Upcoming Class Options:

**Fall 2023**
October 30- December 7 (5 weeks total)
Weeks 1-4 are Monday- Thursday, 4:30-8:30pm
Week 5 Clinical Experience, Days and Times will vary

**Spring 2024**
January 22- February 25 (5 weeks total)
Weeks 1-4 are Monday- Thursday, 4:30-8:30pm
Week 5 Clinical Experience, Days and Times will vary

February 26- April 7 (5 weeks total)
Weeks 1-4 are Monday- Thursday, 4:30-8:30pm
No classes March 18-22 (Spring Break)
Week 5 Clinical Experience, Days and Times will vary

April 8-May 12 (5 weeks total)
Weeks 1-4 are Monday- Thursday, 4:30-8:30pm
Week 5 Clinical Experience, Days and Times will vary

*ALL Nurse Aide classes are held at the Allied Health classroom building on CMU Tech campus, 2501 Blichmann Avenue*

<table>
<thead>
<tr>
<th>Last, First, MI (please print legibly)</th>
<th>CMU Student I.D.- 700 #</th>
<th>Date</th>
<th>Class Option from Above</th>
</tr>
</thead>
</table>

Colorado Mesa University Tech- Nurse Aide Program
Allied Health Building
2501 Blichmann Avenue, Room 105
Grand Junction, CO 81505
(970) 255-2616
Revised 9/26/2023
NOTE: Current Colorado Mesa University (CMU) and CMU Tech college students please disregard this checkbox and move to the next one.

New students, Create an Account and complete the CMU Tech Application for Admission at: https://go.coloradomesa.edu/apply/. On the application for admission, you should select Nurse Aide (Technical Certificate) as your major.

- Request an official copy of high school transcripts, or G.E.D. scores, and request official college transcripts from all previous colleges attended and have them sent from that school directly to CMU. If the school is sending the transcripts via email, have them sent to admissionsprocessing@coloradomesa.edu
- If you are a resident of the state of Colorado, apply for the College Opportunity Fund here: https://www.coloradomesa.edu/cof/index.html

Complete a background check online at http://wcccbackground.com/. Follow the numbered steps. After you create your login and get started, you will enter the following Identifying Information - Institution: Western Colorado Community College, Campus: Grand Junction, Program: C.N.A., Classes: College Adult Class. Select Grand Junction C.N.A. Package for $21.00 ($7.50 processing fee is added to this later). Depending on how many states you have lived in the last 7 years or if you have any aliases (maiden name, other name change, etc.) this amount can increase. Results will be sent directly to the school’s C.N.A. instructors, and you can opt for it to be emailed to you as well.

Complete Nurse Aide Program Application page including your CMU student i.d. number (700#) that will be issued upon acceptance to the school.

Complete the Student Attestation of Competence form.

Have a healthcare provider complete the Physical and Professional Capacity Assessment Form no earlier than 90 days prior to the start of class.

2 separate TB skin tests are required from a healthcare provider within the last year and must be completed at least 1 to 3 weeks apart. At minimum, the first TB test and results reading must be completed before you can be given permission to register for these classes. Acceptable in place of the 2 skin tests, is a TB blood test.

Submit ALL the following documents together to karbogast@coloradomesa.edu for the evening classes, to cthomas2@coloradomesa.edu for morning/daytime classes, or to the to the CMU Tech Student Services Office in Building B (*send ALL items at one time, *retain a copy for your records):

- Nurse Aide Program Application page, including 700#
- Student Attestation of Competence form
- Physical and Professional Capacity Assessment form
- Results of your first TB skin test, or TB blood test results

*After review of the completed information above, you will be given permission to register in both NURA 101 and NURA 170 (both classes are required, no exceptions) and notified by a Nurse Aide administrator or instructor that you may now register yourself in these classes.

AFTER the start of classes, your instructor will direct you on obtaining/completing the following requirements:

- Liability Waiver
- Personal Professional Liability Insurance (approximately $42 + tax)
- Second TB skin test completion and submission prior to clinical experience
- Flu Shot from the correct season if necessary
- National Nurse Aide Assessment Program certification exam (approximately $135)
Additional Information

Estimated Academic Program Expenses

<table>
<thead>
<tr>
<th>Tuition, Course Fees, &amp; Student Fees</th>
<th>Varies depending on in-state or out-of-state tuition classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Textbook</td>
<td>up to $50</td>
</tr>
<tr>
<td>Workbook</td>
<td>$18</td>
</tr>
<tr>
<td>Background Check</td>
<td>$28.50</td>
</tr>
<tr>
<td>Professional Liability Insurance</td>
<td>$42+</td>
</tr>
</tbody>
</table>

*Information on cost of Certification Exam below
*All costs are approximate and may vary by retailer and semester

There are usually multiple start dates for this program each semester. Your classes will typically be completed in only 5 weeks. Please refer to the secondary application cover for exact dates of classes. After the end of the class and clinical experience, you will need to register for and take your National Nurse Aide Assessment Program (NNAAP) Certification exam (approximately $135 as of 2023) to become a certified C.N.A who can practice in the field. Your instructor will review more information on this during your classes.

