

***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 with Bushue Background Screening to do a live scan fingerprint check at a personal cost of \$30.00 or \$32.00 if paying by charge/debit card. (217-342-3042). The scan can be locally at the ROE's Office – 200 S. College, Suite B in Danville, IL.

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 Hoopston 847 E. Orange Street in Hoopston

For more information regarding registration and class schedules call **443-8782**

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



**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**

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?

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:** _____