



TEXARKANA COLLEGE Community & Business Education

Certified Nurse Aide Course Allied Health Program

The Certified Nurse Aide Course at Texarkana College is a course designed to prepare students for the state certification exam. 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. Prior approval of the 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 5, 2025 thru July 24 2025**

12 weeks/100 classroom contact hrs. plus 44 hrs. clinical externship.

Evenings: Mondays, Tuesday, Thursdays: 5:00pm – 9:00pm

Location: Health Sciences Bldg., Room 255

Student Tuition: **\$700** (Textbooks included) *This course is a short-term, non-credit program and therefore is not eligible for FAFSA. However, we do offer a four-month online payment plan with the first payment of \$175.00 plus a \$30 non-refundable, one-time processing fee submitted at time of enrollment (credit/debit card required). Ask about financial assistance options that may be available for this course.*

Enroll/Register: Please call 903-823-3382 or visit our office in the Nelson Administration Building on campus. Online registration is not available for enrollment in this course.

DEADLINE TO REGISTER OR DROP: Friday, May 2, 2025 by 3:00PM.

Refund Policy: Students who wish to drop this course may receive a 100% refund upon request (excludes \$30 payment plan processing fee), on or before the drop date listed above.

State Exam: Students are provided with 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.

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.

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

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 of the health care team

TEXARKANA COLLEGE
COMMUNITY & BUSINESS EDUCATION –ALLIED HEALTH PROGRAM
Certified Nurse Aide Clinical Requirements

Attention Registrants:

Students who wish 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. _____ Tetanus-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. _____ **Background check:** Please read, complete, and sign attached Applicant Authorization of Background Check and return to Allied Health Coordinator.
7. _____ **Blue Scrubs: After course completion**, students who elect to participate in an externship will be required to purchase blue scrubs. They can be bought anywhere if they are Texarkana College royal blue. **They are available at the TC Bookstore and the cost is approx. \$45 for both bottom & top.**
8. _____ **Purchase Liability Insurance** at the Texarkana College Business Office and will not be complete until student submits receipt to AH Coordinator. *(Student's responsibility and can be purchased at time of registration)*
9. _____ **The State Exam Fee is \$125.00** and will be payable by the student at the time of scheduling the on-line exam (Student's responsibility).

I understand and acknowledge the requirements above must be completed and submitted within the time limit 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)

Eyes ® _____ (L) _____ Corrected to ® _____ (L) _____ Ears ® _____ (L) _____
Nose _____ Neck _____ Lungs _____
(L) _____ Heart _____ Nodes _____
Hernia _____ Pulse Rate _____
Defects Found? _____

Any Reason for Limitation of Physical Activity? _____

Any Reason for Limitation of Health Care Activity? _____

Weight _____ Height _____ Skin Abnormalities _____ Throat _____ Breasts _____

Blood Pressure _____ Abdomen _____ Corrections Recommended _____

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 by Healthcare Express.

Company Name: Texarkana College

Nursing, EMT/Paramedic, & Pharmacy Technician Programs

Date: _____ Time: _____

Student name: _____ SS #: _____ TCID# _____

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

☐ 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



Department of Human Resources

APPLICANT AUTHORIZATION OF BACKGROUND CHECK

You are authorizing Texarkana College (TC), to conduct a background check in connection with your potential employment with TC. The background check may include, but is not limited to, criminal history, employment verification, academic credentials, licensures, certifications, registrations, professional designations, personal references, and professional references.

Any offer of employment extended to you by TC is contingent upon the results of this background check. Your eligibility for employment at TC is determined by TC at its sole discretion. You agree to hold harmless all Texarkana College personnel, including but not limited to, its Trustees and Administrators for any adverse information discovered as a result of this background check.

You agree to fully and freely provide any and all necessary information to Texarkana College, or its assigned agents, so that this background check may be conducted.

By your signature below, you acknowledge that you have read and agree to the terms stated above. You further agree to provide the information as requested below.

I authorize Texarkana College to conduct a background check on me, and, if I am hired, at any time during my employment.

I understand that I may withhold my permission and that in such case, no investigation will be done, and my application for employment will not be processed further.

Printed Full Name: _____ Maiden Name: _____

Position Applied for: _____

Race: _____ Gender: _____ Date of Birth (mm/dd/yyyy): ____/____/____

Aliases and all names used and corresponding years: _____

Driver's License Number: _____ State of Issue: _____ Social Security Number: **** - ***- _____

I, _____, acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F.

*Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), **therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method.** The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.*

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at <https://www.dps.texas.gov/section/crime-records/crime-records-general-information> /Review of Personal Criminal History or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

Signature: _____ Date: _____

For Office Use only:
Texarkana College

Agency Name	Agency Representative	Representative Signature	Date	Employment Purpose
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