



Nursing Assistant Course

Information Guidelines 2020-2021

Revised 9/2020

**Arkansas Northeastern College
Nursing Assistant Course
Information Guidelines
2020-2021**

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 in the Fall, Spring and Summer I semesters.

COVID-19 Pandemic

Due to the COVID-19 pandemic, the ANC Nursing Assistant Course is currently offering courses utilizing the “ZOOM Optional” delivery method. Students seeking admission into the 2020 - 2021 academic year should check the ANC portal for any official updates & announcements related to the pandemic and possible changes to the delivery methods and schedules.

Currently social distancing guidelines along with wearing a face mask are required for all ANC employees and students. Other guidelines are in place to assist in providing our students a safe learning environment. Refer to the ANC Return to Campus Plan 2020-2021:

<http://www.anc.edu/docs/covid/Return-to-Campus-Plan.pdf>

Seating in each classroom may be limited and students may be assigned to either the live classroom or the ZOOM classroom. Faculty will present course content in the classroom face-to-face while connecting with students in the alternate classroom live via ZOOM. Students may be instructed to bring their laptops/tablets and earbuds or headphones to class daily to connect using ZOOM. In the event that a student needs to connect remotely to ZOOM from a location outside of campus, approval will be required by the faculty. Campus lab and clinical activities will provide students the opportunity to complete course outcomes in small groups while wearing appropriate personal protective equipment (PPE) such as masks, face shields, gloves and gowns as indicated. Students receive a detailed course calendar for all courses, campus lab, and clinical activities.

Admission Criteria

Admission to the Arkansas Northeastern College Nursing Assistant Training Program is a selective process. In order to be considered for admission, students must meet the following minimum criteria:

Minimum Admission Criteria for Class Selection:

1. Must meet with the Nursing & Allied Health Advising Specialist for advisement and review of the minimal requirements for admission into the NA Program as noted below:

Minimal admission requirements for class selection include:

- Complete ANC Application and submit to Admissions in the Registrar’s Office.
- Complete the ANC Nursing Assistant Application for Admission.
- Meet the minimal acceptable Admission Placement Scores.
- GPA on any previous College course work will also be considered in class selection.

Other Admission Criteria:

2. Attend the NA Mandatory Orientation Scheduled prior to each NA Course.
3. Initiate process for appropriate funding opportunities to pay for NA Training Course (Refer to Payment Options Checklist).
 - FASFA (required for any financial assistance including ANC Foundation Scholarship).
 - Complete applications for various funding options/scholarships.
3. Submit a high school transcript or GED (with scores) to the Registrar's Office
4. Submit official transcripts from any college(s) previously attended to the Registrar's Office for evaluation.
5. Submit updated Immunization records (2 MMR's & TB Skin Test or Chest x-ray).
6. Complete the Health Statement, read and sign Statement of Responsibility and Understanding of Functional Abilities located in Nursing Assistant Information Guidelines. Submit completed forms with NA Application.
7. 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 are required prior to clinicals.
8. 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 minimal requirements for admission and to submit all required documents as outlined in the NA Information Guidelines and Advising Checklist to the Nursing and Allied Health Advising Specialist. Candidates are selected based on meeting the minimal admission requirements and after confirming their acceptance into the course and attendance at the scheduled NA Course Orientation. Once the class is full with enrollment of 12 students, additional students will be selected as alternates to fill any vacated positions by the first day of class.

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.

Admission testing for those interested in Nursing Assistant may contact the Testing Center at: ANC Main Campus - 870-762-3108. 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.

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 and Immunizations

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.

Immunization Requirements for all Enrollees at Arkansas Colleges and Universities:

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. Exemptions shall be granted only by the Department of Health and must be applied for each academic year. Forms can be obtained by e-mail only at www.immunization.section@arkansas.gov after July 1, each year.

Nursing and Allied Health MMR Immunization Policy: Arkansas law requires all full-time students born on or after January 1, 1957 to provide proof of immunization against measles, mumps, and rubella (MMR) or immunity, or medical or non-medical exemption, or birth before 1957.

- Proof of Immunization: The immunization must be given in two doses. The first dose of the MMR must be given before the first birthday and after 1/1/1968. The second dose must be given at least 28 days after the first. Refer to Table III of the Arkansas State Board of Health, Rules and Regulations Pertaining to Immunization Requirements, page 16. Accepted proof of immunizations shall be those on an immunization record provided by a licensed physician, health department, military service or an official record from another educational institution in

Arkansas. All accepted immunization records shall state the vaccine type and dates of vaccine administration.

