



DAYTONA STATE COLLEGE

CERTIFIED NURSING ASSISTANT COURSE PACKET

PRN 0090 NURSING ASSISTANT

NOTE: All forms contained herein may be submitted at the Mandatory Orientation, *but no later than the first day of class.* The student will be dismissed from class for each day the forms are not completed and submitted. This will cause the student to be penalized absences which have the potential for dismissal from the CNA program.



DAYTONA STATE COLLEGE

1200 West International Speedway Boulevard - Daytona Beach, FL 32114 (386) 506-3000; Nursing Dept. (386) 506-3250

Dear Applicant:

Thank you for your recent inquiry to the Certified Nursing Assistant program. The following are effective January 2014:

- Complete the Daytona State College admission process
- Applicants will need the following TABE Exit Scores:
10th grade level in Reading and Language; 9th grade level in Math

Applicants who started high school in the 9th grade in 2003 or after at a Florida Public high school AND graduated from a Florida Public High School are not required to take the placement test. If you have any questions about your exemption status, please contact an academic advisor.

- Attend **mandatory CNA Orientation** May 7, 2014; at the Daytona Campus, Health Sciences Hall, Building 320, Room 328 at **3:00 p.m. only**.
- A Skills Lab Kit must be purchased from Coursey Enterprises, Inc.

Health/Medical Record

As a student in a health-related education program, **prior to the first day of class**, you are required to have:

1) A completed **physical examination**, B) **verification of a negative tuberculin skin test**, C) a **current BLS Card-Health Care Provider**, D) **verification of immunizations and immunity**(refer to the physical form enclosed), and E) a **Level II Background Check and Drug Screening**. **Flu Vaccine is mandatory for the Fall and Spring semesters**. Please place a copy of your immunization record to the health history form. If you do not have this record you may contact your physician, clinic, or public health dept. to have a titer completed. The Hepatitis B vaccine is not required, but encouraged. The vaccine may be obtained from your physician or the Volusia County Health Department for approximately \$150. You are required to indicate on the Hepatitis B vaccination record your intentions to take or decline the vaccine.

2) Verification of Immunity via Immunizations maybe completed via a titer – blood drawn to ensure you are immune. If you are negative or equivocal the student must receive the necessary immunizations again. If this is not complete the student will not be allowed to go to their respective clinical facilities and may be cause for dismissal from the program.

Criminal Background Checks and Drug Screening

Your admission to the Certified Nursing Assistant program is contingent upon the satisfactory completion of **both a drug screening and a background check** consisting of a fingerprint check of state and federal criminal history information conducted through the Florida Department of Law Enforcement (FDLE) and Federal Bureau of Investigation (FBI), at an approximate cost of \$90. Enclosed are instructions for obtaining a background check. For acceptance and continuing enrollment in a health related program the student must **not** have been found guilty, regardless of adjudication, of any offense that would disqualify the student from employment in a health care or a community health setting.

All appropriate forms are included in this information packet:

- Hepatitis B Vaccination Record
- Acknowledgement and Consent for Release of Information
- Physical Examination Form with TB test
- Coursey Skills Lab Kit order form
- Background Check and Drug Screening Student Instructions (**must be completed prior to start of classes**).
- VECHS Waiver Agreement (**must be turned in to nursing department after registration in CNA program**).

The following forms may be turned in on orientation day, but no later than the first day of class:

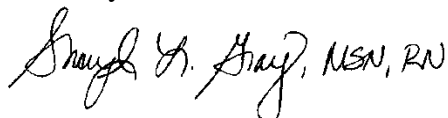
- Basic Life Support (BLS) Healthcare Provider Card – Adult, Infant, Child and AED (Automatic External Defibrillator) -- *ONLY AMERICAN HEART ASSOCIATION AFFILIATED OR AMERICAN RED CROSS ACCEPTED (see samples pages 4 & 5)*.
NOTE: High School Dual Enrollment students receive this training as part of the curriculum.
- Completed Physical Examination Form
- Verification of immunizations against tetanus, measles, mumps and rubella
- Completed Hepatitis B Vaccine form showing dates of vaccination or declination
- Written physician verification of a **negative** tuberculosis test or chest X-Ray
- VECHS Waiver

On the first day of class you are required to bring the following:

- Textbooks, Notebook paper, #2 pencils, black-ink pen
- Lab kit
- Uniforms must be worn on the first day of class and every day.

