



## NURSA 1105

# Certified Nursing Assistant Training Program

## Program Information

# and Registration Process packet

(Fall 2021)

**You MUST complete the online Certified Nursing Assistant advising video/quiz within 12 months of the Nurse Assistant Registration CLOSE date for which you are seeking registration.**

This *Registration Process* packet contains:

- Certified Nurse Assistant Career Overview
- Certified Nursing Assistant Training Program (CNATP) Information
  - Overview
  - Outcomes
  - Registration Requirements
    - General
    - Academic
    - Health
    - Background
  - *Health Care Worker Background Check* (Fillable Form for Typing in Information)
  - Registration

**Note:** Please see *current Health Requirements packet* for detailed information on when to begin completing health requirements, drug tests, criminal background checks (initiated during CNA student orientation, and **not** required prior to CNA course registration), and providing proof of medical insurance submission. Timing varies depending upon either entrance to or participation in the clinical component of the program. Funds paid to Edward Corporate Health or to a personal health care provider/ source, criminal background check companies, insurance companies, and online medical document managers, are not eligible for any sort of refund from College of DuPage.

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## **CERTIFIED NURSING ASSISTANT CAREER OVERVIEW**

### **Career Definition:**

Certified Nursing Assistant (CNA) is the *credential* earned after completion of an approved Certified Nursing Assistant Training Program (CNATP) course and passing the Illinois Department of Public Health (IDPH) Illinois Nurse Assistant Competency Exam (INACE). CNAs are members of the health care team and work under the supervision of registered nurses to provide basic bedside care such as eating, dressing and bathing.

### **Opportunities for Employment:**

According to The U.S Bureau of Labor Statistics (BLS) Occupational Outlook Handbook, May 2019, the median expected annual salary for the certified nurse assistant is \$29,640. Actual salaries may vary based on specialization within the field, location, and years of experience. The BLS anticipates employment of nurse assistants to grow 8 percent from 2019 through 2026 in response to increasing emphasis on rehabilitation, home health and the long-term care needs of a rapidly growing elderly population. CNAs work in skilled nursing facilities, hospitals and home health agencies.

### **Opportunities for Advancement:**

Graduates use their CNA certification as a springboard to other careers in health care, such as home-health aide certification, phlebotomy, or nursing. Successful completion of a CNA certificate program is a prerequisite for students who plan to apply for the College of DuPage Associate Degree Nursing (ADN) program.

### **Helpful Academic Skills or Experiences:**

High school courses in English, communications, science and math.

## **CERTIFIED NURSING ASSISTANT TRAINING PROGRAM OVERVIEW**

### **Program Overview: NURSA 1105 Nursing Assistant Training Program (6 credit hours)**

The Certified Nursing Assistant Training program is a one course, six credit hour program. The course is offered in both 8 and 16 week face-to-face formats and a hybrid (blended face-to-face and online) format. All formats meet the combination of theory and clinical hours required by law. Successful course completion requires time in a classroom and lab, at a clinical setting, and for practice and study at home.

Skills include all elements of personal care, vital sign measurement, body mechanics, safety precautions, residents' rights, infection control, communication and observation. Exploration of the healthcare needs of geriatric residents and people with dementia is included. CPR certification occurs during the course.

Upon successful completion of the program, graduates are eligible to take the Illinois Department of Public Health (IDPH) Nurse Assistant Competency Exam. After passing the exam, certification status appears on the Health Care Worker Registry <http://www.idph.state.il.us/nar/home.htm>. The IDPH Office of Health Regulations approved the College of DuPage Nursing Assistant Training Program.

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## Program Outcomes:

At the conclusion of the program, students should be able to:

- Function as a competent nurse assistant following guidelines established by the State of Illinois. Function effectively as a valued member of the health care team, meeting the needs of the health care consumer within the approved scope of practice allowed for a nurse assistant.
- Communicate in a manner appropriate for a nursing assistant as a member of the health care team. Effectively communicate the needs of the consumer and health care professional. Act as the patients'/residents' advocate using the communication skills taught within the program.
- Collect data necessary for the health care team to make informed decisions regarding the appropriate care plan for the health care consumer. Use skills appropriate for a CNA to communicate to the health care providers the needs of the consumer. Evaluate the consumer's responses to the care measures provided.
- Incorporate skills learned into the health care environment per the nursing care plan established for the health care consumer. Maintain at all times the consumer's rights, safety, and medical asepsis.
- Continue to learn beyond the program's goals and take their knowledge and training confidently into the health care community. Perform self-evaluation in order to ensure the highest level of quality care.

