

## Certified Nursing Assistant Class Information

This program is designed to prepare students\* to provide basic health care in hospitals and nursing homes. The program will provide training experience and educational opportunities that will benefit you and your community.

\*16 & 17 year olds must show proof of high school withdrawal to enroll

**The class consists of two components:** 1) 99 hours of classroom theory 2) 40 hours of clinical experience  
**100 % attendance is required for state certification requirements**

Successful completion of this course will allow you to test for certification by the Illinois Dept. of Public Health

### **ADMISSION PROCEDURE:**

STEP 1: An application package must be completed with all supporting materials attached (2-Step Tuberculosis, I want to be a CNA questionnaire, Physical Verification Form) AND it must be turned in by the deadline stated in the application. Incomplete application packages will not be considered for enrollment. The CNA program is extremely competitive and space is limited.

STEP 2: A limited number of applicants will be invited to attend an orientation where they will receive additional information about completing the process to register for classes. *If you are invited to an orientation but do not attend your application will be considered void and you must complete the process again to be considered. Again, all of the application must be filled out with required attachments or the application is void.*

STEP 3: Each applicant must pass assessment at the pre-determined level.

- \_\_\_\_\_ - Eighth grade reading level
- \_\_\_\_\_ - 80% minimum score on math assessment  
(Applicant notified of results)

STEP 4: Schedule appointment to do a live scan fingerprint check. The cost is \$30.00 payable by cashier's check, money order or cash at the appointment. \$32.00 fee is using credit/debit card. The number to call is 217-342-3042. The scan will be given at DACC/Prairie Hall – Room 106.

Background screening results must come back clear. **(Bushue Background Screening)**

**Successful completion of all steps will place students into the first available class.**

### **STUDENT COSTS:**

- |   |  |
|---|--|
| _____ - 2-Step TB test @ Verml. Co. Health Dept.          | \$48 (cash/check or Illinois medical card)             |
| _____ - Course/Lab Fee                                    | \$65.00 (Must be paid by 1 <sup>st</sup> day of class) |
| _____ - Uniform, shoes (white), watch, gait (safety) belt | Cost varies (Available in DACC Bookstore)              |
| _____ -Textbook / Workbook                                | \$84.50 DACC Bookstore                                 |
| _____ -Tuition & Tech Fees                                | Based on 7 credit hours                                |

Illinois Nurse Aide Certification Exam (INACE) - Computer Based Exam  
**\$75.00 fee - payment made by credit or debit card**

The Nurse Aide Competency Evaluation Program is a measure of nurse aide related knowledge, skills and abilities. The purpose is to see if individuals are able to understand and safely perform the job of nurse aide. The test is taken upon successful completion of the program.

### **CLASS MEETS:**

DACC / Prairie Hall / Room 107-108                      Instructors Office - Prairie Hall / Room 112/113  
Or)      DACC Higher Education Center Hoopston                      847 E. Orange Street in Hoopston

For more information regarding registration and class schedules call **554-1663**



**Danville  
Area  
Community  
College**

**CERTIFIED NURSING ASSISTANT (CNA)**

**Application Packet**

*This program is designed to prepare students to provide basic health care in hospitals and nursing homes. The program will provide training experience and educational opportunities that will benefit you and your community. To enroll in the program you must complete this application packet in its entirety.*

**STEP 1:** An application package must be completed with all supporting materials attached. Incomplete application packages will not be considered for enrollment. The CNA program is extremely competitive and space is limited.

**STEP 2:** A limited number of applicants will be invited to attend an orientation where they will receive additional information about completing the process to register for classes. *If you are invited to an orientation but do not attend your application will be considered void and you must complete the process again to be considered. Again, all of the application must be filled out with required attachments or the application is void.*

_____	_____	_____	_____
Last Name	First Name		
_____		_____	_____
Street Address		City	State Zip code
(____)	_____	_____	
Area Code	Phone Number		

FALL  
 SPRING  
 SUMMER  
 Please check one



**CHECKLIST**

- \_\_\_\_\_ 2-Step Tuberculosis (TB) test (or verification of one within last 6 months)
- \_\_\_\_\_ 'I want to be a CNA' questionnaire
- \_\_\_\_\_ Physical Verification form

**OFFICE STAFF ONLY:**

Received by:

Date:

**2-STEP TUBERCULOSIS TEST \*\***

Must be completed and turned in as part of the CNA application package. The TB test can be administered through a personal physician or the Vermilion County Health Dept.



\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
First Name Last Name Date of Birth

The First TB Test is given and read by the same health care facility of your choice within 48-72 hours.

The Second TB Test is to be completed with 7 to 21 days from the first TB test. It is given and read by the same health care facility of your choice within 48-72 hours.

Have you ever had a positive TB test? Yes \_\_\_\_ No \_\_\_\_

TB test results will only be kept on file and counted toward meeting this requirement one year from the date first given in TB step 1 below:

**TB step 1:**

Date Given: \_\_\_\_\_ Time Given \_\_\_\_\_ Lot No. \_\_\_\_\_ R. /L. Forearm Nurse: \_\_\_\_\_

Date Read: \_\_\_\_\_ Time Read \_\_\_\_\_ Results \_\_\_\_\_ Nurse: \_\_\_\_\_

**TB step 2:**

Date Given: \_\_\_\_\_ Time Given \_\_\_\_\_ Lot No. \_\_\_\_\_ R. /L. Forearm Nurse: \_\_\_\_\_

Date Read: \_\_\_\_\_ Time Read \_\_\_\_\_ Results \_\_\_\_\_ Nurse: \_\_\_\_\_

**TB Update:**

Date Given: \_\_\_\_\_ Time Given \_\_\_\_\_ Lot No. \_\_\_\_\_ R. /L. Forearm Nurse: \_\_\_\_\_

Date Read: \_\_\_\_\_ Time Read \_\_\_\_\_ Results \_\_\_\_\_ Nurse: \_\_\_\_\_

**\*\* If you have had a TB test within the last 6 months you may submit those results**





## 'I WANT TO BE A CNA' questionnaire

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Name                      Last Name                      Date of Birth

1. Do you have transportation?    Yes \_\_\_\_\_    No \_\_\_\_\_
  
2. Tell us about yourself:
  
  
  
  
  
  
  
  
  
  
3. List five qualities you possess that would make you a good candidate for the CNA program:
  
  
  
  
  
  
  
  
  
  
4. Do you know what being a CNA entails? Briefly describe:
  
  
  
  
  
  
  
  
  
  
5. Why do you want to take this course?



# PHYSICAL VERIFICATION FORM



**Danville  
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\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
 First Name                                      Last Name                                      Date of Birth

**Check the appropriate answer. Please answer as honestly as possible. If yes is checked, please provide an explanation in the space provided.**

	YES	NO	EXPLANATION
Allergies?			
Pregnant?			
On Medication?			
Mental Health Concerns?			
Hearing Problems?			
Back Problems?			
Knee Problems?			
Recent Surgeries?			
Lifting Restrictions?			
Latex Allergy?			

**If you are pregnant, have any back problems/lifting restrictions, or a medical condition that is being monitored by a physician, a note will be needed from the physician that states you are in good health, free of any communicable disease and has no known deficits that would interfere with the ability to participate in the lab/clinical setting or in the completion of the required three components of the CNA program, which includes 15 hours of pre-employment activities, 99 hours of classroom theory and 40 hours of clinical experience.**

**Please list any other conditions that you feel may present a risk for you or that your Instructor should be aware of to protect your well-being and safety:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_