



Nurse Aide Application Packet

Upcoming Class Options:

Spring 2027

January 25 - April 9 (11 weeks total)

Classes are Monday, Wednesday, Friday 12-2 pm

January 25 - February 26 (5 weeks total)

Weeks 1-4 are Monday-Thursday, 4:30-8:30 pm

Week 5 Clinical Experience, Days and Times will vary

March 1 - April 9 (5 weeks total)

Weeks 1-4 are Monday-Thursday, 4:30-8:30 pm

No classes March 22nd-26th (Spring Break)

Week 5 Clinical Experience, Days and Times will vary

April 12 - May 14 (5 weeks total)

Weeks 1-4 are Monday-Thursday, 4:30-8:30 pm

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

Last, First, MI (please print legibly)

CMU Student I.D.- 700 #

Date

Class Option from Above

Colorado Mesa University Tech- Nurse Aide Program
Allied Health Building
2501 Blichmann Avenue, Room 105
Grand Junction, CO 81505
(970) 255-2616
Revised 9/25/24



Nurse Aide Application Checklist

- ☐ **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://cmutechbackground.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 id 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.
- ☐ **Certificate of Professional Liability Insurance** – You may apply for insurance through the National Professional Group as a Nurse Aide Student. 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. This is required for all students older than 18 years.
- ☐ Submit ALL the following documents **together** to skrizman@coloradomesa.edu for the evening classes, to cthomas2@coloradomesa.edu for morning/daytime classes, or 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
 - Certificate of Professional Liability Insurance

*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*:
- 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

Tuition, Course Fees, & Student Fees	Varies depending on in-state or out-of-state tuition classification
Textbook	up to \$90
Background Check	\$28.50
Professional Liability Insurance	\$42+

*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 \$145 as of 2026**) 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

Office (970) 255-2616

Evening Class Instructor:

Stacy Krizman

skrizman@coloradomesa.edu

Cell 970-208-2345

CMU Tech Student Services at (970) 255-2600

Montrose Evening Class Instructor:

Kathi Arbogast, BSN, RN

karbogast@coloradomesa.edu

Office (970) 640-2447

CMU Tech Student Services at (970) 255-2600



TECH

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.:



Student Attestation of Competence

***To be completed by the student**

Applicants 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-Stacy Krizman skrizman@coloradomesa.edu.

Student Signature: _____ Date: _____

Student's Printed Name: _____



TECH

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.

Student Name:		
CMU ID (700#):	DOB:	Start Date of Class for Program Admitted:
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 <u>without</u> reasonable accommodation. _____ is able to meet his/her/their clinical/lab obligations <u>WITH</u> 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: _____		