- **Proof of Immunity:** In lieu of receiving vaccine students may provide proof of immunity. Students must submit serological test results (titers) appropriate for all three diseases (measles, mumps, and rubella) to the Arkansas Department of Health (ADH) along with a letter requesting approval of immunity. Please send letter and test results to:

*Arkansas Department of Health
ATTENTION: Immunization Section
4815 West Markham Street
Little Rock, AR 72205*

After the Medical Director of the Immunization Section of the ADH has reviewed the letter and results, the student will receive either an approval or denial letter. If approved, it is the student's responsibility to provide ANC Registrar a copy of the letter for placement in the student's permanent file. Thereafter, annual approval is not required. If denied, the student must receive the required immunization or request an exemption (see below) through the Arkansas Department of Health.

- **Medical or Non-medical Exemption:** Students may apply for an authorized exemption (medical, religious, or philosophical) from the Arkansas Department of Health. Exemptions must be applied for each academic year. Forms can be obtained after July 1, each year by e-mail only at: <http://www.healthy.arkansas.gov/programsServices/infectiousDisease/Immunizations/Documents/2017-2018%20College%20Immunization%20Exemption%20Application%20Packet.pdf>

Other Immunization Requirements:

Students admitted to the Nursing Assistant Course must have:

- **Tetanus or Tdap.** Tetanus or Tdap must be received in the past 10 years to be current or a tetanus booster is required.
- **TB Screening:** At the beginning of each academic year, students must submit proof of **ONE** of the following:
 - documentation of a negative tuberculin (TB) skin test
 - negative result of interferon-gamma release assays (IGRAs) blood tests (T-SPOT or QuantiFERON).
 - negative chest x-ray within the past three years; OR provide evidence of no TB disease per health screening

Students entering the NA Course must realize the potential for exposure to the Hepatitis B virus. Faculty recommends appropriate documentation of a completed series of Hepatitis B immunizations or consent to and be in the process of receiving the series of the 3 injections prior to any contact with patients. If a student refuses or has reason to believe that the vaccine is contraindicated for him/her, the student must sign a declination form acknowledging the risk of Hepatitis B infection in a healthcare setting. 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.

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 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
- hear moderate sounds such as IV pump alarms, patient nurse-call systems, intercoms, telephones

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 maintain 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. 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)
- 10. 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)

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

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 back ground 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;
10. Battery in the first, second and third degree, §§ 5-13-201, 5-13-202, and 5-13-203;
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;
37. Computer exploitation of a child in the first and second degree, § 5-27-605.
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.

**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 the 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 or as approved by the Advising Specialist
- Meet minimal admission criteria and mandatory orientation for NA
- Meet minimal admission scores as noted below:

CP Nursing Assistant Minimum Scores Required			
Test:	Math	English	Reading
ACT	11	11	13
ACCUPLACER-CL	26A	52	36
ACCUPLACER-NG	216A	224	224

**Arkansas Northeastern College
Certificate of Proficiency (CP) in Nursing Assistant
Program Cost 2020-2021 Final**

Tuition	Per Credit Hour	
Mississippi County Residents	\$72.00	
Out of County Residents	82.00	
Missouri Bootheel & Tennessee Border	\$82.00	
Out-of-State	132.00	
International	132.00	
 Estimated Tuition: In County Fees		Totals
Nursing Assistant Course (6 credit hours x \$72.00)		\$432.00
Medical Terminology Course (1 credit hour x \$72)		\$72.00
Technical Fee (\$11.00 per credit hour x 7)		\$77.00
Registration Fee (\$25.00/semester)		\$25.00
ZOOM/INET Course Fee (\$20/credit hour x 7)		<u>\$140.00</u>
	Total In-County	\$746.00
	Total Out-of-County	\$816.00
 Course Fees		
Nursing Assistant Certification Exam/Supply Fee		\$100.00
 Other Nursing Assistant Program Costs		
Required Textbooks		\$100.00
TB Skin Test, Influenza vaccine, flu vaccine		\$130.00
1 pair Scrubs/shoes		<u>\$50.00</u>
		\$280.00
 Total Program Projected Cost:	Total In-County	\$1,126.00
	Total Out-of-County	\$1,196.00

Costs are estimated at time of document completion and are subject to change. Updated 08/2020

Funding Resources for the NA Training Course include:

Arkansas Future Grant- Deadline July 1 each year. Can fund tuition and mandatory fees. Apply through ADHE https://www.ark.org/adhe_financialaid/login.aspx

ANC Foundation Scholarship- Need based (no refunds) Award amounts vary. Can fund tuition, fees and/or books. Funding is first come first serve. Out of county is very limited. Priority deadline April each year. Link to application here. <http://www.anc.edu/docs/anc-foundation/anc-foundation-scholarship-application-19-20.pdf>

Arkansas Workforce Challenge- Application open year round. Will fund up to \$800 for 1 semester. No FAFSA required https://www.ark.org/adhe_financialaid/login.aspx

Workforce (WIOA)- May offer tuition and mandatory fee assistance. Can apply at unemployment office next door. Can now fund Arkansas, Missouri & Tennessee residents!

