

NorthWest Arkansas Community College

Health Professions Division

CNA and PCA class application

AHSC 1213 CERTIFIED NURSE ASSISTANT and AHSC 1223 PATIENT CARE ASSISTANT

(Revised 2/2017)

You must be a current student at NWACC to register for the CNA and PCA classes, if you are not, you will need to submit an Application for Admissions to NWACC before you can register for classes.

Classes are offered Fall, Spring, and Summer
Applications are due one week prior to semester beginning

The CNA and PCA classes are locked for registration and require the attached application and CastleBranch account set up with the following completed: background check, 10 panel drug screen, and documentation of specific immunizations to be complete before being unlocked for registration.

CNA also requires specific placement test scores or equivalencies.

Placement score requirement for CNA (one of the following must be met):

- 19+ on the reading portion of ACT
 - 83+ on the reading portion of the Compass placement test
 - 78+ on the reading portion of the Accuplacer placement test
- OR**
- Completion of READ 0033 or ENGA 0033 College Reading with a C or better
- OR**
- Successful completion of at least one semester with college level courses with grade of C or better

Students can register for only PCA if they complete the requirements listed above and can show proof of previous CNA training.

Instructions to set up the background check, 10 panel drug screen, and upload immunizations through CastleBranch:

CastleBranch Account Setup:

- Go to <https://portal.castlebranch.com/NB10>
- Select "Place Order",
- Select "Please Select", choose Nursing (not CNA/PCA) from the drop down options,
- Choose Package Code NA00.

Estimated cost for this account will be approximately \$120.00 – paid by the student on the CastleBranch website. This account is a lifetime account. Students must provide CastleBranch with all the required information themselves. There is a scanner available in the student computer lab on the 1st floor of Burns Hall if needed. The CNA/PCA program will have access to your information, you do not need to

turn in any of the required information to Leanna Bingaman or the Nursing office. **Please follow the specific instructions on CastleBranch.**

You will need to upload documentation of the following to CastleBranch:

Measles, Mumps & Rubella (MMR)

- There must be documentation of one of the following:
 - 2 vaccinations
 - Positive antibody titers for all 3 components (lab reports required)

Varicella (Chicken Pox)

- There must be documentation of one of the following:
 - 2 vaccinations
 - Positive antibody titer (lab report required)
 - Medically documented history of disease by **date, signed by health care provider.**

TB Skin Test (2 Step), T-Spot or neg. Chest X-Ray

- There must be documentation of one of the following:
 - Annual 1 step test, plus a second TB skin test within the last year or a T-Spot blood test.
 - If the results are positive a clear Chest X-Ray (with lab report) is required

Hepatitis B

- There must be documentation of one of the following:
 - 3 vaccinations, series either begun or completed
 - Positive antibody titer (lab report required)
 - Signed declination waiver

Tdap

- Vaccination within the last 10 years

CPR Certification

CPR is not required for C.N.A. class. American Heart CPR (Healthcare Provider) will be completed the first week of PCA class.

Health Insurance

Health insurance is not required for the C.N.A. or PCA student.

I NEED HELP!!!

If you need assistance or for questions, please contact Leanna Bingaman, RN, 479-986-6790 or e-mail her at lbingaman@nwacc.edu

Students will not be allowed to register in the courses until the application has been turned into Leanna Bingaman or the Nursing Secretary's Office AND the CastleBranch information is complete. Once these requirements are completed with a clear background check and drug screen, and there is available seating the class will be unlocked so the student can register for the class.

It is still the responsibility of the student to register for the class. If the class is full most of these completed items will carry over to the next semester. You may make an appointment with Leanna Bingaman, RN, to clarify this information and fill out a new application. Leanna Bingaman, RN is the primary instructor at 986-6790 or lbingaman@nwacc.edu.

Tuition and Fees for CNA/PCA classes (subject to change)

CNA and PCA are each 3-credit hour courses.

