

***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.

The class consists of three components: 1) 99 hours of classroom theory 3) 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 (**Remedial tutoring may be required**)
(Applicant notified of results)

STEP 4: Schedule appointment to do a live scan fingerprint check. The cost is \$30 or \$32 (debit/credit) payable by check or money order (no cash) at the appointment. The number to call is – 217-342-3042. The scan will be given at DACC/Prairie Hall – Room 106
Background checks must come back clear.

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 st day of class) |
| - Uniform (white), 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 |

***After successful course completion: Illinois Nurse Aide Certification Exam (INACE) –
Computer-based exam \$75 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 Hoopeston 847 E. Orange Street in Hoopeston

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

*This program is not eligible for Federal Title IV programs (Pell/Loans) or the Illinois MAP program.

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**

Health Care Provider Stamp here



'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?