Career Pathways- Arkansas parents who fall within income guidelines. See Tara or Maci. May fund tuition, fees, books, childcare, or gas. Must file FAFSA.

The greatest benefit would be **Arkansas Workforce Challenge** and **Career Pathways** as they both fund 100%.

Arkansas Northeastern College
Statement of Responsibility & Understanding of Functional Categories
Nursing Assistant Course

Please hand-deliver or complete and mail with Application:

Arkansas Northeastern College
ATTN: Attention: Mr. Jack Neil, Advising Specialist
P. O. Box 1109
Blytheville, AR 72316-1109

Statement of Responsibility and Understanding:

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 acknowledge I have read, understand, and will abide by the policies and guidelines in the ANC Return to Campus Plan 2020-2021 and any subsequent COVID-19 pandemic related updates and or announcements posted on the ANC Portal.
- 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 nursing assisting is a discipline with cognitive, sensory, affective, and psychomotor performance requirements. I understand that, if necessary and if I meet certain documentation requirements of a disability, I must contact ANC Student Services at (870) 762-3180 to request accommodations.
- I have read and I understand the Functional Ability Categories specific to a student in the nursing assistant program and am able to meet the Functional Abilities as presented, and have been provided with information concerning accommodations or special services if needed at this time.

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)**

Date

**Arkansas Northeastern College
Nursing Assistant Course
Application for Admission 2019-2020**

Please complete and return this application as follows:

Hand Deliver or Mail to ANC Advising Center/Mr. Jackson Neil

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

Applying for: Fall ___ Spring ___ Summer ___
1st 8 weeks ___ 2nd 8 weeks ___

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: _____ Student ID #: _____

Current E-mail Address: _____

Completion of this information is optional for statistical purposes only and does not affect admission status.			
Age: _____	Marital Status: Single _____ Married _____	Sex: Male _____ Female _____	
Do you consider yourself Hispanic or Latino? Check all that apply:			
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian/ Pacific Islander	<input type="checkbox"/> Black/African American	
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other (specify) _____	

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
(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 is participating in 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 _____ Student ID # _____
 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”:

Condition	Have you ever had:		Do you presently have:	
	Yes	No	Yes	No
Orthopedic (Bone) Problems	Yes	No	Yes	No
Chemical Dependency (Alcohol/Drugs)	Yes	No	Yes	No
Chronic Communicable Disease	Yes	No	Yes	No
Psychiatric (Mental Health) Problems	Yes	No	Yes	No
Dental Problems	Yes	No	Yes	No
Neurological (Nerve) Problems	Yes	No	Yes	No
Cardiovascular (Heart) Problems	Yes	No	Yes	No
Respiratory (Lung) Problems	Yes	No	Yes	No
Other Significant Health Problems List:	Yes	No	Yes	No

Please describe any health problems below. Include duration, treatments, and resolution of the health problems.

Please list any medications you are currently taking (prescribed and over-the-counter)

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 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

For Instructor use only:

After review of the Student's Health Statement and in consultation (if indicated) with the student, I am requesting Medical Clearance: Yes _____ No _____

Comments/Notes:

Instructor Signature

Date

**Arkansas Northeastern College
Division of Nursing & Allied Health
Documentation for Medical Clearance**

Medical Clearance is being requested following review of the student's Medical History. The student's Healthcare Provider (Physician, Nurse Practitioner or Physician Assistant) must complete and sign this form providing Medical Clearance to participate as a student in the:

Name of Program: _____

Medical Clearance is necessary to ensure that any noted or found medical condition will not impede the student's ability to participate in their respective program of study and perform the duties of a Nursing Assistant and/or Phlebotomist. Additional documents from the healthcare provider may be necessary and should be attached to this form for submission back to Director/Instructor. Both the student and health care provider are required to sign this form for medical clearance.

I have conducted a review of systems, reviewed the provided ANC Health Statement and have examined the following applicant/student:

Print Name of Applicant/Student

As a result, I hereby approve medical clearance for the student to participate in their program of study. To the best of my knowledge and abilities, as determine by physical assessment, he/she can perform duties as required of a Nursing Assistant or Phlebotomist.

Healthcare Provider notes/comments if indicated:

Healthcare Provider (Print)

Healthcare Provider (Signature)

Date

Student's Printed Name

Student's Signature

Date

**Arkansas Northeastern College
Allied Health Programs
(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 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