How to apply for the CNA course: application deadline: ongoing

Application requirements

☐ Student must be at least 16 years of age  ☐ Submit a completed application form
☐ Submit a signed and dated Technical Standards form  ☐ Submit a signed and dated Background Check form
☐ Provide proof of a current (within the past 12 months) Mantoux PPD Skin Test (Tuberculosis Test)

Results must be current through the last day of CNA class. Students will not be registered without a current TB test with negative results. *(If the student has received the BCG Vaccine, they will need to have a chest X-Ray instead of a TB test. If TB test is positive, student must have a note from the physician stating the disease is not active at this time.)*

☐ COVID Vaccine *if required by clinical affiliated partner agreements.*

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☐ Proof of proficiency in English by providing one of the following:

• High school transcript with successful completion of two years of English
• Accuplacer score of 226 or higher
• ACT score of 12 or above
• Asset writing score 10 or above

NOTE: If a student’s background check indicates a felony, the student will not be able to complete the clinical requirement of the course. For this reason, and the possibility that they may not qualify for state registration, a student with a felony will NOT be registered for a CNA course.

***** Students under age 19 must have parental signature on Background Check form. *****

Note: Students cannot miss more than five hours total in two hours or less increments. Students cannot miss any time during the week of their clinical. Student may only miss two hours of the first day of class.

• Cost of tuition includes background check fee and liability insurance fee. Fees will be billed to the student’s account. The cost of the CNA course is subject to change without notification.

• The CNA textbook and workbook (optional) are not included in the tuition and available at the bookstore.

• Clinical week will be discussed on the first day of class. Students will be required to wear gray scrubs and shoes can be white, gray or black during this week.

SELECTION CRITERIA AND REGISTRATION PROCESS:
Students completing minimum requirements will be admitted in the order of completion and submission of all application materials. Registration is completed through Health Careers.

FINANCIAL AID: For questions about financial aid, contact the Financial Aid office at 531-MCC-2330.

RECERTIFICATION: MCC does not offer CNA recertification. If renewal of your certification is required, contact Clarkson College at 402-552-6148, Nebraska Methodist College at 402-354-7100, Providence Health Career Institute at 402-364-2330 or Nebraska Health Care Learning Center (Elkhorn) at 402-435-3551.
Basic Skills Assessment (assesses reading and writing skills)
Assessment appointments can be made at the following Testing Center locations:
Elkhorn Valley Campus  531-MCC-1278  Sarpy Center  531-MCC-3803
South Omaha Campus  531-MCC-4613  Fremont Area Center  531-MCC-3000
Fort Omaha Campus  531-MCC-2204

ESL Assessment (assesses language skills for people for whom English is a second language)
If English is your second language, you will need to meet with an advisor or counselor in the Student Services Center prior to assessment. Call for an advising appointment and indicate which campus center you wish to speak to: 531-MCC-2400

About the MCC CNA course:
The course is 6.5 credit hours and is designed to meet the Nebraska Department of Health and Human Services training requirements for nursing assistant certification and employment in long-term care facilities. The course combines classroom lecture, laboratory application and clinical experience for the development of basic skills needed to care for the elderly. Course content will focus on teaching the nursing assistant to provide safe, effective and caring services to the elderly or chronically ill patient of any age, in a long-term care facility.

The certified nursing assistant can work in a variety of settings including: acute hospital care, long-term care, rehabilitation, assisted living, adult day care, respite services, home health, hospice and others.

The CNA works directly with patients providing for their physical and emotional needs. Caring for patients requires a great deal of understanding and self-confidence. The most successful nursing assistants are sensitive, mature, patient, dependable and have a positive attitude.

Daily attendance is necessary to successfully complete the course. Successful completion of the course requires passing the state exam, which is administered as part of the course. After a Nebraska resident passes the exam, registry information is posted on the Nebraska Department of Health and Human Services license verification system at http://www.nebraska.gov/LISSearch/search.cgi. (Non-Nebraska residents should talk to their instructor regarding requirements for the state in which they live.) This process can take up to 30 working days to complete.

The course combines classroom lecture, laboratory application and clinical experience for the development of basic skills needed to care for the elderly. Course content will focus on teaching the nursing assistant to provide safe, effective and caring services to the elderly or chronically ill patient of any age, in a long-term care facility.

Metropolitan Community College does not discriminate on the basis of race, color, national origin, religion, sex, marital status, age, disability or sexual orientation in admission or access to its programs and activities or in its treatment or hiring of employees. The College complies with Title VI of the Civil Rights Act of 1964, the Civil Rights Act of 1990, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, as amended, the Age Discrimination Act of 1975, related Executive Orders 11246 and 11375 and all civil rights laws of the State of Nebraska and the City of Omaha.