All students will take the same section of NURA 101 and NURA 170 and must pass both courses with a C grade or better.

*Students MUST be 16 years old by the start of the NURA 101 course, no exceptions.

In-person classes are held at the Allied Health classroom building on the CMU Tech campus at 2501 Blichmann Avenue, Grand Junction, CO, 81505. These classes are NOT offered online.

For questions on the program or this secondary application contact any of the following:

Daytime Class Instructor:
Cindy Thomas
cthomas2@coloradomesa.edu

Evening Class Instructor:
Kathi Arbogast
karbogast@coloradomesa.edu

C.N.A. Instructors Office (970) 255-2616

CMU Tech Student Services at (970) 255-2600
Nurse Aide Program Application

Class Option Preference- (select one from cover page and write dates here): ________________________________

Today’s Date: _____/_____/_______

Full Legal Name: ______________________________________________________________________________

Last   First   Middle Initial

Date of Birth: _____/_____/_______

CMU I.D. (700#): ________________________________

Permanent Home Address: __________________________________________

Address   City, State, Zip

Current Mailing Address (if different than above): _________________________________________________

Address   City, State, Zip

CMU email address: ________________________________@mavs.coloradomesa.edu

Cell #: ________________________________  Alternate #: ________________________________

Do you intend on pursuing Nursing, PA, OT, or PT at CMU when Nurse Aide is completed?  YES  NO

Do you have any previous healthcare experience?  YES  NO  If yes, please explain: __________________________

______________________________________________________________________________________________

Briefly describe why you want to be an C.N.A.:

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________
Applicant must complete this attestation form as required for admission to the CMU Tech Nurse Aide Program. Failure to complete the form will result in forfeiture of placement in the program.

The applicant must affirm, by initialing and signing, that they understand a student must be able to perform the listed essential fundamental duties with or without reasonable accommodation to participate in the clinical/lab courses for the Nurse Aide program.

Professional Competencies

1. Must demonstrate critical thinking and exercise good judgement in the classroom and clinical environment.

2. Demonstrate self-regulation and commitment to professional behavior.

3. Must collaborate professionally with all members of the health care team and academic community.

Physical Duties

1. Strength: must lift, push, pull; sufficient to move and carry equipment, transfer patients, and perform CPR.

2. Mobility: must ambulate, bend, stoop, reach, and stand for long periods of time; coordination and balance sufficient to assist patients within confined spaces.

3. Fine motor skills: perform skilled procedures as directed and manipulate accessory equipment (example: tubes, gurneys, manikins, specialty equipment/devices).

4. Speech: must be able to communicate clearly and effectively.

5. Vision: must have sufficient vision (with or without correction) to perform required duties.

6. Hearing: must have sufficient hearing (with or without hearing devices) to perform required duties.

If you will need a reasonable accommodation to perform any of the above listed fundamental duties, contact the appropriate instructor for your class of choice: Daytime Instructor-Cindy Thomas cthomas2@coloradomesa.edu or Evening Instructor-Kathi Arbogast karbogast@coloradomesa.edu.

Student Signature: ________________________________ Date: ________________________

Student’s Printed Name: ________________________________
**Physical and Professional Capacity Assessment Form**

*To be completed by healthcare provider who must reference all fundamental duties listed on the Student Attestation of Competence Form*

This *Physical and Professional Capacity Assessment* is to be completed by a Healthcare Provider and is *not* the same as your annual exam. This assessment is very specific to your abilities to perform as a CMU Tech Nurse Aide student and to assess if you can meet the requirements listed on the *Student Attestation of Competence form*. This initial assessment is required prior to the start of your Nurse Aide classes. The assessment must be completed *no earlier than* 90 days prior to the start of class.

<table>
<thead>
<tr>
<th>Student Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMU ID (700#): DOB: Start Date of Class for Program Admitted:</td>
</tr>
</tbody>
</table>

**TO BE COMPLETED BY HEALTHCARE PROVIDER**

I have verified that the individual examined is the named individual on this form. I find that this individual (please initial all that apply):

- [ ] _____ is able to meet his/her/their clinical/lab obligations *without* reasonable accommodation.
- [ ] _____ is able to meet his/her/their clinical/lab obligations *WITH* reasonable accommodation.

Elaborate on substantial limitations of major life activities (if any)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date of exam: ___________________ Signature of Healthcare Provider: ___________________

Printed name of Healthcare Provider: ___________________________

Name of Facility: ___________________________

Phone Number: ___________________________