



WESTERN COLORADO
COMMUNITY COLLEGE
A Division of Colorado Mesa University

Nurse Aide

January 11, 2016 – February 11, 2016
5:00 -9:00 P.M., Monday-Thursday

Clinicals **
February 15 – 17, 2016
7:00 A.M.–3:00 P.M. or 6:00 A.M.-2:00 P.M.

March 21, 2016 – April 21, 2016
5:00 -9:00 P.M., Monday-Thursday

Clinicals **
April 25 – April 27, 2016
7:00 A.M.–3:00 P.M. or 6:00 A.M.-2:00 P.M.

OR

May 16, 2016 – June 16, 2016
5:00 -9:00 P.M., Monday-Thursday

Clinicals **
June 20-June 22, 2016
7:00 A.M.–3:00 P.M. or 6:00 A.M.-2:00 P.M.

September 12 - October 13, 2016
5:00 - 9:00 PM * Monday-Thursday

Clinicals
October 18 - 20, 2016
7:00 AM-3:00 PM or 6:00 AM-2:00 PM



We reserve the right to cancel any class due to insufficient enrollment.

****All clinical dates may vary according to site and instructor availability**



ABOUT THE NURSE AIDE PROGRAM

The Nurse Aide program prepares the student for employment as a nurse aide in hospitals, skilled care, home health, and hospice facilities. Basic nursing and personal care skills, legal and ethical issues for nurse aides, restorative services and recognition of the emotional, social, cultural and individual rights of patients are all competencies that will be covered in the coursework. Students will then practice these skills in the college lab and an assigned clinical setting.

All students are eligible to apply. Enrollment in the clinical course is contingent upon the student passing a criminal background investigation.

The Nurse Aide courses fulfill the educational requirements for students to take the Certified Nurse Assistant's (CNA) Exam.

The Nurse Aide program is taught at Western Colorado Community College.

Nurse Aide Course Descriptions

NURA 101 Nurse Aide Healthcare Skills

(4 Credits)

This course covers the fundamental skills of the nurse aide. Basic nursing skills, communication skills, restorative services, personal care skills, safety and emergency care are covered as well as knowledge and/or principles of asepsis, OSHA and HIPAA regulations. Ethical behaviors, cultural sensitivity, principles of mental health, patient/resident rights are addressed.

NURA 170 Nurse Aide Clinical Experience

(1 Credit)

This course applies knowledge and skills gained in NURA 101 to patient care. Students gain knowledge and skills needed to function independently within the nurse aide scope of practice. Students apply the skills needed to perform as a nurse aide in the health care setting. Enhanced communication, cultural competency, end of life care, critical thinking and organizational skills are emphasized.

**To schedule an advising appointment contact
Sandra Menke, Student Services Advisor
smenke@coloradomesa.edu
(970) 255-2808**



APPLICATION PROCESS and PROGRAM ADMISSION PROCEDURES

_____ 1. **Apply to Western Colorado Community College** either on-line at www.coloradomesa.edu or through the Student Services Office at WCCC declaring Nurse Aide as area of emphasis. Submit application to: Western Colorado Community College, 2508 Blichmann Ave., Grand Junction, CO 81505.

(Important** All the following steps must be completed, and all documents must be submitted together before you can be registered for a class**)**

_____ 2. **A Copy of Appropriate CPR Certification – ***Important*** Your CPR Certification must be Basic Life Support (BLS) for the Healthcare Provider (AHA)**. Submit this along with the Nurse Aide Application. See Student Service Advisor for more information if necessary.

_____ 3. **Complete a Background Check request online at American DataBank –**
<http://www.wcccbackground.com>

_____ 4. **Completed the Nurse Aid Application and the Health Examination Form** - (see pages 4-8). Page 6 must be filled out by the student and page 7 must be filled out by your health care provider.

_____ 5. **Completed Proof of all listed Immunization** – Including Measles/Mumps/Rubella, Tetanus, Chicken Pox (Varicella), Hepatitis B (this is a series and you will want to begin this soon), as well as a current 2-Step TB skin test (must be within one year, see page 8). You MUST ATTACH written proof of your vaccinations.

_____ 6. **Complete Proof of Professional Liability Insurance** - If you wish you may apply for insurance through the National Professional Group as a student nurse. The website is <http://www.nso.com>. Should you choose to go through a different company, the policy must be comprehensive general liability insurance covering bodily injury and property damage liability with minimum coverage limits of \$1,000,000 per occurrence/\$2,000,000 general total limit, and medical professional liability insurance with minimum coverage limits of \$1,000,000 per claim/\$3,000,000 annual aggregate.

(Any student receiving a varicella vaccination should do so at least one month before beginning Nurse Aide classes. Students should not attend clinical rotations for 30 days after a varicella vaccination due to the rare possibility of contracting varicella after the immunization and exposing patients and faculty at clinical.)

