

Certified Nursing Assistant (CNA) – HLTH 1200 **CollegeNow! Application Packet**

READY TO ENROLL?

STEP 1: Complete the free MCC Application to generate your MCC ID# by clicking the APPLY button at www.mccneb.edu. (If you know your MCC ID# already, proceed to step 2).

STEP 2: Complete and submit the CNA paper application (pages 3-4 of this packet) along with ALL required documents (listed on page 2) to CNA@mccneb.edu. The Health Professions Dean's Office will review all application packets, confirming that all required supplemental documents are included. Registration will be based on completed packets and in order received. Requested course section may only happen if seats are still available.

STEP 3: Once registered for the class section of your choice, you will receive two different email links with information on completing the required background checks; one through our vendor *One Source*, and one from *DHHS*. Do NOT complete the DHHS background checks from your cell phone, as it may not process the results correctly. Additional fees may occur if new links are requested.

Questions? Send an email to CNA@mccneb.edu.

CERTIFIED NURSING ASSISTANT (CNA) – ADMISSION REQUIREMENTS

- Must be at least 16 years of age by time of clinicals
- Completed CNA paper application (page 3)
- Signed/dated *Technical Standards Validation* form (page 4)
- Health History/Physical Examination - (can use high school physical, doctor provided physical form or the *Health History/Physical Examination* form attached on pages 7-8 in this packet)
- Proof of required immunizations (see *Health Requirements Policy* on pages 5-6 in packet)
- Signed/dated *Health Professions Policy Acknowledgment* form on pages 15-16 in packet

Please submit your completed paper application and all required supplemental information to CNA@mccneb.edu.

LONG-TERM CARE/NURSING ASSISTANT (CNA) APPLICATION FORM

Print or type information requested below:

Name _____
Last First Middle (other last names used)

MCC student ID number (if known) _____

Complete Home address _____

Home phone _____ Cell phone _____ Work phone _____

Email address _____ Date of birth _____

Gender ☐ Male ☐ Female ☐ Prefer not to answer ☐ Nonbinary/other gender

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 of the race groups below.

☐ American Indian-Alaska Native (AN) ☐ Asian (AS) ☐ Black or African American (BA)

☐ Native Hawaiian-Pacific Islander (HP) ☐ White (WH)

Education (Check all that apply):

☐ High school diploma ☐ GED ☐ Still enrolled in high school ☐ High school/GED not completed ☐ College

Name of high school _____ Graduation date (month/year) _____

PARENT/GUARDIAN: I give permission for my student to participate in college courses through Metropolitan Community College. I understand that I am responsible for all tuition and fees less any scholarships or payments made by the high school or other third parties.

Parent/Legal Guardian Signature (if minor) _____ Date _____

Student Signature _____ Date _____

Additional questions for traditional applicants:

(Students taking CNA through a high school program DO NOT need to complete the below portion.)

Are you a U.S. citizen? ☐ Yes ☐ No Type of VISA _____ Other _____

If no, country of citizenship _____

Long-term Care/Nursing Assistant (CNA)—quarter (select quarter): ☐ Spring ☐ Summer ☐ Fall ☐ Winter

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: catalog.mccneb.edu/Pages/Home.ASPX, then choose HEALTH as the subject and HLTH 1200 as the course.

Student signature _____ Date _____

METROPOLITAN COMMUNITY COLLEGE CERTIFIED NURSE ASSISTANT (CNA) TECHNICAL STANDARDS - VALIDATION

All health care 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 validating their ability to meet the stated requirements.

The following are specific requirements of all students:

1. Ability to stand, sit, walk, push and squat
2. Ability to lift and/or carry 50 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. Ability to demonstrate depth perception
7. Ability to hear conversations, monitor equipment, perform auscultation, use a telephone and distinguish background noise
8. Ability to distinguish sharp/dull and hot/cold
9. Ability to 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.

