Certified Nurse Aide (C.N.A) PACKET

The Dallas College C.N.A. program is a 100-hour curriculum leading to a certification as a Certified Nurse Aide through Prometric, who is the certifying agency for the State of Texas.

**Certified Nurse Aide (C.N.A.) Certification**

**COURSE OBJECTIVES:**

To prepare nurse aides with the knowledge, skills, and abilities essential for the provision of basic care to residents in long-term care facilities. After completing this course, participants will be able to:

* provide person-centered basic care to residents of long-term care facilities.
* communicate and interact therapeutically with residents and their families, with sensitivity to the physical, social, and mental needs of residents.
* assist residents in attaining and maintaining maximum functional independence.
* protect, support, and promote the rights of residents.
* provide safety and preventive measures in the care of residents.
* demonstrate skill in observing, reporting and documentation.
* function effectively as a member of the health care team.

**C.N.A. Student will be provided a minimum of 100 clock hours of training, including:**

1. 60 clock hours of classroom training that doesn't involve direct resident care
2. 40 clock hours of hands-on resident care in a nursing facility

C.N.A. curriculum, includes:

1. At least 16 introductory hours of training in the following areas before direct client contact:
   1. Communication and interpersonal skills
   2. Infection control
   3. Safety and emergency procedures, including the Heimlich maneuver
   4. Promoting residents' independence
   5. Respecting residents' rights
2. Personal care skills
3. Basic nursing skills
4. Mental health and social service needs
5. Care of cognitively impaired residents
6. Basic restorative services
7. Residents' rights

| CLASS OUTLINE | HOURS/COST |
| --- | --- |
| CPR/BLS Healthcare provider (EMSP 1019) \*Prerequisite | 7 hours/$70 |
| Certified Nurse Aide (NURA 1001) | 60 hours/$900 |
| Certified Nurse Aide Clinical (NURA 1060) | 40 hours/$150 |
|  | Total 100 hours/$1155 |
| Additional Coursework for Patient Care Technician (PCT) |  |
| Certified EKG Technician (ECRD 1011) | 60 hours/$900 |
| Phlebotomy (PLAB 1023) | 96 hours/$1440 |
|  | Total 256/$3495 |

**After completing the course, you will complete the certification exam with Prometric for the State of Texas at a cost of $125, to become a Certified Nurse Aide.**

**Prometric is the testing site to complete the C.N.A. CERTIFICATION EXAM:**

As of **07/05/2023**, nurse aides and applicants for nurse aide certification will apply via Texas Unified License Information Portal (TULIP), a web-based licensure system designed specifically for licensed long-term care providers and licensees.  TULIP will allow Nurse Aides to complete all certification and application functions online.  For assistance with using TULIP, see user guide link on the TULIP landing page.  
  
[Log into TULIP account to create applicant registration, login and password reset here](https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftxhhs.force.com%2FTULIP%2Fs%2Flogin%2F&data=05%7C01%7CEric.Williams%40prometric.com%7C1087f3c1fb2b4b6ca69e08db82215baf%7Cded741cf7c7b40e4a99b28a3d26a5836%7C0%7C0%7C638246852024383981%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=12fdiM9uvjUfe4O%2F9YnSNa8hPsyb1pt5FtE1raY%2Bs3A%3D&reserved=0).

Nurse Aide scheduling for completed applications or rescheduling of exams will continue at: [www.iqttesting.com](https://nam10.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.iqttesting.com%2F&data=05%7C01%7CEric.Williams%40prometric.com%7C1087f3c1fb2b4b6ca69e08db82215baf%7Cded741cf7c7b40e4a99b28a3d26a5836%7C0%7C0%7C638246852024383981%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=YEp5ai6yD6LhUYlOxpJmNlQDbnZtnev32ETpG7dJ6ek%3D&reserved=0).

Here you will find all the information you need regarding the CNA exam as well as important information on the CNA Registry and certification renewal.

Acceptance to the C.N.A. program is based on successful completion of your application. Limited seating is available; once the class is full, the Continuing Education office will not accept packets until the next available semester is open.

This information packet contains specific application guidelines and requirements. By applying, an individual verifies that they have 1) read the packet thoroughly, 2) obtained all necessary documents, and 3) understood the policies and procedures for application and acceptance to the program.

**COMPLETED APPLICATIONS and questions can be emailed to:**

[**AlliedHealth-CE@dallascollege.edu**](mailto:ContinuingEd@dallascollege.edu)

**NOTE: Complete application must be received prior to approval. Records will become property of Dallas College and will not be returned.**

# CERTIFIED NURSE AIDE (C.N.A.)

Completed Application must be received before you can be approved for the program. Once you have emailed your completed application to the following email:

[**AlliedHealth-CE@dallascollege.edu**](mailto:ContinuingEd@dallascollege.edu)

You will be notified by CE Coordinator on instructions to complete your SurScan account and upload your required documents. Please allow 5-7 business days for processing of application and approval. During peak registration, please allow 10-14 business days for processing.

