

Texarkana College
Community & Business Education Center - Allied Health Program
Certified Nurse Aide Course

WINTER 2023

The Certified Nurse Aide Course at Texarkana College is a course designed to prepare students to take the state certification test. This 100-hour course prepares entry level nursing assistants to achieve a level of knowledge, skills and abilities essential to provide basic care to patients and/or residents of hospitals, assisted living and long-term care facilities. The course consists of 100 hours of classroom theory/lab instruction, and 44 hours of clinical experience. Prior approval of required documentation listed on the Course Pre-requisite List must be reviewed and approved to be accepted into the program.

All student registrations submitted online or in person will be “incomplete” until a copy of the student’s high school diploma or GED equivalent from the United States of America and their social security number is submitted to the Allied Health Coordinator. If the student has an “out of country” diploma they must provide a translation report verifying it is equivalent to one issued in the USA.

Dates & Times: May 22, 2023 – August 10, 2023
Monday, Tuesday, & Thursday
5:00PM – 9:00PM; 12 weeks for 144 Hours. (100 Classroom and 44 Clinical)

Registration: \$700 (includes books)

Location: Health Sciences Building, Room 255

State Exam: Students are provided instructions on how and when to apply for their state exam. Students will pay for their written and skills exam online and be able to schedule their exam at Texarkana College Regional Testing Site on dates specified.

Refund Policy: Students will receive 100% refund upon request within 24 hours prior to the first class meeting only.

Criminal Background Requirements: For students who may have a criminal background, please be advised that the background could keep you from being licensed by the State of Texas. If you have a question about your background and licensure, please check with the Texas Nurse Aide Registry by calling 1-512-438-2050 or certification board for your topic of study to determine if you are qualified to obtain a certificate in that field. You also have the right to request a criminal history evaluation letter from the applicable licensing agency.

❖ **A social security number is required in order for students to complete the required Pre-Check online application for criminal history report and to register for this course.**

Virtual Access: Students agree and acknowledge that they will go online one evening per week to maintain a safe environment and prevent the spread of disease by reducing contact with others. This may even be a permanent platform, when and if the situation arises. Students also agree to have adequate access to an internet provider with an appropriate device to continue course work online.

I acknowledge and understand the course requirements and will comply with as stated above.

Student Name

Date

Texarkana College
Community & Business Education – Allied Health Program

Certified Nurse Aide Course Objectives

To prepare the nurse aide students with knowledge, skills and abilities essential for the provision of basic care to residents in long-term care facilities. After completing this course, participants will be able to:

- ❖ Provide basic care to residents of long-term care facilities.
- ❖ Communicate and interact effectively with residents and their families, with sensitivity to the psychosocial needs of residents,
- ❖ Assist residents in attaining and maintaining maximum functional independence,
- ❖ Protect, support and promote the rights of residents,
- ❖ Provide safety and preventative measures in the care of residents,
- ❖ Demonstrate skill in observing, reporting and documenting
- ❖ Function effectively as a member fo the health care team

TEXARKANA COLLEGE
COMMUNITY & BUSINESS EDUCATION – Allied Health Program
Certified Nurse Aide Clinical Requirements

Attention Registrants:

Persons wanting to enroll in the Certified Nurse Aide course **must present documentation** of the items listed below (student's responsibility) to the Allied Health Coordinator **at the time of registration** in order to continue the program. It is crucial to begin gathering documents as soon as possible.

The following documents are required for skills training:

1. _____ Report of Employee Misconduct identified on the Texas Health & Human Services Nurse Aide Registry/Employee Misconduct Registry.
(Completed by the AH Coordinator prior to first class meeting)
2. _____ Physical Exam Report-Cost is approximately \$69.
(Student's responsibility-see attached Healthcare Express form).
3. _____ Immunizations: Applicants must have proof of completing the following vaccinations prior to starting the program. Check with your high school for records or a Titer Lab Report indicating immunity will also be accepted. (Student's responsibility)
 - a. _____ Hepatitis B vaccination series of **three** shots (**takes 6 months to complete**).
 - b. _____ Measles, mumps & rubella (MMR).
 - c. _____ Varicella (chicken pox).
 - d. _____ Tetnus-diphtheria-pertussis with the last 10 years.
4. _____ Negative TB test or negative chest x-ray within the last 6 months prior to starting program
(Student's responsibility-please use attached Healthcare Express Form).
5. _____ Current drug screen within **30** days of first class-cost is approximately \$45.
(Student's responsibility-please use attached Healthcare Express Form).
6. _____ Pre-Check background check (Student's responsibility-please see attached "Student Check" form).
7. _____ Scrubs are not required on the first day of class, but for clinicals only when the time comes.
8. _____ Purchase of Liability Insurance through Texarkana College Business Office (Cost: \$20)
(Student's responsibility and can be purchased at time of registration)

The State Exam Fee is **\$125.00** and will be payable by the student at the time of scheduling the on-line exam.