Student signature

MCC Student ID number

Date

Printed name

Parent/Legal Guardian (if minor)



METROPOLITAN COMMUNITY COLLEGE – HEALTH PROFESSIONS

HEALTH REQUIREMENTS POLICY

Metropolitan Community College's Health Professions programs require a number of immunization and related health requirements as part of the secondary, program specific application processes. These requirements mirror guidelines established by the CDC (Centers for Disease Control and Prevention) and are established within the affiliation agreements of our Clinical Affiliate Partners for the required experiential (clinical/externship/field/internship/practicum) learning experiences. These learning experiences are held at the respective clinical affiliates site, which help fulfill the experiential requirements of our state approved or nationally accredited courses/programs. The reasons for the health requirements are two-fold: 1) to ensure the student is sufficiently safe from what they might encounter and 2) to ensure the safety of patients that may interact with the student. The timing of when the student must submit proof of these requirements, varies by program/course; and the manner in which requirements are submitted also varies by program. Timelines for document submission will be provided within the application or upon receipt of application. Failure to submit the required documentation within these timeline(s), may preclude the student from onboarding into the required experiential setting and completing the program. The student is responsible for any and all costs associated with these requirements. Financial Aid, Career Forward, and other avenues may be leveraged in some cases to help defray costs. The requirements are listed as follows:

- **Health History/Physical Examination** - this must be completed by a physician/physician assistant/nurse practitioner and must be current within the last year. The Health History/Physical Examination form is provided under the Student Acceptance tab on the program webpage, or as part of the CollegeNow paper packet for high school students. High School Health History/Physicals are also accepted.
- **Health Insurance – (Excludes CNA)** Student Health Insurance is not a requirement of MCC. The majority of our clinical affiliate partners require that students have evidence (copies of front and back of card) of current health insurance coverage. If you don't currently have health insurance, here are some options:
 - OneWorld Community Health or Charles Drew Health Centers can assist with sliding fee discount, Medicaid or Marketplace
 - United Health Care (UHC) offers a lower monthly payment option
- **Influenza Vaccination**
 - Documentation of the influenza immunization (flu shot) administered during the current flu season. **This is generally ONLY required October 1–April 1 and not required by all clinical affiliate partners.** If you cannot receive the flu vaccine due to medical or religious reasons, you must notify your clinical instructor, adhere to your clinical site policy regarding non-vaccination, and contact your program director.
- **MMR – Measles (Rubeola), Mumps, Rubella Vaccination**
 - Documentation of 2 vaccines – OR – positive antibody titers for all 3 components (physician verification of results required). If any component of the titer is negative, you will need to repeat the 2-vaccine series.
 - If student has the MMRV vaccine, it will fulfill the Varicella vaccination as well as MMR

- **Varicella (Chickenpox) Vaccination**
 - Documentation of 2 vaccines – OR – positive antibody titer (lab report required) – OR – physician documented history of the disease, including dates of illness.
 - If the titer is negative, the student must receive 1 booster shot.
 - If student has the MMRV vaccine, it will fulfill the MMR vaccination as well as Varicella
 - **Hepatitis B Vaccination**
 - Documentation of the 3-vaccine series – OR – a positive antibody titer. (RT students must document both or a positive titer)
 - If the titer is negative, the student must repeat the 3-vaccine series.
 - If you are just beginning the series, provide documentation of all shots received thus far and provide subsequent documentation when other shots are received.
 - **TDAP - (Tetanus, Diphtheria, Pertussis) Vaccination**
 - Documentation of Tdap booster administered within the past 10 years
 - **TB - Tuberculosis/PPD testing**
 - Documentation of one of the following within the past 12 months for Baseline Screening:
 - Negative PPD/TST skin test (2 valid tests for RT students)
 - Negative QuantiFERON Gold blood test
 - Negative T-spot blood test
 - TB questionnaire/attestation completed if there is evidence of previous PPD testing (RT 2nd Year);
 - If positive results, one of the following is required each year:
 - Clear chest x-ray report
 - Negative QuantiFERON Gold blood test
 - Negative T-spot blood test
- Note:** Any student who was born outside of the United States and/or who knows they've been previously vaccinated for TB, should NOT get a TB blood or skin test, as it will show a positive result and may make the student ill; they need to get a chest x-ray, which can be done at OneWorld for a reduced fee or a provider of their choice.
- **COVID-19 vaccination - (IF REQUIRED BY THE CLINICAL AFFILIATE PARTNER)**
 - NOTE: This is not required by MCC for entry into the program, but students must comply with the requirements of the facility where they attend clinical. This means that evidence of the vaccination must be uploaded as follows or the student must be prepared to vaccinate or provide waiver or exemption documentation depending on what is required by the clinical faculty.
 - Documentation of completed series of vaccination:
 - [Moderna / Pfizer= 2 injections; J&J= one injection]
 - Documentation from affiliated clinical partners of waiver or exemption