Contacts:
Concerning Title VI (race), Title IX (gender equity), Section 504 (disability) and Americans with Disabilities Act/Program and Services Accessibility, and Age, contact:
Vice president for Campuses and Student Affairs: 531-MCC-2681 (students) associate vice president of Human Resources: 531-MCC-2236 (employees) director of Facilities: 531-MCC-2529 (accessibility)

Concerning hiring and employment-related complaints of discrimination or harassment based on race, color, national origin, religion, sex, marital status, age, disability, sexual orientation, retaliation or for affirmative action and diversity issues, contact:
Associate vice president for Equity and Diversity: 531-MCC-2649

The address for all of the above individuals is as follows:
Metropolitan Community College
30th and Fort streets
P.O. Box 3777
Omaha, NE 68103-0777
LONG-TERM CARE/NURSING ASSISTANT APPLICATION FORM

Educational goal for CNA (check applicable program):

- [ ] To work as a CNA or long-term care employee (MAJOR: GSAAS)
- [ ] 36-plus credits preparing for nursing (MAJOR: GSAAS)
- [ ] To enter nursing (MAJOR: PHSGO)

Print or type information requested below:

Name: ____________________________________________________________

Social Security or MCC student ID number ______________________________

Complete address ____________________________________________________________________________________________

Home phone ___________________________ Cell phone ___________________________ Work phone ___________________________

Email address ________________________________ Date of birth __________________________

Are you a U.S. citizen? [ ] yes [ ] no

If “No,” country of citizenship ________________________________________________

Type of Visa ___________________________ Other ___________________________

Long-term Care/Nursing Assistant (CNA)–quarter: [ ] Fall [ ] Winter [ ] Spring [ ] Summer

List three section preferences: 1. ___________________________ 2. ___________________________ 3. ___________________________

(The section number will be a number and a letter or two letters: 7A, 8B, FA, FB, etc.) - NOTE: Without a section number the application cannot be fully processed. The section number can be found at:
https://catalog.mccneb.edu/Pages/Home.aspx, then choose HEALTH as the subject and HLTH 1200 as the course.

Education (Check as many as apply):

- [ ] High school diploma
- [ ] GED
- [ ] College
- [ ] High school/GED not complete

Date of high school graduation or GED completion ___________________________

Name of high school _______________________________________________________

Gender: [ ] Male [ ] Female

Racial/ethnic group: Federal law requires MCC to report the ethnicity of all U.S. citizens and resident aliens in the following categories. Information requested in this section is not a requirement for admission but will be used for statistical purposes only.

Are you Hispanic/Latino? [ ] Yes (HIS) [ ] No (NHS) – If you select no, check one or more race groups below:

- [ ] American Indian –Alaska Native (AN)
- [ ] Asian (AS)
- [ ] Black or African American (BA)
- [ ] Native Hawaiian–Pacific Islander (HP)
- [ ] White (WH)
IMPORTANT

This application packet is not considered complete unless all five pieces have been received:
   (1) Completed, signed and dated application
   (2) Copy of Current TB Test with results, including patient name, clinic name and date read
   (3) Evidence of English proficiency
   (4) Completed Background Check form
   (5) Signed and dated Technical Standards form

It is the student’s responsibility to ensure they have submitted a completed application packet in a timely manner and to verify that they have been registered.

NOTE: Students cannot miss more than five hours of class, only in increments of two hours or less. Students cannot miss any hours the week of the clinical. Students may only miss two hours of the first day of class.

It is the student’s responsibility to call Registration at 531-MCC-5231 to drop a class if they find they cannot attend that class. Registration for CNA will begin on the general student registration date of each quarter. Students cannot attend class without being registered.

Registration for a CNA class will be processed in the Health Careers office.

I certify that the information on this application is complete, accurate, and true. Further, I agree to abide by the policies of Metropolitan Community College. I understand that any information given falsely or withheld may make me ineligible for admission and/or enrollment.

________________________________________   ______________________________
Signature                                      Date

Printed name

NOTE: If a student’s background check indicates a felony, the student will not be able to complete the clinical requirement of the course. For this reason, and the possibility that they may not qualify for state registration, a student with a felony will not be registered for a CNA course.

