skills:**
   Students must be able to:
   - move in confined spaces
   - maintain balance
   - turn and twist body from side to side
   - reach above and below the waist and above the head and in front of the body
   - push, pull, stabilize, twist, and freely move arms to allow movement of 50 pounds as in moving an object or transferring a client from one place to another

2. **Fine Motor Skills:**
   Students must be able to:
   - Demonstrate hand and finger coordination that allows student to grasp, twist, pinch and squeeze (e.g. Handling a medical record, opening packages of disposable supplies, opening jars and bottles)
   - strength to work with objects weighing 5lbs for at least 5 seconds

3. **Senses: Smell, Hearing and Vision:**
   Students must be able to:
   - detect differences in body and environmental odors
   - hear and understand voices spoken at a normal speaking volume within a distance of 10 feet
   - hear faint noises such as whispers and client’s breathing patterns within a range of 3 feet
   - see objects clearly within a minimum of 20 feet
   - have depth perception and peripheral vision to allow identification of dangerous objects and client situations within the client room
   - read and interpret written data held at normal reading distance
4. Emotional Stability:
Students must be able to:
- interact and support clients during times of stress and emotional upset
- adapt to changing situations and emergency conditions while maintaining emotional control
- cope with strong emotions and physical outbursts of clients while remaining in a reasonable state of calm
- focus attention on client needs despite interruptions and multiple demands
- focus attention on tasks through to completion

5. Interpersonal Skills:
Students must be able to:
- apply knowledge gained in classroom to establish appropriate relationships with clients, families, and co-workers
- interact as a member of the health care team
- respect, accept and accommodate to the extent possible diversity in culture, religion, sexual orientation, marital status, socio-economic status, and abilities and disabilities
- successfully manage interpersonal conflict

6. Reading:
Students must be able to:
- read and understand information at the level of the minimum passing score on the entrance assessments
- understand and document using charts, graphs and worksheets
- read and understand digital and computer displays

7. Math:
Students must be able to:
- perform basic math including add, subtract, multiply, and divide
- count and understand the meaning of numbers
- measure length by reading a tape measure or ruler
- tell time on a clock

8. Tactile Ability:
Students must be able to:
- distinguish subtle vibrations through the skin (pulse)
- move quickly in case of emergency situations
- identify the subtle difference in surface characteristics (feel a raised rash, swelling)
- detect temperature (e.g. Skin, liquids, environment, equipment)

9. Mobility:
Students must be able to:
- squat or modified squat (one knee on floor) for at least 1 minute
- climb and descend a flight of stairs in succession
- walk independently without the assistance of a cane, walker, crutches, wheel chair or the assistance of another person
- move quickly (e.g. responding to emergencies)
- walk (e.g. walk with client)

10. Environmental & Physical Endurance:
Students must be able to:
- demonstrate stamina sufficient to maintain continuous physical activity for a period of time from 5-8 hours
- tolerate exposure to common allergens such as pets (e.g. service or therapy animals), body lotions and soaps (e.g. patient hygiene products), cleaning products (e.g. antiseptics, disinfectants)
- tolerate working in confined areas with temperatures as high as 90 degrees (e.g. assisting with showers and baths)
11. Speech and Communication:
Students must be able to:

- interact with others to report observations and advocate for the needs of clients
- speak, write and understand English at a level to effectively communicate with clients as well as report and document client information
- understand flow charts, graphs to interpret data and enter data

*Students understand that the state of Arkansas offers the state certification exam in English*

Certificate of Proficiency Program
Nursing Assistant (CNA)

Successful completion of the Nursing Assistant program qualifies students to work as nursing assistants in hospitals, long term care facilities, rest homes or convalescent homes. Testing and certification for this program is offered through the Office of Long Term Care. Students must also complete a medical terminology course as part of the Nursing Assistant curriculum. This course provides structural analysis, suffixes, pronunciation, pluralization, and spelling of medical terms. Students must complete both courses with a grade of “C” or better. Refer to Nursing Assistant Information Guidelines located in the ANC Allied Health Website for additional information.

