Nurse Aide

2020 SUMMER CLASSES:

May 26, 2020 – June 27, 2020 (5 Weeks)*
4 Weeks Evening Classes 5/26 - 6/18: 4:30-8:30PM Mon-Thurs (Fridays off)
Final Week Practical Labs/Clinical 6/19 - 6/27: Arranged Mon-Sat**

June 15, 2020 – July 17, 2020 (5 Weeks)*
4 Weeks Day Classes 6/15 – 7/9: 12:00-4:00PM Mon-Thurs (Fridays off)
Final Week Practical Labs/Clinical 7/10 – 7/17: Arranged Mon-Sat**

2020 FALL CLASSES:

August 17, 2020 – September 19, 2020 (5 Weeks)*
4 Weeks Evening Classes 8/17 - 9/10: 4:30-8:30PM Mon-Thurs (Fridays off)
Final Week Practical Labs/Clinical 9/11 - 9/19: Arranged Mon-Sat**

September 21, 2020 – October 24, 2020 (5 Weeks)*
4 Weeks Evening Classes 9/21 – 10/15: 4:30-8:30PM Mon-Thurs (Fridays off)
Final Week Practical Labs/Clinical 10/16 – 10/24: Arranged Mon-Sat**

October 26, 2020 – December 5, 2020 (5 Weeks)*
4 Weeks Evening Classes 10/26 – 11/19: 4:30-8:30PM Mon-Thurs (Fridays off)
Final Week Practical Labs/Clinical 11/30 – 12/5: Arranged Mon-Sat**

* We reserve the right to cancel any class due to insufficient enrollment.
** Final Week Practical Labs/Clinical times will vary and will be announced the first day of class.
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 in the coursework. Students will practice these skills in the college lab and then at an assigned clinical setting.

All students are eligible to apply. Enrollment in the clinical course is contingent upon the student passing a criminal background check and having all required documentation complete in their student file.

The Nurse Aide courses fulfill the educational requirements for students to take the National Nurse Aide Assessment Program (NNAAP) certification exam. There are two parts to the NNAAP Examination, the Written (or Oral) Examination and the Skills Evaluation. Both will be administered on the same day. You must pass both parts in order to be certified and listed on the Colorado Nurse Aide Registry.

The Nurse Aide classes are held at Western Colorado Community College, 2501 Blichmann Ave, Bishop Health Sciences Building, Room 110.

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 or for further information, please contact:

Kristina Mathwig, PT, MPS
Allied Health Program Director
Western Colorado Community College
2501 Blichmann Avenue
Office: Bishop Health Sciences Building, Foresight Executive Suites, Room 106

kmathwig@coloradomesa.edu
970-255-2661
APPLICATION PROCESS and PROGRAM ADMISSION PROCEDURES

1. Apply to Western Colorado Community College on-line at http://www.coloradomesa.edu/wccc declaring Nurse Aide as area of emphasis. If you are already a Colorado Mesa University student, you can skip this step.

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

2. Complete a Background Check request online at American DataBank – http://www.wcccbackground.com

3. Complete the Nurse Aide Application and the Health Examination Form - Page 6 must be filled out by the student and page 7 completed by your health care provider.

4. Submit Proof of Immunization – Including Measles/Mumps/Rubella, Tetanus, Chicken Pox (Varicella), Hepatitis B (this is a series), as well as a current 2-Step TB skin test (this refers to 2 separate TB screens); the first one administered and read followed by the second one administered 1-3 weeks later (must be within one year).

5. Complete Proof of Professional Liability Insurance - You may apply for insurance through the National Professional Group as a Nurse Aide Student (Code 80964). 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 staff at clinical.)

Return all required paperwork to (drop off or scan/email):

Kristina Mathwig, PT, MPS
Allied Health Program Director
Western Colorado Community College
2501 Blichmann Avenue
Office: Bishop Health Sciences Building, Foresight Executive Suites, Room 106

kmathwig@coloradomesa.edu
970-255-2661

Revised 04/2020
Nurse Aide Program + Fees*

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
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<tbody>
<tr>
<td>In-State Tuition (CMU tuition, 5 college credits, if COF eligible)</td>
<td>$1,551</td>
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<tr>
<td>Course Fees</td>
<td>$60</td>
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<tr>
<td>Textbook (available at CMU Bookstore; also used and rentals available)</td>
<td>$47</td>
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<tr>
<td>Uniforms/Scrubs</td>
<td>$29</td>
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<tr>
<td>Background Check</td>
<td>$24</td>
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<tr>
<td>Professional Liability Insurance (may be purchased at <a href="http://www.nso.com">www.nso.com</a>)</td>
<td>$38</td>
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<tr>
<td>Colorado Nurse Aide Certification Exam (NNAAP)</td>
<td>$135</td>
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<tr>
<td>Total Estimated Cost</td>
<td>$1,884</td>
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*Costs are approximate and subject to change

What makes our Nurse Aide Program unique...

✓ Western Colorado Community College, WCCC, is a division of Colorado Mesa University. Our Nurse Aide program is a college academic program meeting higher education standards as well as Colorado State Board of Nursing requirements; you will receive college credits for your Nurse Aide training.

