

# Nurse Aide

# **Application Packet**

**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

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 9/26/2023

# **TECH**

## **Nurse Aide Application Checklist**

	<b>NOTE:</b> 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: <a href="https://go.coloradomesa.edu/apply/">https://go.coloradomesa.edu/apply/</a> . On the application for admission, you should select <i>Nurse Aide (Technical</i> )
	<ul> <li>Certificate) as you major.</li> <li>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 <u>directly</u> to CMU. If the school is sending the transcripts via email, have them sent to <u>admissionsprocessing@coloradomesa.edu</u></li> <li>If you are a resident of the state of Colorado, apply for the College Opportunity Fund here: <a href="https://www.coloradomesa.edu/cof/index.html">https://www.coloradomesa.edu/cof/index.html</a></li> </ul>
	Complete a background check online at <a href="http://wcccbackground.com/">http://wcccbackground.com/</a> . Follow the numbered steps. After you create your login and get started, you will enter the following <a href="https://linear.com/">Identifying Information</a> - 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 <i>Nurse Aide Program Application</i> page <i>including</i> 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 <i>Physical and Professional Capacity Assessment</i> Form <i>no earlier than</i> 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 <i>together</i> to <a href="mailto:karbogast@coloradomesa.edu">karbogast@coloradomesa.edu</a> for the evening classes, to <a href="mailto:cthomas2@coloradomesa.edu">cthomas2@coloradomesa.edu</a> 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): <ul> <li>Nurse Aide Program Application page, including 700#</li> <li>Student Attestation of Competence form</li> <li>Physical and Professional Capacity Assessment form</li> <li>Results of your first TB skin test, or TB blood test results</li> </ul>
NURA	review of the completed information above, you will be given permission to register in <i>both</i> NURA 101 and 170 (both classes are required, no exceptions) and notified by a Nurse Aide administrator or instructor that you we register yourself in these classes.
	AFTER the start of classes, your instructor will direct you on obtaining/completing the following <i>requirements</i> :  Liability Waiver  Personal Professional Liability Insurance (approximately \$42 + tax)  Second TB skin test completion and submission prior to clinical experience  Flu Shot <i>from the correct season</i> if necessary

National Nurse Aide Assessment Program certification exam (approximately \$135)



## **Additional Information**

## Estimated Academic Program Expenses

	Varies depending
	on in-state or
Tuition, Course Fees, & Student Fees	out-of-state
	tuition
	classification
Textbook	up to \$50
Workbook	\$18
Background Check	\$28.50
Professional Liability Insurance	\$42+

<sup>\*</sup>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 pag	ge and write dates h	nere):	
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.color	radomesa.edu	
Cell #:	Alter	nate #:	
Do you intend on pursuing Nursing, PA, OT, or PT	at CMU when Nur	se 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

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.

<b>Professional</b>	<u>Competencies</u>
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 Dut	<u>ies</u>
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.
appropriate in	ted a reasonable accommodation to perform any of the above listed fundamental duties, contact the instructor for your class of choice: Daytime Instructor-Cindy Thomas <a href="mailto:cthomas2@coloradomesa.edu">cthomas2@coloradomesa.edu</a> instructor-Kathi Arbogast <a href="mailto:karbogast@coloradomesa.edu">karbogast@coloradomesa.edu</a> .
Student Sign	ature: Date:
Student's Prin	nted Name:



## **Physical and Professional Capacity Assessment Form**

## \*To be completed by <u>healthcare provider</u> 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	DE COMPLETED DV HEALTHC	ARE REQUIRED		
	BE COMPLETED BY HEALTHCA			
individual (please initial all that	1. \	individual on this form. I find that this		
is able to meet his/her/their clinical/lab obligations without reasonable accommodation.				
is able to meet his/her/th	eir clinical/lab obligations <u>Wl</u>	<u>TH</u> reasonable accommodation.		
Elaborate on substantial limitat	ions of major life activities (if	any)		
		_		
Date of exam:	Signature of Healthcare	Provider:		
Printed name of Healthcare Provider:				
Name of Facility:				
Phone Number:				