Program Requirements: Credit Hours
NA 16006 Nursing Assistant 6
AH 16011 Medical Terminology or 1
**Total Credit Hours** 7

Applicants must:
- Be at least 18 years of age.
- High School graduate or GED certificate
- Complete mandatory orientation for NA
- Meet minimal admission scores as noted below:

<table>
<thead>
<tr>
<th>CP Nursing Assistant</th>
<th>Math</th>
<th>English</th>
<th>Reading</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Score Requirements</td>
<td>ACT</td>
<td>COMPASS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11</td>
<td>Below (A) 17</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>11</td>
<td>(P) 21</td>
<td>61</td>
</tr>
</tbody>
</table>
## Arkansas Northeastern College
### Nursing Assistant Course
#### Program Cost 2016-2017

<table>
<thead>
<tr>
<th></th>
<th>Per Credit Hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mississippi County Residents</td>
<td>$67.00</td>
</tr>
<tr>
<td>Out of County Residents</td>
<td>77.00</td>
</tr>
<tr>
<td>Missouri Bootheel &amp; Tennessee Border</td>
<td>$77.00</td>
</tr>
<tr>
<td>Out-of-State</td>
<td>127.00</td>
</tr>
<tr>
<td>International</td>
<td>127.00</td>
</tr>
</tbody>
</table>

### Estimated Tuition: In County Fees

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Assistant Course (6 credit hours x $67.00)</td>
<td>$402.00</td>
</tr>
<tr>
<td>Medical Terminology Course (1 credit hour x $67)</td>
<td>$67.00</td>
</tr>
<tr>
<td>Technical Fee ($10.00 per credit hour x 7)</td>
<td>$70.00</td>
</tr>
<tr>
<td>Registration Fee ($25.00/semester)</td>
<td>$25.00</td>
</tr>
<tr>
<td><strong>Total In-County</strong></td>
<td><strong>$564.00</strong></td>
</tr>
</tbody>
</table>

### Other Nursing Assistant Program Costs

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required Textbooks</td>
<td>$100.00</td>
</tr>
<tr>
<td>TB Skin Test, Influenza vaccine</td>
<td>$70.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$170.00</strong></td>
</tr>
</tbody>
</table>

### Program Completion Fees

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification Exam Fee (Required)</td>
<td>$89.00</td>
</tr>
<tr>
<td>(May be waived if graduate employed as NA)</td>
<td></td>
</tr>
</tbody>
</table>

### Total Program Projected Cost:

<table>
<thead>
<tr>
<th></th>
<th>Total In-County</th>
<th>Total Out-of-County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>$823.00</strong></td>
<td><strong>$893.00</strong></td>
</tr>
</tbody>
</table>

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* Expenses are estimated and in effect at the time of this document but are subject to change. Revised 08/2016

Students may apply for an ANC Foundation scholarship to assist with tuition.
Arkansas Northeastern College
Statement of Responsibility & Understanding of Functional Categories
Nursing Assistant Course

Please complete and mail or hand-deliver with Application:

Statement of Responsibility:
The following statements of responsibility indicate your understanding of the requirements necessary for evaluation of your file for possible admission into the ANC Nursing Assistant (NA) Course. Please sign and submit with program application to the Nursing & Allied Health Advising Specialist.

I have received information from Arkansas Northeastern College concerning admission requirements for the NA Course. I understand that it is my responsibility to ensure that all entrance criteria are met. I have received, read and understand the Disqualifying Criminal Offences List included in the NA Information Guidelines. I accept the responsibility to validate that all copies of my transcripts and test scores are received by the Advising Specialist (including those on file in other ANC offices). I also accept the responsibility to have all transcripts from other colleges submitted and evaluated by the ANC Registrar.

I understand that my Application for Admission in the Nursing Assistant Course will not be filed or considered unless my signature is on this form.

