NURSE AIDE

FALL 2022 CLASSES:

August 22, 2022 – September 25, 2022 (5 Weeks)*
4 Weeks Evening Classes 8/22–9/15: 4:30PM–8:30PM Mon–Thurs (Fridays off)
Final Week Clinical/Practical Lab 9/16–9/25: Arranged Sun–Sat**

August 22, 2022 – October 23, 2022 (9 Weeks)*
8 Weeks Afternoon Classes 8/22–10/13: 1:05PM–2:45PM Mon–Fri
Final Week Clinical/Practical Lab 10/17–10/23: Arranged Sun–Sat**

September 26, 2022 – October 30, 2022 (5 Weeks)*
4 Weeks Evening Classes 9/26–10/20: 4:30PM–8:30PM Mon–Thurs (Fridays off)
Final Week Clinical/Practical Lab 10/21–10/30: Arranged Sun–Sat**

October 24, 2022 – December 11, 2022 (6 Weeks)*
5 Weeks Afternoon Classes 10/24–11/18: 1:05PM–4:05PM Mon–Fri
Final Week Clinical/Practical Lab 11/28–12/11: Arranged Sun–Sat**

October 31, 2022 – December 11, 2022 (5 Weeks)*
4 Weeks Evening Classes 10/31–12/1: 4:30PM–8:30PM Mon–Thurs (Fridays off)
Final Week Clinical/Practical Lab 12/2–12/11: Arranged Sun–Sat**

* We reserve the right to cancel any class due to insufficient enrollment. Students must be admitted and registered no later than the Friday prior to class start.

** Final Week Clinical/Practical Lab times will vary and will be announced the first week of class.

Ask about our **Nurse Aide Apprenticeship Grant** to pay for your Nurse Aide Education. Ask about our **VA Partnership** to learn more about opportunities for your future.
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 prior to registering for the classes.

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 Examination and the Skills Evaluation. 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 online at [http://www.coloradomesa.edu/wccc](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.

2. Complete a Background Check request online at American DataBank (Complio)– [http://www.wcccbbackground.com](http://www.wcccbbackground.com) (Western Colorado Community College>Grand Junction>CNA>College Adult Class). Please do NOT select High School Class even if you are a high school student; that selection is only valid for concurrent tech scholar program students that pay course fees ahead of time.

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 (restart 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.
   - COVID-19 vaccination is recommended for clinicals (most clinical sites are accepting waivers as an alternative; you may be tested daily at clinical sites if you are not vaccinated)

5. Certificate 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](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](mailto: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. Your application should be turned in at least 2 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 Cost and Out-of-Pocket Expenses*

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-State Tuition + Student Fees (in-state WCCC Learn for Less tuition at $197 per credit hour, 5 college credits)</td>
<td>$985</td>
</tr>
<tr>
<td>Course Fees (covers 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>
</tr>
<tr>
<td>Workbook (available at CMU Bookstore)</td>
<td>$18</td>
</tr>
<tr>
<td>My Clinical Exchange (only if required for clinical)</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>
</tr>
<tr>
<td>Total Estimated Cost including Out-of-Pocket Expenses</td>
<td>$1,343</td>
</tr>
</tbody>
</table>

*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/C MU 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 __________________________

*Dates of class you are preferring to join (see cover of application): ______________________ 2022

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 # (you receive this when you are accepted to WCCC/CMU) ____________________________

Permanent home address: __________________________________________

City, State, Zip

Present mailing address: __________________________________________

City, State, Zip

(If different from above)

Email address (please print clearly): __________________________________________

Phone number with area code: (____) ____________________________ Cell: (____) ____________________________

Are you pursuing Nursing, PA, OT, or PT at CMU? ☐ Yes ☐ No

Do you have any previous healthcare experience? ☐ Yes ☐ No

Briefly describe why you want to be a CNA: __________________________________________

__________________________________________________________

__________________________________________________________

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__________________________________________________________
Nurse Aide Program Health Examination Form

Name ___________________________ Date __________________

Last Name ___________________________ First Name ___________________________ Middle Name ___________________________ (Maiden) ___________________________

Local Address ____________________________________________________________

Birthdate ___________________________ CMU ID # ____________________________

Notify in case of emergency:

Name ____________________________________________ Address ____________________________________________ Telephone Number ____________________________

________________________________________

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________________________________________


Personal History (to be completed by student):

Allergies (please specify) Yes No

Drugs ____________ ☐ ☐
Foods ____________ ☐ ☐
Other ______________ ☐ ☐

Health Problems: Yes No

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 ____________________________ ☐ ☐

Communicable Diseases: Yes No

Scarlet fever ____________ ☐ ☐
Chicken pox ______________ ☐ ☐
Malaria ________________ ☐ ☐
Mononucleosis ______________ ☐ ☐

Surgery (please list): Date

________________________________________

________________________________________

________________________________________

Accidents (please list): Date

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

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

Student Signature ____________________________________________ Date ________________

Revised 07/2022
Nurse Aide Program Health Examination Form

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

<table>
<thead>
<tr>
<th>Height</th>
<th>Blood Pressure</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Weight

Visual Status, with correction:

L = 20/20
R = 20/20

Hearing Status:

Normal

Deficits

Review of Systems (please check):

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

Immunization Record (required):

Negative two-step tuberculin test (2 separate TB screens) or TB blood test within the past 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 07/2022
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 (page 4)
____ 2. Health Examination Forms (page 5-6)
____ 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

PLEASE NOTE:

#1 – 5 are admission requirements and must be completed 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.

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