## **REGISTRATION REQUIREMENTS (General, Academic, Health & Background)**

The following are the **REGISTRATION REQUIREMENTS** for the Certified Nursing Assistant Training program. These requirements are a part of your **PROGRAM INFORMATION and REGISTRATION PROCESS PACKET**. The packet must be complete *before* a student may **REGISTER** for the course. Use this **Registration Requirements checklist** to assure completion of requirements listed in this packet.

### **GENERAL**

1. Attend a Certified Nursing Assistant Training Program Advising session. Watch the online version of the advising session with mandatory quiz questions available through a link on the CNA Home page. Completion of the online advising video quiz is recorded and names forwarded to the Registration department as proof of meeting the pre-enrollment requirement. Please allow three (3) business days for this process.
2. *First-time* College of DuPage students will need to complete the General Admission Application online and pay the \$20 non-refundable application fee.

*Once you have completed the college admission application, you will be a College of DuPage student! You will be in the student database and issued a student identification number and student email address. Please use your COD email (@dupage.edu) for ALL correspondence with COD employees.*

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## ACADEMIC

3. Complete the **reading competency requirement for the course.**\*

Due to the pandemic, the Reading pre-requisite is waived for Fall 2021 students. Prior to enrolling, students must self-assess their ability to read and comprehend the textbook:

Sorrentino, S. & Remmert, L. (2018). *Mosby's essentials for nursing assistants*, 6<sup>th</sup> ed. St. Louis, MO: Mosby.

NOTE: Testing Centers are located on main campus and regional centers.

**READING REQUIREMENT:** Complete the Reading Placement Test\* and score in Category One. Keep a copy of the test results for your records.

\*Students are **NOT** required to take the Reading Placement Test **if one** of the following has been accomplished:

1. College-level credit totaling 12 semester hours with at least a "C" average.
2. College certificate, Associate degree, BA/BS degree, Graduate degree.
3. 2.6 cumulative non-weighted GPA on a 4.0 scale, or equivalent, with a minimum of 7 high school semesters. Proof of GPA must be provided.\*
4. ACT composite score of 20 or higher. Proof of score must be provided.
5. SAT total score of 950 or higher. Proof of score must be provided. (NEW exam March 2016)
6. SAT verbal/critical reading score of 500. Proof of score must be provided. (OLD exam prior to March 2016)
7. TOEFL score of 550 paper/pencil, 213 computer-based or 79 Internet-based. Proof of score must be provided.
8. IELTS score of 6.5 or higher. Proof of score must be provided.
9. ACCUPLACER Reading test transferred from another institution with a minimum cut-off score. Official score record required.

\*Grade point average must be from a high school in the United States or a country with English as an official language. Special education and ESL/ELS coursework are not eligible. Students from more than one high school must submit transcripts from all high schools and GPA must be re-calculated

**IMPORTANT NOTE:** *If using college coursework to meet the reading academic requirement:*

- Submit the Prerequisite Evaluation Request form to the Records office in addition to your acceptable proof of meeting this prerequisite. For questions concerning prerequisites, please contact the Records office at (630) 942-3830 or [prereq@cod.edu](mailto:prereq@cod.edu). To submit online, click here: [Prerequisite Evaluation Request](#).
- Transcripts evaluated for transfer credit in the past may still need re-evaluation for this program's specific requirements. **When in doubt, fill it out!** The Degree Audit (accessible from myACCESS) will show what courses students have taken here at COD and those courses accepted for transfer credit.

Your COD **student number** and a **photo ID** are required for all tests.

Check this out for more information on testing times, appointments and costs:

(630) 942-2580

[www.cod.edu/testing](http://www.cod.edu/testing)

## HEALTH

4. The Health Requirements are necessary because students will be with actual patients in actual health care facilities. Completing the health requirements may take two to three weeks, depending on what you may already have done.