___________________________________________
Name of Student (Please Print)

___________________________________________
Signature (legible please) 

Understanding of Functional Categories:
The Americans with Disabilities Act of 1990 (42 U.S.C. 12101, et seq.) and Section 504 of the Rehabilitation Act of 1973 (29 U.S.C 794) prohibits discrimination of persons because of her or his disability. In keeping with these laws, the faculty and staff of Arkansas Northeastern College make every effort to insure a quality education for students. The purpose of this document is to ensure that students acknowledge that they have been provided information on the functional abilities of a student in the above named program. In addition, information was given to the student on reasonable accommodations to meet the Functional Abilities at this time. Please sign upon initial program interest and at time of admission to the NA Course.

______ I have read and I understand the Functional Ability Categories specific to a student in this program. (initials)

______ I am able to meet the Functional Abilities as presented, and have been provided with information (initials) concerning accommodations or special services if needed at this time.

___________________________________________
Name of Student (Please Print)

___________________________________________
Signature (legible please) 

___________________________________________
Date

___________________________________________
Date
Arkansas Northeastern College  
Nursing Assistant Course  
Application for Admission

Please complete and return this application as follows:

**Blytheville Students submit to:**  
Arkansas Northeastern College  
Attention: Jack Neil, Advising Specialist  
2501 South Division  
P.O. Drawer 1109  
Blytheville, AR  72316-1109

**Paragould Students submit to:**  
Arkansas Northeastern College- Paragould Center  
Attention: Jack Neil, Advising Specialist  
1032 West Kingshighway  
P.O. Box 458  
Paragould, AR  72450

Date of Application: ___________________  
Received (Office only) ______________________

Name: ___________________________________________  
(Last) (First) (Middle) (Maiden)

Mailing Address:  
_____________________________  
(City) (State) (Zip)

Physical Address:  
_____________________________  
(Street Number) (City) (State) (Zip)

Contact Numbers:  
Home ___________________  
Work ___________________  
Cell ___________________

Date of Birth: _____________________________  
Social Security #: __________ - ________ - ________

**Completion of this information is optional for statistical purposes only and does not affect admission status.**

<table>
<thead>
<tr>
<th>Age: ______</th>
<th>Marital Status:</th>
<th>Single _____ Married _____</th>
<th>Sex: Male _____ Female _____</th>
</tr>
</thead>
</table>
|  | Do you consider yourself Hispanic or Latino?  
| Check all that apply: |  |  |  |
| American Indian/Alaskan Native | Asian/ Pacific Islander | Black/African American | Native Hawaiian/Pacific Islander | White | Other (specify)  |

Semester applying for:  
Fall _____ Spring _____ 1st Course _____ 2nd Course _____ Year ______

Choice of Campus:  
Blytheville _____ Paragould _____

Did you graduate High School or obtain a GED _____ Yes _____ No

If you did not complete High School, what was your highest grade completed.  
_____________________________

Ever held a license in any healthcare profession?  
Yes______ (Type ________________________)  No______

Have you ever been convicted of a Crime?  
_______

I acknowledge that all information provided is true and that misrepresenting the truth can lead to dismissal from the ANC Nursing Assistant Course. I understand that persons convicted of certain crimes may not be eligible to attend clinical or take the CNA Certification Exam at the completion of the Nursing Assistant Course. I understand that if I have questions or concerns related to this issue I should contact the Advising Specialist or my NA Instructor at (870) 762-1020 or the Arkansas Department of Health and Human Services Office of Long Term Care in Little Rock, AR at (501) 682-8430.

_________________________  
Print Name (legible please)

_________________________  
Student Signature

_________________________  
Date
Arkansas Northeastern College
Allied Health Programs
(Patient Care Technology, Nursing Assistant & Phlebotomy)
Personal Health Data and Medical History

The information provided on this form is confidential and will be used only as an aid in providing necessary health care if an emergency were to arise while a student in the one of the Allied Health Programs or to determine if medical clearance is necessary prior to entering the program. Students who are pregnant or who have an altered health status must have written approval from their physician to enter or continue in clinical rotations. Students must meet all stated clinical outcomes and objectives along with meeting all attendance requirements.