Return all materials to:
Sandra Menke, Student Services Advisor
2508 Blichmann Avenue
Grand Junction, CO 81505
smenke@coloradomesa.edu
(970) 255-2670

Nurse Aide Program Fee Schedule

Matriculation Fee (if applicable)	\$ 125
In-State Tuition and Fees (approximate)	\$1200
Textbook (available at CMU Bookstore) (approximate)	\$ 100

Supplies/Uniforms (approximate) <i>May be purchased at Uniform Junction 256-1600</i>	
Watch w/Second Hand	\$ 20
Shoes - White closed toe, no holes in shoes	\$ 50

Other (Paid to American DataBank online at http://www.wccbackground.com)	
Background Check payment is not refundable)	\$ 21

Professional Liability Insurance (may be purchased at www.nso.com)	\$ 40
Colorado Nurse Aide Certification Test	\$ 123
Total Estimated Cost	\$1679

Costs are approximate and subject to change



Nurse Aide Application

2508 Blichmann Ave.
Grand Junction, CO 81505
(970) 255-2600
www.coloradomesa.edu/wccc

Date _____

Submit application along with all required paperwork to **Sandra Menke, WCCC, 2508 Blichmann Avenue, Grand Junction, CO 81505. Or fax to (970) 255-2650.**

Contact Information:

Full legal name _____
Last First Middle Initial Maiden Name

Date of Birth ____/____/____ CMU ID number _____

Permanent home address: _____
City, State, Zip

Present mailing address: _____
(if different from above) City, State, Zip

Email address (please print clearly): _____

Phone number with area code: () _____ Cell: () _____

Are you a current WCCC/CMU student? Yes No

Is this the first time you have applied to the Colorado Mesa University Nurse Aide program? Yes No

Are you an EMT?

10/22/2013

Employment Experience:

Dates employed		Name and location where employed	Duties (briefly)
From	To		

Healthcare Experience:

From	To	Any other healthcare experience not previously defined	Duties (briefly)

Acceptance into this program is contingent upon receipt of the completed application and required documents.

I certify that all the information stated on this application form is accurate and complete. Concealment of facts or false statements may result in dismissal from the program.

Applicant Signature

Date

Western Colorado Community College Nurse Aide Program



Health Examination Form

Name _____ Date _____
Last *First* *Middle* *(Maiden)*

Local Address _____

Birthdate _____ MSC ID # _____

Notify in case of emergency:

<i>Name</i>	<i>Address</i>	<i>Telephone Number</i>
_____	_____	_____
_____	_____	_____

Personal History (to be completed by student):

Allergies (please specify):

	Yes	No
Drugs _____	<input type="checkbox"/>	<input type="checkbox"/>
Foods _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Communicable Diseases:

	Yes	No
Scarlet fever _____	<input type="checkbox"/>	<input type="checkbox"/>
Chicken pox _____	<input type="checkbox"/>	<input type="checkbox"/>
Malaria _____	<input type="checkbox"/>	<input type="checkbox"/>
Mononucleosis _____	<input type="checkbox"/>	<input type="checkbox"/>

Surgery (please list):

	Date
_____	_____
_____	_____
_____	_____
_____	_____

Accidents (please list):

	Date
_____	_____
_____	_____
_____	_____
_____	_____

Health Problems:

	Yes	No
Eye problems	<input type="checkbox"/>	<input type="checkbox"/>
Ear, nose, throat trouble	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent headache	<input type="checkbox"/>	<input type="checkbox"/>
Head injury w/unconsciousness	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Chest, pain/pressure	<input type="checkbox"/>	<input type="checkbox"/>
Chronic cough	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic fever/heart murmur	<input type="checkbox"/>	<input type="checkbox"/>
Problems with muscles and joints	<input type="checkbox"/>	<input type="checkbox"/>
Back problems	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Stomach or intestinal problems	<input type="checkbox"/>	<input type="checkbox"/>
Gallbladder problems	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>
Weakness, paralysis	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric problems	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis, A, B, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

(The college encourages students to obtain a vaccination for bacterial meningitis.)

Student Signature _____ Date _____

Health Exam (to be completed by physician or certified nurse practitioner):

Height _____ Blood Pressure _____
Weight _____ Pulse _____
Visual Status, with correction:
L = 20/ _____ R = 20/ _____
Hearing Status:
Normal _____ Deficits _____

Review of Systems (please check):

	Normal	Abnormal	Comments, if abnormal
1. Head, neck	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Heart	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Genitourinary	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Neurological	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

Immunization Record (required):

Negative **two-step** tuberculin test or negative chest x-ray **within last year**.
Date _____ Result _____

Diphtheria/Tetanus **within past 10 years**.

Yes Date _____
No

Please **attach** proof of two MMR immunizations (if you were born before 1957, provide proof of a positive rubella laboratory titer):
_____ Measles (red/rubeola), Mumps and Rubella (initial immunization received on or after 1st birthday)

and _____ Measles (a second immunization of rubeola/red measles)

or _____ Physician-diagnosed measles **and** rubella

or _____ Positive laboratory titer for measles **and** rubella

or _____ Birth date of 1957 or earlier, rubella immunity only (requires documentation of a positive rubella laboratory titer)

Please check below activity you recommend:

_____ All forms of physical activity
_____ Activity restrictions. Please comment: _____

Summary of general health status:

Date _____ Signature _____

Examining Health Professional

Address: _____



Nurse Aide Program

Vaccination Program for Hepatitis B

Health care personnel are at risk of acquiring Hepatitis B in direct relation to their degree of exposure to blood and blood products and to the degree of their exposure to patients with Hepatitis B. Western Colorado Community College requires this vaccination for Nurse Aide students.

Schedule of Immunization

_____ Shot #1 _____ Shot #2 _____ Shot #3

_____ Program CNA
Please print student name

Student signature

Signature of health care provider who administers the vaccination _____
Date