➤ **HEALTH REQUIREMENTS:**

Completion of all **Health Requirements**, including a chart review with *Edward Corporate Health* that confirms you have met the clinical placement requirements. You can use your **own Healthcare Provider** or choose **Edward Corporate Health (ECH)**. (You are encouraged to use your own healthcare provider so that you can use insurance. ECH does not accept insurance). You **must** read the [Health Requirements Packet](#) for all details. Please refer to the Health Requirements video link at <https://youtu.be/N7ZMZscZKyU> as well.

NOTE: If you have received or plan on receiving the COVID vaccine BEFORE the start of class, please e-mail [essexm@cod.edu](mailto:essexm@cod.edu) for details on testing and vaccine restrictions regarding the requirements below.

### Summary of Health Requirements:

(NOTE: You must have IGg immune titers for Hep B, MMR & Varicella. Proof of the vaccine series will **not** be acceptable).

- QuantiFERON TB Gold Blood Test: **Dated 8/1/20 or later.**
- Physical Exam – within the last year (please have your healthcare provider use the physical exam form found in the [Health Requirement packet](#)).
- TDAP vaccine
- Hepatitis B Immune IGg Titer (blood test)
- Varicella Immune IGg Titer (blood test)
- MMR – Measles (Rubeola), Mumps, Rubella Immune IGg Titer (blood test)
- Flu Vaccine: The current **2021-2022 Flu Vaccine (Fall and Spring Students Only)**

After you complete all the necessary health requirements above, you need to schedule an in-person **Chart Review** [appointment with Edward Corporate Health](#). Cost of Chart Review: \$30

➤ **Drug Test & Medical Document Manager:**

Order the following Package Code through [www.CastleBranch.com](http://www.CastleBranch.com).

Order Package Code: **CY64Fall one - (Order between 5/24/21-8/13/21)**

This code allows you to order & pay for the below 2 components at once (\$49.50 total):

1. **Drug Test** – Once you place the order & pay, please go to your “To Do List” in your Castle Branch account and print the “Chain of Custody” form. You will then need to go to the Quest Diagnostic Lab or LabCorp location listed on the bottom of the Chain of Custody form and take the 10-panel urine drug test. (If you take the drug test earlier than **5/24/21** you will need to re-pay and re-take the drug test, if your test results are dilute negative you will need to re-pay and re-take the drug test.)
  2. **Medical Document Manager** – **AFTER** you have completed your health requirements from above (Chart Review with Edward Corporate Health), you will upload to CastleBranch. The first document you should upload is the Edward Clearance form. Following that step, you will then upload all
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remaining items listed on your Medical Document Manager. This needs to be completed with everything “cleared” by **8/13/21**.

- a. **Health Insurance - Nursing Assistant students must have valid Medical Insurance while enrolled in the Certified Nursing Assistant Training program.** Students enrolled in at least 6 credit hours of classes may purchase student health insurance through [College of DuPage Student Health Insurance](#). Students must electronically submit a copy of their Medical Insurance card to their CastleBranch accounts prior to registering. (Please see the *Health Requirements packet* for details.)

## BACKGROUND CHECK

5. Students must undergo a *Health Care Worker Background Check* prior to the start of the CNA course. The proper criminal background check will occur approximately a week before the start of class (fully explained at the Nurse Assistant Advising Session and a detailed email will be sent as well). As a part of the background check, the form on page 7 must be **typed accurately** and submitted electronically through the online document manager prior to registering. (Please see the *Health Requirements packet* for details.)  
**IT IS VERY IMPORTANT THAT THE INFORMATION YOU TYPE ON THE IDPH *Health Care Worker Background Check* FORM MATCHES THE INFORMATION ON YOUR DRIVERS LICENSE OR STATE I.D.**

## REGISTRATION

6. Registration will occur after completing pre-enrollment requirements in steps 1 through 5 above. You will receive an email with registration details **after** all of the pre-enrollment requirements have been met.
  - Registration for NURSA 1105 is allowed until the posted registration deadline noted on the CNA Home Page or prior to the registration close date if all seats are filled.
  - Once the Registration department determines your eligibility and all requirements are complete, you will be eligible to register for the NURSA 1105 course.
  - When registering for a NURSA 1105 course, please search MyAccess by:  
**TERM:** Fall, Spring, or Summer  
**SUBJECT:** “Nursing Assistant”  
**COURSE #:** 1105  
**COURSE SESSIONS:** “16 week,” “First 8 week,” “Second 8 week,” OR “CUSTOM”

### PLEASE NOTE:

- Registration begins 90 days prior to the start of the course (OR when the college registration begins, whichever is later), due to the timing of the drug screen.
- Students must also acknowledging receipt of the [COD Health Science Programs POLICY FOR PROFESSIONAL CONDUCT](#) and are required to upload a signed copy through the online document manager.
- Please know that this CNA Registration Process packet contains registration essentials *only*. Details and clarification are provided at the required CNA Advising Session.