Application form and all required documentation should be completed and forwarded to:

Metropolitan Community College – Health Careers
P.O. Box 3777, Omaha, NE 68103-0777

Students may also bring their application packet to the Health Careers office, South Omaha Campus, Mahoney Building, room 519, or MCC Student Services office, or fax to 402-403-3120.

Contact: 531-MCC-4631
In connection with my application for student clinical assignment/experience, I understand that a background investigation may be requested which may include information concerning my character, academic background, credentials, driver history, prior addresses, names, employment, credit, work habits, work performance, work experience, reasons for work termination, general reputation, character, past behaviors, background, mode of living. I understand that METROPOLITAN COMMUNITY COLLEGE may seek and request information from public and private sources about employment, workers' compensation injuries, court records, driver records, criminal history, civil litigation history, education, credentials and references.

I understand that METROPOLITAN COMMUNITY COLLEGE may rely on any or all of the above referenced information in determining whether to extend an offer of student clinical assignment/experience or employment or continued aforementioned. This authorization shall remain on file and shall serve as an ongoing authorization to obtain any of the above referenced information during the term of aforementioned.

This document permits the release of any information to METROPOLITAN COMMUNITY COLLEGE or their agent, Secured Data Services. I hereby authorize and release from any liability, any law enforcement agency, institution, information service bureau, school, employer, personal reference, METROPOLITAN COMMUNITY COLLEGE or their agent, Secured Data Services. A photocopy or facsimile of this authorization shall be as valid as the original.

**APPLICANT INFORMATION:**
The following information is required for identification to conduct the background investigation:

Print name: ___________________________  Last  First  Middle

Other/previous/maiden names: ___________________________

Social security number: ___________________________

Current street address: ___________________________

Street  City  State  ZIP

Prior addresses within the last 10 years. List address, city, state and ZIP code

________________________________________________________

For identification purposes only: Birth date ___ / ___ / ___  Sex: ______

My prospective college recognizes that age and sex are protected characteristics and that these two pieces of information will not be used as the basis for any offer of clinical assignment/experience or continuation of such.

Have you ever been convicted of a crime(s)?  ____ No  ____ Yes (If yes, explain below)

**Signature authorization and information certification:** The above information is given voluntarily and I understand that omitting, deception or falsification of information is grounds for termination or the rescinding of any offer of clinical assignment/experience.

Date signed: ______________  Applicant signature: _________________________________________

(Parent signature if minor)

**For office use only:**

**Reports requested:** The consumer and investigative consumer reports requests may include but are not limited to the following: (COLLEGE CHECKS ALL THAT APPLY)

___ County criminal history

___ NE Abuse Registry (attach separate form)  ___ USHHS List of Excluded Individuals and Entities

**Requested by name/dept/phone** Stacey Ocander/Metropolitan Community College Health Careers/531-MCC-4789

Secured Data Services: P.O. Box 1554, Fremont, NE 68026-1554. Voice: (402) 721-8260. Fax: (402) 721-5706.
METROPOLITAN COMMUNITY COLLEGE CERTIFIED NURSE ASSISTANT TECHNICAL STANDARDS

All Healthcare students are required to meet definite standards for the profession and for clinical performance. Upon acceptance into one of the aforementioned courses/programs, students will be expected to sign the following document.

The following are specific requirements of all students:

1. Ability to stand, sit, walk, push and squat.
2. Ability to lift and/or carry 25 pounds.
3. Ability to reach in forward, lateral and overhead motions.
4. Ability to climb stairs.
5. Ability to distinguish distance, colors, objects, and persons
6. Demonstrate depth perception.
7. Ability to hear conversations; monitor equipment; perform auscultation; use telephone and distinguish background noise.
8. Ability to distinguish sharp/dull and hot/cold.
9. Perform fine and gross motor skills with both hands.
10. Ability to think clearly and calmly in stressful situations.
11. Ability to communicate effectively, both verbally and in writing, using appropriate grammar, spelling and vocabulary.
12. Ability to work cooperatively with others.

I have read the above technical standards and acknowledge that I can comply with each of them.

______________________________  ______________________________  ________________
Signature  Social Security Number or Student ID  Date

____________________________________
Printed name

CERTIFIED NURSING ASSISTANT NATIONAL REGISTRY DISCLOSURE

Have you ever been on the DHHS Certified Nursing Assistant Registry?

___ Yes  ___ No

Name(s) on Registry ___________________________________  Year __________

____________________________________________________

Signature  Date

Metropolitan Community College affirms a policy of equal education, employment opportunities and nondiscrimination in providing services to the public. To read our full policy statement, visit mccneb.edu/nondiscrimination.