Paperwork must be turned in prior to going into the clinical setting. If not, the student will not be allowed to go to clinical. It would benefit the student to have all paperwork completed and given to instructor by the first day of class to avoid obtaining absences.

Sincerely,



Sheryl Gray, MSN, RN
Assistant Chair, Practical Nursing/CNA

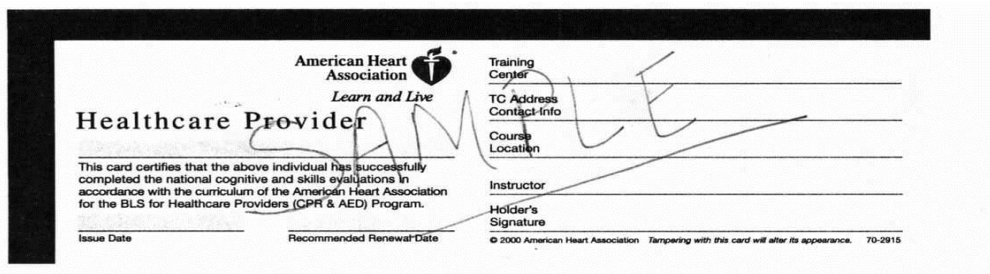
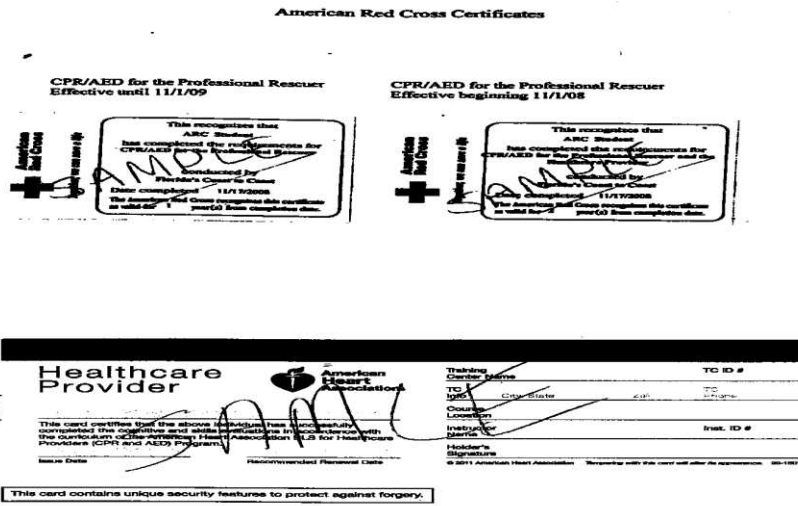
Admission Requirements:

1. Complete an Admission Application to the College (either online or at the Admissions Office on any campus).
2. A Level II Criminal Background Check and Drug Screening including drug screening and fingerprinting **MUST** be completed BEFORE THE FIRST DAY OF CLASS as well as a CPR-Health Care Provider Class, TB Test and Physical. **The classes for CPR MUST be American Heart Association or American Red Cross affiliated. American Red Cross card will state Professional Rescuer and the American Heart Association will state Health Care Provider. All others will NOT be accepted.**
3. A **MANDATORY ORIENTATION** is required before beginning the CNA program.
4. All paperwork including: Physical form including TB, Immunization copy, Hepatitis B form, and copy of CPR card must be turned in first day of class.

CPR TRAINING: This training may be obtained through:

- ⇒ American Red Cross (ARC) - (386) 226-1400
- ⇒ American Heart Association (AHA) - (800) 242-8721
- American Heart Association affiliated:
 - ⇒ Daytona State College Community Training - (386) 506-3298 or 4490
 - ⇒ Daytona State College Emergency Medical Services - (386) 506-3249

The only recognized certificates/cards are instructors affiliated with the American Heart Association and/or American Red Cross.