## ORIENTATION

7. Mandatory orientation sessions will be delivered by way of an online video along with a mandatory quiz. Details on accessing and completing the video and the quiz will be provided in the welcome email that will be sent to registered students approximately one week before the course starts.
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State of Illinois  
Illinois Department of Public Health

## Health Care Worker Background Check

### Authorization and Disclosure for Criminal History Records Information (CHRI) Check

I hereby authorize the Illinois Department of Public Health (the Department), the Department's designee, educational entities that train and/or test health care workers, staffing agencies, my current or potential employer, or a health care facility where I want to volunteer to initiate/request a CHRI check on me. I further authorize the Illinois State Police (ISP) and/or the Federal Bureau of Investigation (FBI) to release information and photographs relative to the existence or nonexistence of any criminal record, which it might have concerning me, to any initiator/requestor solely to determine my suitability for training or testing in a health care training program, employment, continued employment, or to work as a volunteer. I further authorize any entity that maintains criminal records and photographs relating to me, including but not limited to a local unit of government in any State, to release those records and photographs to the ISP, FBI, or the Department. I authorize the Department to provide any health care facility, training program or staffing agency, to which I have provided this authorization and disclosure form, a copy of my ISP CHRI and a determination of eligibility of the FBI CHRI. I certify that the ISP, FBI, any entity that maintains criminal records and photographs, the Department, and any of their employees or officers who furnish this information shall be held harmless from all liability, which may be incurred as a result of releasing such information. I further acknowledge that a educational entity or a health care employer shall not be liable for the failure to hire or retain me as an applicant, student, employee, or volunteer if I have been convicted of committing or attempting to commit one or more of the offenses stated in the Health Care Worker Background Check Act (225 ILCS 46/25).

I understand that any false statements or deliberate omissions on this document may be grounds for disqualification from employment, training, or volunteering, if discovered after employment, training, or volunteering begins, and can result in discipline up to and including my termination of employment, being a volunteer, or a student.

I understand that the information requested below regarding gender, race, height, eye color, hair color, weight, place of birth and date of birth is for the sole purpose of identification and the accurate gathering of the criminal history record information, and that it will not be used to discriminate against me in violation of the law. I understand that the provision of my Social Security number is required by law. A facsimile or photographic copy of this authorization will be as valid as the original.

First Name \_\_\_\_\_ Full Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Other Names Used \_\_\_\_\_ Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

States Where You Have Lived? \_\_\_\_\_

Male  Female Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

(Enter a letter from below)

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Place of Birth \_\_\_\_\_

- Race
- A** Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or any other Pacific Islander.
  - B** Black or African American (Not Hispanic or Latino)
  - H** Hispanic or Latino (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin)
  - I** American Indian, Eskimo, or Alaskan native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition.
  - U** Of undeterminable race. Of Untold mixture.
  - W** Caucasian (not Hispanic or Latino)

Have you ever had an administrative finding of Abuse, Neglect or Theft?  Yes  No If "Yes," give full details and state. Continue on back if more space is needed.

Have you ever been convicted of a criminal offense other than a minor traffic violation (do not include convictions that have been expunged, sealed or adjudicated delinquent)?  Yes  No If "Yes," give full details of each offense and the state in which convicted. Continue on back if more space is needed.

I certify that the above is true and correct and give my consent for my name to appear on Department's Health Care Worker Registry with the results of my criminal history records check.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

As the parent or guardian of the above named individual, who is younger than the age of 17, I give my consent for this named individual to have a criminal history records check.

\_\_\_\_\_  
(Signature of Parent or Guardian when applicable)

\_\_\_\_\_  
(Date)

**Health Care Worker Registry, 525 W. Jefferson St., Springfield, IL 62761 Phone: 217-785-5133**

**\*\*\* ALL FIELDS MUST BE COMPLETED OR APPLICATION WILL NOT BE PROCESSED\*\*\***