Pricing for SurScan CBC/Drug Screen/Document Handling

|  |  |  |
| --- | --- | --- |
| SurScan Service | Description | Price |
| Drug Screen | This screen is a 10/13 panel healthcare screening approved by Dallas Hospital Council (additional panels can be requested). | $40.17 (10 panel)  $49.17 (13 panel) |
| Background Check | The Background Check price covers National, State, and County searches, sex offender registry, SSN verification, OIG Sanctions & FACIS Searches. | $40.00 |
| Record Keeping | Record Keeping (document handling) includes SurScan reviewing all documents submitted by the student to ensure they follow Dallas College, monitor deadlines and expiration dates, and notify students and Dallas College of non-compliance. | $15.00 |

Total Cost for SurScan services for the C.N.A. PROGRAM: **$80.17**

## **Documentation of Immunizations, CPR, and other Requirements**

# You must sign up for a SurScan Account. The cost is $80.17 and includes the following:

1. Criminal background check
2. Drug screen

## To register for SurScan:

SurScan Registration Link

[https://share.synthesia.io/b966596f-0b8e-406a-a2c1-35277a9b118b](https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fshare.synthesia.io%2Fb966596f-0b8e-406a-a2c1-35277a9b118b&data=05%7C01%7Cbchance%40DallasCollege.edu%7C6b9687d2f19c4938c5b408dbd098bdd2%7Cd67e5453732f4adc94a44888f2d97d5d%7C0%7C0%7C638333126719880427%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=1wyRcvPF2TosPEXZeaX%2B1Ud3FK39V77Hdrgnf1zewP8%3D&reserved=0)

CamScanner

[https://share.synthesia.io/6b27bac9-38cc-440e-95bb-8c8033dc2fcf](https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fshare.synthesia.io%2F6b27bac9-38cc-440e-95bb-8c8033dc2fcf&data=05%7C01%7Cbchance%40DallasCollege.edu%7C6b9687d2f19c4938c5b408dbd098bdd2%7Cd67e5453732f4adc94a44888f2d97d5d%7C0%7C0%7C638333126719880427%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=0eetRTaiwqKnEowpe6YDlL4YBOnWiL79biuu4r%2B50tE%3D&reserved=0)

If you have issues with payment, it is usually the bank not recognizing your zip code associated with your card. Please make sure you have the correct zip code for your card.

**General Inquiries and Issues:**

**If you experience any issues, please feel free to contact SurScan at either** [**clientserivces@surscan.com**](mailto:clientserivces@surscan.com) **or 972-633-1388.**

**Certified Nurse Aide Program (C.N.A.)**

**Essential Skills and Functional Abilities**

**Candidates for the C.N.A. program must have certain essential skills and functional abilities. If a candidate believes that he or she does not possess one or more of these skills or abilities without accommodations, the C.N.A. program must determine, on an individual basis, whether a reasonable accommodation can be made. Essential skills and abilities are performance requirements that refer to those physical, cognitive, and behavioral skills and abilities required for satisfactory completion of all aspects of a C.N.A. program curriculum, and the development of personal attributes required of all students at graduation. The essential skills required by the curriculum areas are listed below. These are skills each C.N.A. must possess, and the use of a third party for the fulfillment of these attributes is not adequate.**

**Motor Skills**

**Candidates must have the physical dexterity to master technical and procedural aspects necessary to carry out required C.N.A. techniques and perform patient care. They must have adequate physical stamina and energy to carry out taxing duties that may involve sitting or standing for long periods of time. They must also possess the motor skills sufficient to handle equipment.**

**Sensory Abilities**

**Candidates must be able to gather information using all senses, especially sight, hearing, and manual dexterity, in order to perform C.N.A. duties.**

**Communication Skills**

**Candidates must be able to communicate effectively with patients, including gathering information appropriately, explaining medical information in a patient-centered manner, listening effectively, recognizing, acknowledging, and responding to emotions, and exhibiting sensitivity to social and cultural differences. Candidates must be able to communicate effectively in English with accuracy, clarity, and efficiency with patients, their families, and other members of the healthcare team (including spoken and nonverbal communication, such as interpretation of facial expressions and other body language) and work cooperatively with supervisors, other students, and all other healthcare team members, and they must be able to accurately identify patients.**