Name__________________________________________ Social Security #_____________________

Last First Middle

Address_____________________________________________ Phone #___________________________

Street City State Zip

Date of Birth_________Age_________Gender_________Height_________Weight_________

Physician_____________________________________________________________________________

Name Address Phone #

Known Allergies_______________________________________________________________________

____________________________________________________________________________________

Person to Notify in Case of Emergency Phone# Relationship

Attach proof of current Tuberculosis skin test or chest x-ray, as appropriate.

Students are responsible for their own Health and Accident Insurance.
ANC does not provide medical related services, nor does the College assume responsibility for injuries incurred during any College related activity.

Please respond to the following health related questions by indicating “yes” or “no”:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Have you ever had:</th>
<th>Do you presently have:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthopedic (Bone) Problems</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>Chemical Dependency (Alcohol/Drugs)</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>Chronic Communicable Disease</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>Psychiatric (Mental) Problems</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>Dental Problems</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>Neurological (Nerve) Problems</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>Cardiovascular (Heart) Problems</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>Respiratory (Lung) Problems</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>Other Significant Health Problems</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
</tbody>
</table>
Please describe any health problems below. Include duration, treatments, and resolution of the health problems.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Medical clearance is required on any health problem that could interfere with the ability of the student to meet the performance criteria for the program, endanger the safety of a patient and/or jeopardize the health of the student if he/she attempts to meet the performance criteria.

I understand that being a student in the Allied Health Programs and to practice as a PCT, NA or Phlebotomist will require me to have certain functional abilities as documented in the respective Program’s Information Guidelines.

Student Printed Name __________________________  Student Signature __________________________  Date ________________

Documentation for Medical Clearance

This form is not complete without attachments, as appropriate and the signature of both the student and physician if medical clearance is needed.

I have examined________________________________________________________and give him/her medical clearance to enroll in the indicated Allied Health Program at Arkansas Northeastern College. To the best of my knowledge and abilities, as determine by physical assessment, he/she can perform duties as required of a PCT, NA or Phlebotomist.

Physician notes if indicated:

________________________________________________________

Physician’s Printed Name __________________________  Physician’s Signature __________________________  Date ________________

Student’s Printed Name __________________________  Student’s Signature __________________________  Date ________________
Arkansas Northeastern College
Allied Health Programs
(Patient Care Technology, Nursing Assistant & Phlebotomy)
Hepatitis B consent/Waiver Form

I understand that due to my occupational exposure to blood and other potentially infectious materials during any on the Allied Health Programs and in my career as a PCT, NA or Phlebotomist, I may be at risk for acquiring the Hepatitis B Virus (HBV) infection and/or other infectious diseases. I am being encouraged to take advantage of the ability to receive the Hepatitis B vaccination at the clinician of my choice. The following documentation is record that I am in the process of receiving the vaccine. I understand that after each vaccine, documentation will be provided to my instructor so that this record may be updated.

**Hepatitis B Vaccine # 1:** ______________________________________________________________
Date received: By:

**Hepatitis B Vaccine # 2:** ____________________________________________________________
Date Received: By:

**Hepatitis B Vaccine # 3:** __________________________________________
Date Received: By:

Printed Student’s Name: ________________________________  Student’s Signature: ________________________________  Date: ________________________________

I have previously received the Hepatitis B Vaccine on the following dates:

#1____________________  #2____________________  #3____________________

Printed Student’s Name: ________________________________  Student’s Signature: ________________________________  Date: ________________________________

**I choose not to take the Hepatitis B Vaccine:**
I understand that by declining this vaccine I continue to be at risk for acquiring Hepatitis B, a serious infectious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I desire to be vaccinated with the Hepatitis B Vaccine, I will do so at that time.

Printed Student’s Name: ________________________________  Student’s Signature: ________________________________  Date: ________________________________