SUMMER 2021 CLASS:

June 1, 2021 – July 3, 2021 (5 Weeks)*
4 Weeks Evening Classes 6/1 – 6/24: 4:30-8:30PM Mon-Thurs (Fridays off)
Final Week Clinical/Practical Labs 6/25 - 7/3: Arranged Sun-Sat**

FALL 2021 CLASSES:

August 23, 2021 - September 25, 2021 (5 Weeks)*
4 Weeks Evening Classes 8/23 - 9/16: 4:30-8:30PM Mon-Thurs (Fridays off)
Final Week Clinical/Practical Labs 9/17 - 9/25: Arranged Sun-Sat**

September 27, 2021 - October 30, 2021 (5 Weeks)*
4 Weeks Evening Classes 9/27 – 10/21: 4:30-8:30PM Mon-Thurs (Fridays off)
Final Week Clinical/Practical Labs 10/22 – 10/30: Arranged Sun-Sat**

November 1, 2021 - December 11, 2021 (5 Weeks)*
4 Weeks Evening Classes 11/1 – 12/2: 4:30-8:30PM Mon-Thurs (Fridays off)
Final Week Clinical/Practical Labs 12/3 – 12/11: Arranged Sun-Sat**

* We reserve the right to cancel any class due to insufficient enrollment.
** Final Week Clinical/Practical Lab times will vary and will be announced the first week 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 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.

Both courses are required to complete the Nurse Aide Training Program and to be able to register to take the certification exam to become a CNA.

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 (Western Colorado Community College>Grand Junction>CNA>College Adult Class)

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 Vaccines/Immunization Record – Including:
   - Measles/Mumps/Rubella (MMR): 1 or 2 doses depending on indication (if born in 1957 or later).
   - Tetanus (Tdap or Td): 1 dose Tdap, then Td or Tdap booster every 10 yrs.
   - Varicella (VAR): 2 doses (if born in 1980 or later). 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.
   - Hepatitis B (HepB): 2 or 3 doses depending on vaccine.
   - TB test (Two-Step TB skin test or TB blood test) for baseline testing: Mantoux tuberculin skin test (TST) requires 2 separate TB tests (retest in 1 to 3 weeks after first TST result is read). Using a TB blood test for baseline testing does not require two-step testing. If baseline testing was completed in the past, then a TB screen within the past year is required.
   - Influenza (flu vaccine) required if you will be attending clinical between Oct-Apr: 1 dose annually.

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.

6. 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

   If you are emailing your paperwork, please try to attach documents to your email in pdf or Word format by using a scanner app on your cellphone (please do not send photos unless that is your only available means). If you have any questions, please email or call me. Please do not reach out to the instructor of the class until you are registered (the instructor does not handle the application process).

Acceptance into the Nurse Aide Program: No one can register for courses until their application is 100% complete and all required paperwork is received by the Allied Health Program Director. Only then will instructor permission be granted so that you can register for the courses. Enrollment into the program is on a first come first serve basis of those applicants that have 100% completed applications and documents turned in. These classes fill up quickly and may close prior to the start of class. Do not wait until the last minute, or you may not get a seat. Try to get your application turned in at least 3 weeks prior to the start date of class. To find out how many seats are left in a class, please look up the course on the CMU registration/look up classes page. Under Browse Classes, you can see how many seats remain for the class you want to take.
## Nurse Aide Program + Fees*

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
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<tbody>
<tr>
<td>In-State Tuition (CMU tuition, 5 college credits, if COF eligible)</td>
<td>$1,601</td>
</tr>
<tr>
<td>Course Fees cover Uniforms/Scrubs, Nametag, &amp; CPR certification</td>
<td>$60</td>
</tr>
<tr>
<td>Textbook (available at CMU Bookstore; also used and rentals $15-$30)</td>
<td>$50</td>
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<tr>
<td>Workbook (available at CMU Bookstore)</td>
<td>$18</td>
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<tr>
<td>My Clinical Exchange (only if required for clinical, dependent on clinical site)</td>
<td>$39</td>
</tr>
<tr>
<td>Background Check</td>
<td>$21</td>
</tr>
<tr>
<td>Professional Liability Insurance</td>
<td>$35</td>
</tr>
<tr>
<td>Colorado Nurse Aide Certification Exam (NNAAP)</td>
<td>$135</td>
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<tr>
<td>Total Estimated Cost</td>
<td>$1,959</td>
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*Costs are approximate and subject to change

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### 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 ________________________________

*Beginning month of class you are preferring to join: ________________________________2021

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 pre-Nursing, Nursing, or PA student?   ☐ Yes   ☐ No

Briefly describe why you want to be a CNA: __________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Revised 04/2021
Employment Experience:

<table>
<thead>
<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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Healthcare Experience:

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<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 04/2021
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)**

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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Drugs  
Foods  
Other  

**Communicable Diseases:**

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<tr>
<th>Yes</th>
<th>No</th>
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Scarlet fever  
Chicken pox  
Malaria  
Mononucleosis  

**Surgery (please list):**

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<tr>
<th>Date</th>
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**Accidents (please list):**

<table>
<thead>
<tr>
<th>Date</th>
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**Health Problems:**

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

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

Student Signature _______________________________ Date __________________

Revised 04/2021
Nurse Aide Program Health Examination Form

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

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<tbody>
<tr>
<td>Height</td>
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<td>Blood Pressure</td>
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<tr>
<td>Weight</td>
<td></td>
<td>Pulse</td>
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<tr>
<td>Visual Status, with correction:</td>
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<td>L = 20/</td>
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<td>R = 20/</td>
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<td>Hearing Status:</td>
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<tr>
<td>Normal</td>
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<td>Deficits</td>
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Review of Systems (please check):

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<tr>
<td>Normal</td>
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<td>Abnormal</td>
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<tr>
<td>Comments, if abnormal</td>
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<tr>
<td>1. Head, neck</td>
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<td>2. Lungs</td>
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<td>3. Heart</td>
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<td>4. Gastrointestinal</td>
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<td>5. Genitourinary</td>
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<td>6. Musculoskeletal</td>
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<td>7. Neurological</td>
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<td>8. Other</td>
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Immunization Record (required):

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

1) Date _____________ Result ________________ 2) 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 ____________________________________________________________

Revised 04/2021
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 this program’s coursework.