✓ WCCC enjoys a unique relationship with some of the area’s best health care leaders in our community, ensuring programs meet current needs and making employment connections for our students.

✓ WCCC’s outstanding support team, including dedicated Student Services staff and expert faculty, provides continuous help to quickly and effectively grow your academic skills and help you pursue your passion.

✓ The WCCC/CMU connection enables streamlined transfer to four year programs at Colorado Mesa University; this ultimately puts you on the path for academic achievement and career success by coupling the power of strong training at WCCC and a top-notch university.

✓ Classroom instruction combined with practical labs and supervised clinical experience, exceeds the state mandate for required hours of instruction. We also offer American Heart Association BLS certification as part of your coursework.
Nurse Aide Application

(970) 255-2600
www.coloradomesa.edu/wccc

Date ______________________________

Submit this application along with all required paperwork to Kristina Mathwig, WCCC, 2501 Blichmann Ave, Bishop Health Sciences Building, Office 106 or email kmathwig@coloradomesa.edu

Contact Information:

Full legal name ____________________________________________________________

Last ______________________________________ First ____________________________ Middle Initial ________________ Maiden Name ________________

Date of Birth _____/_____/_____

CMU ID # ________________________________

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
Are you a Nursing student? ☐ Yes ☐ No
Are you an EMT? ☐ Yes ☐ No

Briefly describe why you want to be a CNA: __________________________________________

______________________________________________________________

______________________________________________________________

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### Employment Experience:

<table>
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<tr>
<th>Dates employed:</th>
<th>Name and location where employed:</th>
<th>Duties (briefly):</th>
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<td>From</td>
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<td>To</td>
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### Healthcare Experience:

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<tr>
<th>From</th>
<th>To</th>
<th>Any other healthcare experience not previously defined:</th>
<th>Duties (briefly):</th>
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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 ____________

Revised 04/2020
Nurse Aide Program Health Examination Form

Name ___________________________ Date ____________

Last __________ First ____________ Middle ________ (Maiden) __________

Local Address ________________________________________________________________________________________

Birthdate ___________________________ CMU ID # ________________________________________________________________________________________

Notify in case of emergency:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone Number</th>
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Personal History (to be completed by student):

Allergies (please specify) | Yes | No | Health Problems: | Yes | No |
---------------------------|-----|----|------------------|-----|----|
Drugs                      |     |    | Eye problems     |     |    |
Foods                      |     |    | Ear, nose, throat trouble |     |    |
Other                      |     |    | Insomnia          |     |    |

Communicable Diseases: | Yes | No | Health Problems: | Yes | No |
------------------------|-----|----|------------------|-----|----|
Scarlet fever            |     |    | Recurrent headache |     |    |
Chicken pox              |     |    | Head injury w/unconsciousness |     |    |
Malaria                  |     |    | Tuberculosis      |     |    |
Mononucleosis            |     |    | Chest, pain/pressure |     |    |

Surgery (please list): Date
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Accidents (please list): Date
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

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

Student Signature ___________________________ Date ___________________________
Nurse Aide Program Health Examination Form

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):

<table>
<thead>
<tr>
<th>Normal</th>
<th>Abnormal</th>
<th>Comments, if abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Head, neck</td>
<td>□</td>
<td>□</td>
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<tr>
<td>2. Lungs</td>
<td>□</td>
<td>□</td>
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<tr>
<td>3. Heart</td>
<td>□</td>
<td>□</td>
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<tr>
<td>4. Gastrointestinal</td>
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<td>□</td>
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<tr>
<td>5. Genitourinary</td>
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<td>6. Musculoskeletal</td>
<td>□</td>
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<td>7. Neurological</td>
<td>□</td>
<td>□</td>
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<tr>
<td>8. Other</td>
<td>□</td>
<td>□</td>
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</tbody>
</table>

Immunization Record (required):

- Negative two-step tuberculin test or negative chest x-ray within last year.
- Diphtheria/Tetanus within past 10 years.
  
1) Date _______________ Result __________________
2) Date _______________ Result __________________

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)
  - Measles (a second immunization of rubeola/red measles)
  - Physician-diagnosed measles and rubella
  - Positive laboratory titer for measles and rubella
  - 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 __________________________

Revised 04/2020
STUDENT REQUIRED DOCUMENTATION CHECKOFF LIST

Check these off as you turn them in to the Allied Health Program Director (documents may be dropped off in person at WCCC or scanned and emailed to kmathwig@coloradomesa.edu)

___ 1. CNA Application
___ 2. Health Examination Form
___ 3. Proof of Immunizations
    ___ a) Measles/Mumps/Rubella
    ___ b) Tetanus
    ___ c) Varicella
    ___ d) Hepatitis B
    ___ e) 2-Step TB Skin Test (proof of two separate TB screens)
    ___ f) Flu shot if attending clinical in October-April
___ 4. Background Check
___ 5. Professional Liability Insurance
___ 6. CPR: AHA BLS for the Healthcare Provider

PLEASE NOTE:

#1 – 5 are admission requirements and must be complete prior to attending class; you will not be able to register for all courses until your file is deemed complete. Please call 970-255-2661 if you have any questions.

#6 CPR training will be provided at WCCC as part of your coursework.