Students will receive a 100% refund of registration fee, upon request prior to the first class meeting only.

If you have any questions, please contact the Texarkana College Community & Business office at 903-823-3270.

I understand and acknowledge the requirements above must be completed and submitted within the time-frame stipulated by the AH Coordinator.

Student Signature

Date

Review and approved by:

Allied Health Coordinator

Date

TEXARKANA COLLEGE
COMMUNITY & BUSINESS EDUCATION – Allied Health Program

PHYSICAL EXAMINATION FORM

Name _____
Last First Middle (Maiden)

Single _____ Married _____ Widowed _____ Date of Birth _____ Male _____ Female _____

Address _____
Street/P.O. Box City State Zip Code

Name & Address of Nearest Relative _____

Medical History: (To be completed by student):

1. Serious illness - give diagnosis & date _____

2. Operations - give diagnosis & date _____

3. Do you have any allergies? If so, what? _____

4. Do you have any physical disorders at present? _____

5. Do you have any emotional disorders at present? _____

6. What prescribed & unprescribed medications are you taking? _____

7. Have you had any severe injuries? If so, what? _____

8. Check any of the following conditions you have had:

| | | |
|-----------------------|--------------------------------|---------------------------|
| Hay Fever _____ | Infectious Mononucleosis _____ | Tuberculosis _____ |
| Asthma _____ | Hepatitis _____ | Arthritis _____ |
| Rheumatic Fever _____ | Fainting Spells _____ | Kidney Disease _____ |
| Heart Murmur _____ | Diabetes _____ | Emotional Disorder _____ |
| Poliomyelitis _____ | Epilepsy _____ | Chemical Dependency _____ |

9. Name & address of personal physician _____

PHYSICAL EXAMINATION (To be completed by your family physician or certified Nurse Practitioner)

Weight _____ Height _____ Skin Abnormalities _____

Eyes ® _____ (L) _____ Corrected to ® _____ (L) _____ Ears ® _____ (L) _____

Throat _____ Nose _____ Neck _____ Lungs _____

Breasts ® _____ (L) _____ Heart _____ Nodes _____

Abdomen _____ Hernia _____ Pulse Rate _____

Blood Pressure _____ Defects Found? _____

Corrections Recommended _____

Any Reason for Limitation of Physical Activity? _____

Any Reason for Limitation of Health Care Activity? _____

Signed _____

Print name and title _____

Date _____



Request for Testing or Treatment

Applicant: Please complete this form and bring it with you along with the physical exam form to the location listed below. Note: You are responsible for all services rendered from Healthcare Express.

Company Name: Texarkana College

Nursing, EMT/Paramedic, & Pharmacy Technician Programs

Date: _____ Time: _____

Student name: _____

SS #: _____ TC ID# _____

Please perform the following procedure(s) for the above program applicant: ☐

Urine Drug Test ☐ Physical Exam

☐ TB Skin Test ☐ Hepatitis B Titer ☐ Varicella Titer

☐ Flu Vaccine ☐ Other Vaccine: _____

This is a Non-DOT Procedure

Reason for services: Pre-admission requirement for a college program.

Patient is responsible for all services rendered.

Please send results to: holli.easley@texarkanacolleg.edu (903-823-3276)

HealthCare Express
3515 Richmond Road | Texarkana, Texas 75503
903-791-9355



TEXARKANA COLLEGE STUDENT INSTRUCTIONS

Background checks are required to ensure the safety of patients treated by students in the clinical education program. The reports are typically completed within 3-5 business days; however, you must submit your order in sufficient time for the report to be reviewed by the program coordinator or associated clinical site prior to starting the rotation. The background check is conducted by PreCheck, Inc., a firm specializing in the healthcare industry.

GETTING STARTED

Follow this link to [MyStudentCheck](#)

If you are unable to access the link, you may type in the web address located at the bottom of this page.

- Confirm the school name matches: **Texarkana College**
 - Select your program from the drop down menu, and then select background check.
 - Log in with your username and password. If you do not have an existing profile, please create a new account.
 - Enter the required information, provide authorization, and continue to enter payment information.
 - If you need further assistance, please contact PreCheck at StudentCheck@PreCheck.com.
 - You will be provided with a receipt and confirmation page when your order is placed.
-

PRICING

Background Check **\$51.50**

Applicable state sales tax will be collected based on your residential location.

FREQUENTLY ASKED QUESTIONS

1. What does PreCheck do with my information?

Your information will only be used for the services ordered. Your credit will not be investigated and your name will not be given out to any businesses.

2. I selected the wrong school, program or incorrect information.

Please email StudentCheck@PreCheck.com with the details.

3. Do I get a copy of the background report?

Yes, go to www.mystudentcheck.com, log in, and select Check Status.

4. I was denied entry into a program because of information on the report, who can I contact?

Call PreCheck's Adverse Action hotline at 800-203-1654.