In District Residents	\$75.00 per credit hour
Out of District Residents	\$122.50 per credit hour
Out of State/International* Students	\$175.00 per credit hour

* A \$15.00 per Credit Hour International Fee also Applies

Administrative Fees - estimated

NWACC admission application fee (if 1 st time to enroll)	\$20.00
Re-admission application fee	\$10.00
Learning Support fee	\$10.00 per credit hour
Technology fee	\$12.25 per credit hour
Security Fee	\$2.00 per credit hour
Library Resource Fee	\$2.00 per credit hour
Facility Maintenance Fee	\$2.00 per credit hour
Infrastructure fee (per semester)	\$55.00 (F, Sp) or \$22.50 (Sum)

Other Fees- estimated

Books	\$114.00
Uniform	\$36-\$50
CertifiedBackground.com (includes background check, drug testing and immunization tracking)	\$107.00
Immunizations & Titer costs (estimate)	\$10 to \$379.00
State Testing Fee for the state certification (C.N.A.)	\$90

NorthWest Arkansas Community College
Certified Nurse Assistant and/or Patient Care Assistant
Application

CertifiedBG: _____
Placement test: ____/____
Sig forms: _____
Unblocked _____

Semester: _____
Preferred Class days/times:

Circle desired class/classes – CNA PCA

Date: _____ **Student ID** _____

Name _____
(First) (Middle) (Last)

Address _____

City

State

Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Are you currently enrolled at NWACC? Please circle YES or NO
(If not, please contact the Enrollment Support at 479-986-4000 for admission requirements.)

Do you plan on becoming certified as a nurse assistant? Yes / No

Do you have any previous healthcare training? Yes / No

If yes. Please briefly describe your training?

Are you aware that you will not be allowed to become State Certified if you have been convicted of certain felonies? Please circle YES or NO

Is there anything in your background that might cause you to be ineligible for Arkansas certification, such as a conviction of a crime (including expunged cases) or suspension/revocation of a license or certification? Yes or No

NORTHWEST ARKANSAS COMMUNITY COLLEGE
HEPATITIS VACCINE FORM

RELEASE FROM LIABILITY

1. I acknowledge that I have received information concerning the hepatitis vaccination and possible adverse consequences which result should I not be vaccinated, including hepatitis B virus by reason of increased exposure thereto in connection with my clinical experiences. I also understand that this will not prevent me from contracting other types of hepatitis, i.e. Hepatitis A, Hepatitis C, and other types of hepatitis.
2. I have received information that this vaccination is not guaranteed to prevent the occurrence of any malady, including that for which I am being vaccinated and that possible adverse side effects to said vaccination may occur.
3. I have received information that this vaccination is not recommended for pregnant females, for mothers who are breast-feeding, for persons with a fever or active infection, and for persons who are allergic to Thimerosal or yeast.
4. For myself, my heirs and assignee(s), I hereby release and discharge NorthWest Arkansas Community College, its agents and employees, the members of its Board, and its liability insurance carrier from any and all liability resulting from an in any way connected with my decision not to receive the vaccination herein above described.
5. I acknowledge that I have read this document in its entirety and I understand it.
6. I acknowledge that it is my responsibility to seek further information from my physician should I have questions about the hepatitis vaccine.

Indicate below your hepatitis B vaccine status or intent.

_____ I do not wish to receive the vaccine.

Student Name (Print)

Student Signature

Date

NORTHWEST ARKANSAS COMMUNITY COLLEGE

I UNDERSTAND FORM

C.N.A. Class

I understand that in addition to the required 74 hours in class, there are 24 hours of clinical required. I understand that it is my responsibility to arrange transportation and be at the clinical site on time. Clinical hours are from 6:30 AM - 2:30 PM and clinicals are held on **Fridays** and **Saturdays**. I understand that failure to meet these required hours will result in failure of the course and I will be ineligible to receive a certificate of completion of training.

PCA Class

I understand there are 74 required class hours with an additional 24 clinical hours for the PCA class. Clinical hours are from 6:30 AM - 2:30 PM and clinicals are held on **Fridays** and **Saturdays**. Again, missing class or any of the required clinical hours could result in failure to obtain a certificate of completion of training.

Be advised that if offenses are reported on your background check, you might be prevented from completing the clinical portion of these courses. Failure to fulfill clinical objectives will result in failure of the course(s).

I attest that I have read and understand the application instructions and acknowledge that I am eligible to apply. My signature verifies that the information I have provided is complete and correct. I understand that any false information will result in my being disqualified for admission or will be grounds for dismissal from the classes. I understand that my acceptance is contingent upon a clear criminal background check.

By signing this paper I am stating that I understand there is a required clinical component in addition to classroom time for the Certified Nurse Assistant Class and/or Patient Care Assistant Class.

Student Name Printed _____ Date _____

Student Signature _____ Date _____

Turn this signed paper in with your application.