Nursing Assistant Certified

GENERAL INFORMATION

The Nursing Department of Everett Community College offers a career mobility approach to nursing education that prepares graduates for **Certification** as Nursing Assistants. The program is approved by the Washington State Department of Social and Health Services.

Curriculum. Instruction covers the following areas: basic technical skills, mental health and social services needs of clients, clients' rights, promotion of clients' independence, communication and interpersonal skill development, safety and emergency procedures, rules and regulations that affect the Nursing Assistant's practice, personal care skills, basic restorative services, infection control, CPR instruction, and HIV training. The entire program is completed in one academic quarter.

Physical Attributes. In general, employers and clinical agencies expect students to meet the following criteria:
- Use good body mechanics, lift/carry a minimum of 25 lbs independently and 50 lbs with assistance.
- Normal or corrected vision and hearing to a normal range.
- Full range of motion, ability to be in constant movement – standing, stooping, walking, and sitting.
- Good manual and finger dexterity.
- Ability to differentiate odors in the clinical setting.
- Communication skills. Ability to communicate fluently in English. This includes verbal communication (in person and on the telephone) as well as written communication.

Summary of Occupational Exposure. Students planning a career in health care need to be aware of the fact that they are at risk for exposure to blood-borne pathogens. Tasks and procedures performed by the health care professional involve risks classified by the Centers for Disease Control in the following ways:
- *Category I* – Direct contact with blood or other bodily fluids to which universal precautions apply.
- *Category II* – Activities performed without blood exposure but exposure may occur in emergencies.
- *Category III* – Task/activity does not entail predictable or unpredictable exposure to blood.

LEARN MORE ABOUT NURSING AT EVCC

Nursing Information Sessions are offered several times each quarter. Information discussed includes the profession of nursing, nursing education in general, nursing employment, and EvCC's Nursing Program and application process. For more information you may call the Health Profession Service Center at 425-388-9461.

CAREER OPTIONS

Nursing Assistants are qualified for employment as entry-level caregivers in hospitals, long-term care agencies, clinics, physician's offices, urgent care settings, and client's homes. Many Nursing Assistants continue with education that leads to licensure as a nurse (LPN or RN).

For more information about our graduation rates, the median debt of students who completed the program, and other important information, please visit our website at, www.everettcc.edu/gainfulemployment

PROGRAM COMPLETION REQUIREMENTS

To successfully complete the Nursing Assistant Certified program, students must complete NURS 100, 10 credits, with a grade of C (2.0) or better. C- is not acceptable.

SPECIAL NOTES:

Attendance. To receive maximum benefit from a program that combines theory and practice, regular attendance is absolutely essential. Absences beyond Washington State requirements will result in course failure and failure to meet Washington State guidelines for certification.

Transportation. Students must provide their own transportation to college and clinical facilities.

NURSING ASSISTANT APPLICATION PROCEDURES

The application is accepted at any time. A maximum of 10 students are admitted each quarter. To apply, submit your application to the Health Profession Service Center, Liberty Hall, Room 251, EvCC, 2000 Tower Street, Everett WA 98201. For questions call: 425-388-9461.

Before permission is given for entry into the program, applicants must upload documentation of all items on the Immunization Checklist and complete the Watch Criminal Background check. Visit www.everettcc.edu/nac to complete these steps.

Students who do not currently have medical insurance may contact the Student Activities Office for a brochure of insurance that can be purchase through the College.

> *Neither the College nor the clinical facility is responsible for the cost of medical care for injury or illness which occurs as a result of classroom or clinical activities.*

<p style="text-align:center"><u>**COST, REGISTRATION AND REFUND POLICIES**</u></p>

This course is offered on a self-support basis. Students pay a Course Fee and also pay for their own supplies and expenses associated with the class. The Course Fee is subject to change. Payment is due at the time of registration. Financial aid may be available. Contact Sharon Allen in the Financial Referral Center for more information about financial aid sallen@everettcc.edu 425-388-9166.

Registration is open until all seats are taken. The last day for a 100% refund is the 4th working day after the class begins. (During Summer Quarter the last day for a refund is the 3rd working day after classes begin.)

COLLEGE RELATED EXPENSES

Course Fee	$1,389.99
Lab Fee	$125.00
Technology Fee	$3.50 per credit, to a maximum of $35 per quarter.
Campus Enhancement Fee	$5.00 per credit, to a maximum of $50 per quarter
Liability Fee	$20.00

NURSING-RELATED ESTIMATED EXPENSES

Scrubs	$50
Watch (with second hand)	$20
Name pin	$6.50
Shoes	$40-80
Transfer belt	$15
Stethoscope & BP cuff	$25
Medical/Accident insurance	Prices vary; available through the College's Student Activities office
Textbooks	$100 (approximately); available in EvCC Bookstore
Immunization Upload	$35; link available at www.everettcc.edu/nac
Background check	$15; link available at www.everettcc.edu/nac
Washington State Nurse Assistant Certification license fee	$48 (paid to the Department of Health)
Washington State Competency Certification Test	$110

Complete the enclosed Application and submit it to the Health Profession Service Center, Liberty Hall, Room 251, EvCC, 2000 Tower Street, Everett WA 98201. Call 425-388-9461 with questions.