UNIFORM REQUIREMENTS

CEIL BLUE UNIFORM: AUTHENTIC CHEROKEE WORKWEAR V-NECK TUNIC #4700; UTILITY PANT #4200 (women) #4000 (men)

Male Apparel and Accessories

- Men's ceil blue uniform top & pants (SEE ABOVE)
- Daytona State College nursing patch (purchase at college bookstore); attach to left sleeve of uniform
- White socks
- White uniform shoes (no color or trim)
- Watch with sweep-seconds hand
- Allowed to wear one flat ring only; one pair of earrings; NO other jewelry.
- Visible tattoos must be covered
- Hair groomed and, if long, pulled back
- Facial hair has to be well groomed
- No bracelets allowed
- Nails groomed and clean
- Name tag: 1"x3" royal blue background with white lettering

Example: John Doe
Daytona State College
CNA Student

Female Apparel and Accessories

- Women's ceil blue uniform top & pants (SEE ABOVE)
- Daytona State College nursing patch (purchase at college bookstore); attach to left sleeve of uniform
- White socks
- White uniform shoes (no color or trim)
- Watch with sweep-seconds hand
- Allowed to wear one flat ring only and one pair of earrings; NO other jewelry.
- Visible tattoos must be covered
- Hair groomed and, if long, pulled back
- No bracelets allowed
- Nails groomed and clean (**artificial nails not allowed**)
- Name tag: 1"x3" royal blue background with white lettering

Example: Jane Doe
Daytona State College
CNA Student

UNIFORMS MUST BE WORN ON THE FIRST CLASS DAY

Healthcare Personnel Vaccination Recommendations¹

Vaccine	Recommendations in brief
Hepatitis B	Give 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2). Give IM. Obtain anti-HBs serologic testing 1–2 months after dose #3.
Influenza	Give 1 dose of influenza vaccine annually. Give inactivated injectable vaccine intramuscularly or live attenuated influenza vaccine (LAIV) intranasally.
MMR	For healthcare personnel (HCP) born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart. For HCP born prior to 1957, see below. Give SC.
Varicella (chickenpox)	For HCP who have no serologic proof of immunity, prior vaccination, or history of varicella disease, give 2 doses of varicella vaccine, 4 weeks apart. Give SC.
Tetanus, diphtheria, pertussis	Give a dose of Tdap as soon as feasible to all HCP who have not received Tdap previously and to pregnant HCP with each pregnancy (see below). Give Td boosters every 10 years thereafter. Give IM.
Meningococcal	Give 1 dose to microbiologists who are routinely exposed to isolates of <i>N. meningitidis</i> and boost every 5 years if risk continues. Give MCV4 IM; if necessary to use MPSV4, give SC.

Hepatitis A, typhoid, and polio vaccines are not routinely recommended for HCP who may have on-the-job exposure to fecal material.

Hepatitis B

Healthcare personnel (HCP) who perform tasks that may involve exposure to blood or body fluids should receive a 3-dose series of hepatitis B vaccine at 0-, 1-, and 6-month intervals. Test for hepatitis B surface antibody (anti-HBs) to document immunity 1–2 months after dose #3.

- If anti-HBs is at least 10 mIU/mL (positive), the patient is immune. No further serologic testing or vaccination is recommended.
- If anti-HBs is less than 10 mIU/mL (negative), the patient is unprotected from hepatitis B virus (HBV) infection; revaccinate with a 3-dose series. Retest anti-HBs 1–2 months after dose #3.
 - If anti-HBs is positive, the patient is immune. No further testing or vaccination is recommended.
 - If anti-HBs is negative after 6 doses of vaccine, patient is a non-responder.

For non-responders: HCP who are non-responders should be considered susceptible to HBV and should be counseled regarding precautions to prevent HBV infection and the need to obtain HBIG prophylaxis for any known or probable parenteral exposure to hepatitis B surface antigen (HBsAg)-positive blood.¹ It is also possible that non-responders are people who are HBsAg positive. Testing should be considered. HCP found to be HBsAg positive should be counseled and medically evaluated.