**Intellectual Abilities**

**Candidates must be able to comprehend and learn factual knowledge from readings and didactic presentations, gather information independently, analyze and synthesize learned material, and apply information to clinical situations. Candidates must be able to develop sound clinical judgment and exhibit well-integrated knowledge about the C.N.A. process of care, to include the following: assessment, planning, implementation, and evaluation. They must be comfortable with uncertainty and ambiguity in clinical situations and seek the advice of others when appropriate.**

**Behavioral, Social and Professional Abilities**

**Candidates must possess the emotional maturity and stability to function effectively under the types of stress that are inherent in healthcare professions and to adapt to circumstances that are unpredictable or that change rapidly. They must be able to interact productively, cooperatively, and in a collegial manner with individuals of differing personalities and backgrounds and be an active contributor to the process of providing health care by demonstrating the ability to engage in teamwork and team building. They must demonstrate the ability to identify and set priorities in patient management and in all aspects of their professional work. They must be punctual and perform work under strict time frames. Candidates must be capable of empathetic response to individuals in many circumstances and be sensitive to social and cultural differences. Candidates must exhibit an ethic of professionalism, including the ability to place others’ needs ahead of their own. They must exhibit compassion, empathy, altruism, integrity, responsibility, and tolerance, as well as demonstrate the ability to exercise the requisite judgment required in the practice of C.N.A.**

**Essential Abilities Requirements for Promotion and Retention Signature**

**I have read and have had the opportunity to have my questions answered regarding the C.N.A. Program Essential Skills and Functional Abilities. My signature represents that I understand and will abide by these requirements.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature/Date**

# FREQUENTLY ASKED QUESTIONS

# i need more information on immunizations

* + The College cannot accept elementary and/or high school immunizations printed on transcripts and/or report cards and we cannot accept a history of the disease.
  + Childhood immunizations on official health immunization forms and/or "booklets" that have been signed and dated by a physician.
  + State Health Departments (example: Clinics)
  + Hospitals
  + Physician’s Office (Will not accept notes from Doctor's or anyone in his office verifying immunizations were given. If from a physician's office immunizations must be on a printout indicating dates given along with office address information.)
  + College/University Health Centers (Will not accept immunizations printed on a transcript.)
  + Drug/Grocery Stores (example: Walgreens, CVS, Albertsons, or Walmart)
  + Urgent Care Centers (example: CareNow)
  + Titers (This is a blood test applicant receive to verify immunity if they cannot locate immunizations they've received. Only the IgG titer is accepted)
  + Military records clearly indicating when immunizations and/or titers were given and/or completed.
  + We cannot accept payment receipts as proof of immunizations received.

# How long is the CERTIFIED NURSE AIDE (c.n.a.) program?

The Certified Nurse Aide Program is a 6-week program. The first 60 hours include lecture, classroom work and skills labs. The last 40 hours are spent at an assigned clinical or skills lab as part of the clinical requirement.

# What is considered acceptable vaccination records?

Documents submitted from any private clinic, Dallas County Health Clinic or Hospital. All records must include a date of vaccine and doses for Hep B series. Your vaccination documentation must include a physician/nurse/PA signature or official stamp for verification.

# Where can I obtain my shot records?

Dallas County Health & Human Services if you lived in Dallas and were immunized in Dallas County, <http://www.dallascounty.org/department/hhs/immunizations.html>

# I have a current CPR card, but it is not with American Heart Association, will this be accepted?

No, The CPR card must be a valid Non-Expired American Heart Association (AHA) Basic Life Support for Medical Personnel (BLS) Card. On-line CPR cards are not acceptable.

# Do I have to have my CPR card before entering DNTA 1015 Chairside Assisting class?

Yes

# When do I complete the criminal background check and drug screening?

SurScan – once you are accepted, you will receive information from SurScan for your drug test. Your criminal background check will be completed once your registration is paid.

# What I have an offense on my background record?

A person enrolled or planning to enroll in an educational program that prepares the person for certification as a dental assistant who has reason to believe that he or she may be ineligible for licensure due to a conviction or deferred adjudication for a felony or a misdemeanor offense may apply for a criminal history evaluation. Visit this link for more information: <http://tsbde.texas.gov/licensing/criminal-history-evaluation/>

**HB 1508 Notice**: This program may lead to an occupational license for which a prior criminal history may make a student ineligible.

# Are uniforms required for the program?

Yes, A set of navy-blue scrubs is required for the Certified Nurse Aide program. The student must wear clean white or black shoes and have socks that cover the lower part of the leg while sitting. CROCS are not allowed.

# Is there a fee to apply as a certified nurse Assistant in Texas?

Yes. Following successful completion of the 100-hour program, you must complete a written exam and clinical skills lab to be Certified in the state of Texas. The cost is $125 and must be taken with Prometric.

