

***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: *As of 1/1/22 – ALL Students are required to have COVID Vaccine*

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 the Verml Co ROE (200 S. College/Danville)

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, shoes, watch, gait (safety) belt | Cost varies | |
| - Textbook | Estimated \$95 | 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**

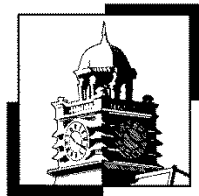
The Nurse Aide Competency Evaluation Program is a measure of nurse aide related knowledge, skills and abilities. The purpose is to see if individuals are able to understand and safely perform the job of nurse aide. The test is taken upon successful completion of the program.

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 **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



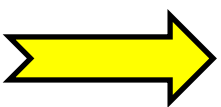
CHECKLIST

- _____ 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: _____



CURRENT HIGH STUDENT

_____ High School acknowledges student has a minimum of an 8th grade reading/math level (name of HS)



'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?

'I WANT TO BE A CNA' questionnaire page 2

6. How do you feel about working with the elderly?

7. How can we know you will be committed to the program?

8. What would you do if you heard or saw an employee physically or verbally abusing a resident?

9. What are your career goals?

10. The class consists of three components: 15 hours of pre-employment activities; 99 hours of classroom theory; and 40 hours of clinical experience. 100% attendance is required. What plan do you have in place to ensure you do not miss class?

11. Have you been in CNA classes before? If so, when and did you complete?

PHYSICAL VERIFICATION FORM



**Danville
Area
Community
College**

_____ / ____ / ____
 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 two components of the CNA program, which includes 99 hours of classroom theory and 40 hours of clinical experience. A follow up release form will be requested from the Dr. one week prior to clinical, stating there are no restrictions.

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:** _____