Note: Anti-HBs testing is not recommended routinely for previously vaccinated HCP who were not tested 1–2 months after their original vaccine series. These HCP should be tested for anti-HBs when they have an exposure to blood or body fluids. If found to be anti-HBs negative, the HCP should be treated as if susceptible.²

Influenza

All HCP, including physicians, nurses, paramedics, emergency medical technicians, employees of nursing homes and chronic care facilities, students in these professions, and volunteers, should receive annual vaccination against influenza. Live attenuated influenza vaccine (LAIV) may be given only to non-pregnant healthy HCP age 49 years and younger. Inactivated injectable influenza vaccine (IIV) is preferred over LAIV for HCP who are in close contact with severely immunosuppressed people (e.g., stem cell transplant patients) when patients require protective isolation.

Measles, Mumps, Rubella (MMR)

HCP who work in medical facilities should be immune to measles, mumps, and rubella.

- HCP born in 1957 or later can be considered immune to measles, mumps, or rubella only if they have documentation of (a) laboratory confirmation of disease or immunity or (b) appropriate vaccination against measles, mumps, and rubella (i.e., 2 doses of live measles and mumps vaccines given on or

after the first birthday and separated by 28 days or more, and at least 1 dose of live rubella vaccine). HCP with 2 documented doses of MMR are not recommended to be serologically tested for immunity; but if they are tested and results are negative or equivocal for measles, mumps, and/or rubella, these HCP should be considered to have presumptive evidence of immunity to measles, mumps, and/or rubella and are not in need of additional MMR doses.

- Although birth before 1957 generally is considered acceptable evidence of measles, mumps, and rubella immunity, healthcare facilities should consider recommending 2 doses of MMR vaccine routinely to unvaccinated HCP born before 1957 who do not have laboratory evidence of disease or immunity to measles and/or mumps, and should consider 1 dose of MMR for HCP with no laboratory evidence of disease or immunity to rubella. For these same HCP who do not have evidence of immunity, healthcare facilities should recommend 2 doses of MMR vaccine during an outbreak of measles or mumps and 1 dose during an outbreak of rubella.

Varicella

It is recommended that all HCP be immune to varicella. Evidence of immunity in HCP includes documentation of 2 doses of varicella vaccine given at least 28 days apart, history of varicella or herpes zoster based on physician diagnosis, laboratory evidence of immunity, or laboratory confirmation of disease.

Tetanus/Diphtheria/Pertussis (Td/Tdap)

All HCPs who have not or are unsure if they have previously received a dose of Tdap should receive a dose of Tdap as soon as feasible, without regard to the interval since the previous dose of Td. Pregnant HCP need to get repeat doses during each pregnancy. All HCPs should then receive Td boosters every 10 years thereafter.

Meningococcal

Vaccination with MCV4 is recommended for microbiologists who are routinely exposed to isolates of *N. meningitidis*. Use MPSV4 only if there is a permanent contraindication or precaution to MCV4.

References

1. CDC. Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR*, 2011; 60(RR-7).
2. See Table 3 in Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis. *MMWR*, 2001; 50(RR-11).

For additional specific ACIP recommendations, refer to the official ACIP statements published in *MMWR*. To obtain copies, visit CDC's website at www.cdc.gov/vaccines/pubs/ACIP-list.htm; or visit the Immunization Action Coalition (IAC) website at www.immunize.org/acip.

Technical content reviewed by the Centers for Disease Control and Prevention

IMMUNIZATION ACTION COALITION 1573 Selby Avenue • St. Paul, MN 55104 • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/p2017.pdf • Item #P2017 (6/13)

DAYTONA STATE COLLEGE
School of Nursing

STUDENT BLOODBORNE PATHOGEN RECORD

ATTACH COPY OF IMMUNIZATION RECORD HERE

STUDENT: _____

SS #: _____ PROGRAM: _____

HEPATITIS B VACCINATION RECORD

A copy of the medical report must be attached to this form for each date entered below. The student should retain the original copy of this medical report for future use.