Nursing Assistant Certified Application February 2014

EVERETT COMMUNITY COLLEGE

Instructions:
1. Complete all boxes of this application
2. Take or mail this application to: Health Professions Student records, Everett Community College, 2000 Tower Street, Everett WA, 98201

Are you taking this course to augment Nursing Program acceptance?
☐ Yes   ☐ No

Are you interested in working in long-term care upon completion of this course?
☐ Yes   ☐ No

Are you interested in working full-time?
☐ Yes   ☐ No

I want to enter:

Quarter	Year

Name: _____
       last   first   middle   previous last names

Address: _____   Phone: (   ) _____
         street   city/state   zip

Student ID Number (obtained from the Enrollment Services Office)

_____

Social Security Number (used to identify transcripts and obtain WA Background Check)_____

Birthdate:

_____

In case of emergency, contact:

Name: _____

Phone: (_____)_____

Education:

GED completion date: _____

High School: _____
             Name   Location   Graduation date

College/University: (Please list all; use back of sheet if necessary)

Name	Location	Dates attended	Degree earned (if any)
_____	_____	_____	_____
_____	_____	_____	_____

Current licensure:

Health Care Licensure	state where licensed	last date of renewal
_____	_____	_____
_____	_____	_____

The following information is for statistical purposes only. Providing this information is voluntary and in no way determines your eligibility for entry into the Nursing Program.

Ethnic Background	**Marital Status**	**Gender**	**Current Employment**
o Korean o Chinese o Spanish/Latino	o Single	o Female	Occupation:_____
o Filipino o Vietnamese o Japanese	o Married	o Male	o None o <20%
o All other Asian/Pacific Islander	o Divorced		o 20 – 39% o 40 – 59%
o Alaskan Native/Native American	o Widowed		o 60 – 79% o 80 – 99%%
o Black/African American o White/Caucasian	___ # Dependent children		o 100%
o Other _____			

SIGNATURE: Please read the following statements and sign in the space provided.
1) I have reviewed the information presented on this form and I agree that it is correct as stated, _and_
2) I request and authorize the Health Professions Office to obtain on my behalf the information needed for entry into a Health Professions Program, _and_
3) I am aware and agree that this information may be shared with the clinical sites that are a required part of this educational program.

Signature _____   Date _____

EVERETT COMMUNITY COLLEGE

This checklist is a reference tool only. Use it as you work with your health care provider to gather your records. Do not submit this checklist with your application.

☐	**MMR** 1st and 2nd immunizations **OR** Measles, Mumps, and Rubella titers	**GUIDELINE:** Injection + booster or positive serology (titers) are required
☐	**DIPHTHERIA/ TETANUS OR TDAP**	**GUIDELINE:** A primary series of three doses plus a booster every 10 years is required. Provide evidence of last booster. If tetanus is more than 2 years old, a Tdap is required.
☐	**VARICELLA** titer **OR** 1st and 2nd immunizations	**GUIDELINE:** Varicella injections or titer is required.
☐	**INFLUENZA**	**GUIDELINE:** Required yearly as an ongoing Health Professions student. Highly recommended prior to acceptance.
☐	**HEPATITIS B SERIES** 3 immunizations and titer	**GUIDELINE:** Student must document the **1st dose at the time of application** to the NAC program and then continue on to complete the series. The full series does not need to be complete at the time of application. 2nd dose is administered at least **30 days after the 1st dose.** 3rd dose is administered at least **4 months after the 1st dose** and at least 2 months after the 2nd dose and is required prior to entry into any clinical setting. **Final evidence of immunity** is to be provided 30 days after 3rd dose and prior to entry into 2nd quarter of nursing. If titer is negative, the entire series needs to be repeated together with a titer. If titer is negative after 2nd series, no action is needed.
☐	**PPD**	**GUIDELINE:** A 2-step TB test is required as part of the initial TB testing. Thereafter the Tuberculin skin test must be repeated every 12 months. Two negative tests is considered a negative response unless a test has shown 5 or more mm of induration. If your PPD is due to expire during your time in a clinical facility, you must update the test prior to the beginning of the quarter in which it expires. **If any of your PPD's are positive**, a chest x-ray with written results, and personal statement of no symptoms of TB is required. Note: Tine tests are not acceptable.
☐	**Accident & Emergency Room Medical Insurance**	**GUIDELINE:** Proof of accident or Emergency Room Medical Insurance is required. A copy of the insurance card, insurance ID, or policy statement that shows this coverage is acceptable. *Note: This documentation is not required for acceptance, but is required prior to admission into the program.*