



# 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:** **To Be Determined**

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 installment of \$175.00 plus a \$30 non-refundable, one-time enrollment fee submitted at time of registration (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: To Be Determined.**

**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. \_\_\_\_\_ **Black scrub bottoms/White scrub tops:** **After course completion**, students who elect to participate in an externship will be required to purchase black and white scrubs. They can be purchased anywhere scrubs are sold.
8. \_\_\_\_\_ **Purchase Liability Insurance (\$20)** 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.

**Patients are 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 Non-Employment Background Check Form

By enrolling in a specified program or participating in a volunteer role, I hereby acknowledge and approve that Texarkana College may conduct a background check on me. This process is vital for safeguarding the participants, maintaining the integrity of the program, and is mandated by state law for certain programs. I understand that the background check may include, but is not limited to, verification of my identity, educational history, criminal record, and any other relevant information.

I consent to this procedure and recognize that it is a necessary step to facilitate my involvement in the program or volunteer opportunity. Additionally, I agree to fully and freely provide any and all necessary information to Texarkana College or its assigned agents to facilitate this background check.

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

Printed Full Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Race: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Driver's License Number and State of Issue: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TC does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies:

Human Resources Director, 2500 N. Robison Rd., Texarkana, TX, 75599 (903) 823-3017

[human.resources@texarkanacollege.edu](mailto:human.resources@texarkanacollege.edu)