Date of First Injection: _____ Physician's Signature _____

Date of Second Injection: _____ Physician's Signature _____
(30 days after first injection)

Date of Third Injection: _____ Physician's Signature _____
(Six months after first injection)

Date of Titer Level: _____ Physician's Signature _____
(Two months after last injection)

DECLINATION (Declining) FORM

I understand that due to my clinical exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been advised that I can be vaccinated with Hepatitis B vaccine, at my own expense. However, I decline the Hepatitis B vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

Student's Signature: _____ Date: _____

Program Manager's
Signature: _____ Date: _____



DAYTONA STATE COLLEGE

School of Nursing

ACKNOWLEDGEMENT AND CONSENT FOR RELEASE OF INFORMATION

This is to acknowledge that I have received a copy of the Student Nursing Handbook and I have read and understand the contents thereof. I hereby agree to abide by its regulations.

I understand that this form must be submitted to the classroom instructor during the first week of class.

I agree to have my personal, educational, health and background records released to professional organizations/health care agencies requesting that information.

I understand that the nursing department may be required to copy my personal information for professional organizations/health care agencies such as driver's license, social security card or additional documents to receive clearance for clinical placement.

I agree to have my social security number released, to the Florida Board of Nursing for application for licensure, as well as professional organizations/health care agencies.

I agree to have information regarding my attendance and performance released for financial aid purposes.

I understand that I may not participate in any nursing program until I have all my records on file in the nursing department (health, CPR, drug screen and background checks) and that these records must be kept updated, or I could be withdrawn from the program.

I understand that orientation to clinical facilities is mandatory. Absence for any reason will result in withdrawal from the course.

I understand that information that has been disclosed to me from the patient's privacy is protected by state and federal law. State law prohibits me from making any disclosure of medical information without the specific written consent of the person to whom such information pertains, or as otherwise permitted by federal, state or local law.

Changes may be made to departmental, division or college guidelines at any time. Should a change occur, students will be notified verbally and in writing as to what the change entails and the date it will take effect. Students will be given a copy of the change to keep for their records, and one to sign which will be included in their file.

SIGNATURE

PRINT NAME

DATE

Daytona State College
School of Nursing Physical Examination Form

Student Name _____ Month/Year admitted to program _____
Please print

1. TO BE COMPLETED BY PHYSICIAN/ARNP/PA (Please comment on condition)

EYES: _____
EARS: _____
NOSE: _____
MOUTH: _____
THROAT: _____
TEETH: _____
HEART: _____
LUNGS: _____
VARICOSE VEINS: _____
BLOOD PRESSURE _____

URINALYSIS
Specific gravity: _____
Sugar: _____
Albumin: _____

BLOOD
Hemoglobin: _____
Hematocrit: _____

HEIGHT _____ **WEIGHT** _____

2. IMMUNIZATIONS: (To be current) ATTENTION HEALTHCARE PROVIDERS.
NOTE: Personal history/RECORD of MMR is NOT acceptable. PROOF OF IMMUNITY IS REQUIRED (VIA TITER).

TETANUS: (Date) _____
(Recommend not to exceed 10 years since last booster)
Follow CDC criteria if unavailable.

TUBERCULOSIS (MANTOUX OR PPD)
(Must be within one year)
Date _____ Results _____
(If POSITIVE, Chest Radiology Report must be attached)

MMR: Date 1st injection _____
or titer results _____

Date 2nd injection _____
Date _____

If born 1957 or later without serologic evidence of immunity, two doses of vaccine four weeks apart are required. A booster may be considered without diagnosis of measles and mumps or laboratory evidence of immunity. A physician or healthcare staff is to interpret lab results. Students attach a copy of lab proof to form.

3. VARICELLA (Chickenpox)
NOTE: Personal history of Varicella is NOT acceptable. Proof of immunity is required (via titer or booster shot).

VARICELLA: Date 1st injection _____ Date 2nd injection _____
or titer results _____ Date _____

Two doses of vaccine given at least 28 days apart or history of varicella or herpes zoster based on physician diagnoses, laboratory evidence of immunity or laboratory confirmation of the disease. A physician or healthcare staff is to interpret lab results.

4. INFLUENZA: Date _____ One dose of influenza vaccine annually.

5. This applicant is in _____ physical and mental health and is / is not qualified to enter the Nursing Programs at Daytona State College.

6. Comment on any specific health problems which might interfere with the professional activities within the Nursing Programs such as: back or neck injuries, allergies, physical handicaps, drug idiosyncrasies, etc.