**ONLY SUBMIT PAGES 14-18 AND YOUR DOCUMENTS FOR THE APPLICATION PROCESS**

**C.N.A. Application Checklist**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLEAR COPIES** of documentation only. Do not submit original documents.

C.N.A. Program Application

\_\_\_\_\_\_ Health Questionnaire

Confidentiality Statement

Student Responsibility Statement

\_\_\_\_\_\_Copy of Valid Identification

\_\_\_\_\_\_ Copy of signed Social Security Card

\_\_\_\_\_\_ Copy of high school diploma with graduation date/GED/ or high school transcript

\_\_\_\_\_ Copy of Proof of Personal Health Insurance (front and back of card)

Copy of American Heart Association Basic Life Support for Health Care Provider Card (front and back of card)

\_\_\_\_\_\_ Copy of all listed immunizations: TB, Flu shot, Hep B( 3 series), Tdap Tetanus), Chickenpox, Measles, Mumps, and Rubella, and Meningococcal (if under the age of 22)

**\_\_\_\_\_\_ Criminal Background check and Drug Screen will be completed once you have been accepted into program.**

For Office Use Only:

Reviewed by: Date:

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C.N.A. PROGRAM APPLICATION**

Applicants to Continuing Education health courses are responsible for retaining a photocopy of all documentation submitted for their personal records. Once this documentation has been submitted to Continuing Education the documentation becomes the sole property of Continuing Education and will not be returned nor photocopied for the applicant, instructors, or any other party.

DCCCD STUDENT ID NO. \_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_

NAME \_\_\_ BIRTHDATE \_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle I Month/Day/Year

ADDRESS

Street City and State ZIP

TELEPHONE ( ) ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Business/Mobile

EMAIL:

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH QUESTIONNAIRE - (To be completed by the applicant)**

Do you have any physical limitations which would affect your ability to lift, turn, or transfer patients?

Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_

Do you have any limitations in the use of your senses, such as sight, speech, or hearing, which would limit your ability to practice a health profession? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_

Do you have any other condition which might interfere with your ability to practice a health profession? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_

*If you have answered "yes" to any of the above, please attach an explanation of your limitations.*

### I certify that the information provided by me is complete and accurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# confidentiality statement

I acknowledge my responsibility under State and Federal law and the agreement between the Health Care Facility and the College to keep confidential all information regarding Health Care Facility patients, as well as all confidential information of Health Care Facility. I agree, under penalty of law, not to reveal to any person or persons, except authorized staff and associated personnel on a need-to-know basis, any specific information regarding any patient. I also agree not to reveal to any third party any confidential information of Health Care Facility, or to remove any confidential information from Health Care Facility. This Confidentiality Statement shall survive the termination of this agreement.

Print Name of Program Participant

Program Participate Signature

**Statement of Student’s Responsibility**

**R*eview and initial each section as verification that you have read and understand this information:***

I have read and understand the information that has been provided to me about the C.N.A. program at Dallas College.

I acknowledge that this information packet contains policies, regulations, and procedures in existence at the time this publication went to press. I also acknowledge that the District Colleges including Dallas College reserve the right to make changes at any time to reflect current Board policies, administrative regulations and procedures, and applicable State and Federal regulations. Furthermore, I understand that this packet is for information purposes only and does not constitute a contract, expressed or implied, between any applicant, student or faculty member and the Dallas College District.

I accept full responsibility for submitting a complete application packet and understand incomplete materials including missing or incomplete forms will disqualify my application. I also accept the responsibility of informing Brenda Chance, Instructional CE Coordinator of any change in my status, address, telephone number, or other information that would affect my application status.

I understand that if accepted to Continuing/Workforce Education health program, all forms submitted with my packet becomes the property of Continuing/Workforce Education and will not be returned nor photocopied for me. Therefore, I am responsible for keeping my own photocopies of these documents before I submit them with program application packet materials.

I acknowledge that I am required to have personal health care coverage through the duration of my courses.

I acknowledge that I must comply with class and lab requirements, if I am absent from lab and/or clinical for physical or mental illness, surgery, or pregnancy reasons, I must present a written release from a physician before being allowed to return to the lab and/or clinical setting.

I acknowledge that all documentation requested for the C.N.A. program course approval packet must be complete and submitted to the appropriate staff prior to being accepted into the program. I understand that if the approval packet paperwork is not submitted by the appointed time frame it could postpone or prevent me the student from advancing forward into the program.

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Applicant’s Signature Date

*Educational opportunities are offered by the Dallas College District without regard to race, color, age, religion, national origin, sex, disability, or sexual orientation.*