7. PHYSICIAN/ARNP/PA (please print) _____

Signature Date ****Office Stamp Required****

8. TO BE COMPLETED BY STUDENT:

PAST HEALTH HISTORY

What childhood diseases have you had?

Include dates:

Have you had any of these conditions?

Specify dates (If none, so state)

Arthritis _____
Poliomyelitis _____
Tuberculosis _____
Asthma _____
Rheumatic fever _____
Malignancies _____
Jaundice _____
Epilepsy _____
Diabetes _____
Back Injury _____

Any type of convulsions? Yes ___ No ___

If yes, explain: _____

Any allergies to foods or medications?

Yes ___ No ___

If yes, explain: _____

PRESENT HEALTH STATUS

Do you have frequent or severe headaches?

Yes ___ No ___

If yes, explain: _____

Are you taking any medications (drugs, over-the-counter and/or herbals) for a health problem? List Medications

Yes ___ No ___

If yes, explain: _____

Do you wear glasses/contacts? Yes ___ No ___

Do you have a hearing impairment?

Yes ___ No ___

If yes, explain: _____

If you have a physical disability, a physician's Release stating "No Restrictions" is mandatory.

Are you covered by health insurance?

Yes ___ No ___

Name of Company _____

Have you had frequent absences/lateness from school or work because of health problems?

Yes ___ No ___

If yes, explain: _____

PLEASE PRINT:

Student's Name _____

Address _____

Phone (include A/C) _____ (Cell) _____

Student's Signature _____ Date _____

This form must be submitted to your nursing instructor the first day of class and may not be dated later than one year prior to your entry into the nursing program.

Drug Test and Fingerprint Instructions

The total price is \$90 for both the fingerprints (which will provide us with your background check results) and the drug test. Go to: www.CertifiedBackground.com, then to "Place Order" & enter the package code:

DA68

You will then proceed to the CertifiedProfile. CertifiedProfile is a secure platform that allows you to order your drug test & fingerprints online. Enter your personal information and continue to create your account. Follow the prompts and then enter in your payment information. Once completed, you will see the following screen:

To-Do Lists

1 requirement

2 Active To-Do Lists 5 Incomplete/Rejected requirements 0 Overdue requirements

Drug Test

After completing your drug test, please allow 3-5 business days for your results to be uploaded into your account. When your results are available for viewing, a "view results" link will replace the percent complete status bar above. Completed results will be archived to the Drug Test folder in your Document Center.

Florida FDLE Fingerprints - Daon 4 requirements **Status: Incomplete**

Applicant will access our partner website to register to complete their fingerprint scan requirement. Results are returned to the School Administrator to determine Placement Eligibility.

Requirement	Type	Date Due	Status
1. Fingerprinting Instruction Form	File Download with Confirm Receipt		INCOMPLETE

Please download the fingerprinting instruction form. Click the link to download the form and then check the confirmation box. CertifiedProfile 01/24/2013 11:10:07 AM EST

Download File

Received

SUBMIT

Click on "Drug Test" then click on "Take Your Drug Test" and from here you click on "Download and Print". NOTE: The form is available to you within 24 hours after you create your Certified Profile. Print and take to Drug Testing Facility.

Click on "Florida FDLE Fingerprints – Daon" then click on "File Download with Confirm Receipt" then click on "Download File". This information will be used for Daon's Website.

Click on "Access Daon's Website" and then click on the web address link. This will take you to the fingerprinting website. Use the download file from above to enter in appropriate information. Create your account and enter in the necessary information.

PROGRAM – VECHS VOLUNTEER ORI – V64020008 REASON - VOLUNTEER

Please note: Payments are billed to CertifiedBackground.com. You do not pay anything directly to Daon including their facility.

Please print out your confirmation page and bring it with you to your fingerprinting appointment.

After you place your order through certified background, your drug test results will be posted directly to your CertifiedProfile account. You will be notified if there is any missing information needed in order to process your order. Your order will show as "In Process" until it has been completed in its entirety. Your fingerprint results are sent directly to the school from the Florida Department of Law Enforcement (FDLE).

**DAYTONA STATE COLLEGE
FLORIDA DEPARTMENT OF LAW ENFORCEMENT (FDLE) BACKGROUND CHECKS
NURSING ASSISTANT PROGRAMS**

Beginning in August 2003, applicants for Daytona State College's Certified Nursing Assistant Programs must be free of offenses that would disqualify one for employment in a health care or community health setting. This policy is the result of requirements by clinical agencies that must comply with state and federal regulations.

Each applicant must be screened through the Florida Department of Law Enforcement (FDLE) and the Abuse Registry and/or comparable checks from state(s) of prior residence.

Judgments of guilty or pleas of nolo contendere (no contest) to the following crimes will disqualify applicants from entering into the Certified Nursing Assistant Programs:

- Murder
- Manslaughter
- Vehicular homicide
- Killing of an unborn child by injury to the mother
- Assault, if the victim of the offense was a minor
- Aggravated assault
- Battery, if the victim of the offense was a minor
- Aggravated battery
- Kidnapping
- False imprisonment
- Sexual battery
- Prohibited acts of persons in familial or custody authority
- Prostitution
- Lewd and lascivious behavior
- Lewdness and indecent exposure
- Arson
- Theft, robbery, and related crimes if the offense is a felony
- Fraudulent sale of controlled substances, only if the offense was a felony
- Incest
- Abuse or neglect of a disabled adult or elderly person
- Exploitation of disabled adult or elderly person
- Aggravated child abuse
- Child abuse
- Negligent treatment of children
- Sexual performance by a child
- Obscene literature
- Drug offenses which were a felony, or if the offense involved a minor

IMPORTANT NOTICE: Pursuant to Section 456.0635, *Florida Statutes*, effective July 1, 2009, health care boards or the department shall refuse to issue a license, certificate or registration and shall refuse to admit a candidate for examination if the applicant has been:

1. Convicted or plead guilty or nolo contendere to a felony violation of: chapters 409, 817, or 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.C. ss 1395-1396, unless the sentence and any probation or pleas ended more than 15 years prior to the application.
2. Terminated for cause from Florida Medicaid Program (unless the applicant has been in good standing for the most recent five years).
3. Terminated for cause by any other State Medicaid Program or the Medicare Program (unless the termination was at least 20 years prior to the date of the application and the applicant has been in good standing with the program for the most recent five years).

For acceptance into the program the student must not have been found guilty, regardless of adjudication, of an offense that would disqualify the student under the same standard(s) set for employment as a CNA in a health care agency. Any student who has been found guilty of, regardless of adjudication, or entered a plea of nolo contendere, or guilty to, any offense under the provisions of Florida Statutes 435.03 or under a similar statute of another jurisdiction will be required to request an **Exemption from Disqualification** from **each** clinical agency the student is assigned.

Exemptions from Disqualification can only be granted through the Department of Health, CNA Registry, 40502 Bald Cypress Way Bin C13, Tallahassee, FL 32399, (850) 245-4567. This state agency performs this service presently as part of Statute s.59A-22-010. The law states that a period of 3 years must have passed without repeated offenses in order to clear disqualifications. In addition, one must meet any other requirement to be eligible for licensure by the State of Florida.

While enrolled in Daytona State College Certified Nursing Assistant Programs, the student is responsible for notifying the assistant chair of any arrests, regardless of adjudication, that occur after acceptance and during enrollment in the program. Failure to promptly notify the assistant chair shall be grounds for dismissal from the program.



VECHS WAIVER AGREEMENT AND STATEMENT
Volunteer & Employee Criminal History System (VECHS)
for Criminal History Record Checks
under the National Child Protection Act of 1993, as amended,
and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize Daytona State College (DSC) to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me has previously been requested by:

(Name and Address of Previous Qualified Entity) (Year of Request)

I ___ have *OR* ___ have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I ___ do *OR* ___ do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee Volunteer Contract/Vendor

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: Daytona State College

Address: 1200 West International Speedway Blvd., Daytona Beach, FL 32114

Telephone: (386) 506-3189 **Fax:** (386) 506-3300

FDLE Assigned Qualified Entity Number: V64020008