Above are the standards for most all of our clinical partners. There may be a variation of requirements, depending on clinical location.

NOTE: We are required to attest that every student meets these requirements. Some sites may ask for the actual records and others may solicit the information through periodic audits. They have regulatory standards they must meet, so we must comply if asked. Students must agree to the personal release of information (ROI) which is discussed in the *Health Professions Policy Acknowledgement Form*.

041525 BB/HS



HEALTH HISTORY/PHYSICAL EXAMINATION FORM

FIRST NAME		LAST NAME	
DOB	GENDER	PHONE	
ADDRESS	CITY	STATE	ZIP

BELOW INFORMATION TO BE FILLED OUT BY THE HEALTH CARE PROVIDER

Height	Weight	Pulse	Blood Pressure
EXAMINATION	NORMAL	ABNORMAL	COMMENTS
Head, Neck, and Thyroid			
Nose and Sinuses			
Mouth, Throat, Teeth, and Gums			
Eyes			
Ears			
Skin			
Chest and Lungs			
Heart and Vascular System			
Gastrointestinal System and Abdomen			
Musculoskeletal System and Extremities			
Neurological			
Mental Health			
OTHER			

MEDICATIONS CURRENTLY TAKING:
PAST MEDICAL HISTORY:
PAST SURGICAL HISTORY:

I have given the student a complete physical examination. I feel that he/she is physically and mentally capable of participating without hazard, in clinical practice settings for Metropolitan Community College's Health Professions program.

Health care provider's name and title (PLEASE PRINT)

Health care center/facility

Health care provider's signature

Address, city, state, zip

Provider's state licensure number

Phone

Date

METROPOLITAN COMMUNITY COLLEGE – HEALTH PROFESSIONS

BACKGROUND CHECK POLICY

OVERVIEW

This policy applies to all Metropolitan Community College students who are applying for a Health Professions course or certificate/degree program that requires clearance for placement in experiential (clinical/externship/field/internship/practicum) settings. Background Checks are a requirement of our Clinical Affiliate Partners, who allow our students to complete program experiential requirements at their sites. Multiple background checks will be run by our vendors (One Source and Nebraska DHHS) in preparation for affirming placement eligibility. Background Check results will typically be honored throughout the duration of the course and/or program, as long as the student has not had a break in their enrollment. Partners do reserve the right to request additional background check(s) at their discretion. A student who has a break in enrollment of more than one quarter in the approved curriculum of the certificate or degree program, will be required to complete a new background check at their own expense.

POLICY

Metropolitan Community College Health Professions division requires background checks for all students accepted into a certification course or certificate/degree program that has an experiential requirement. Students may need to submit to additional and/or repeated background checks depending on college, program, experiential placement or program re-entry requirements. Students who refuse to submit to a required background check will not be allowed to progress within the program, specifically study in program experiential settings. Clinical Affiliate Partners may refuse placement or place monitoring requirements on any individual whose background investigations reveal any type of adverse findings. (*see *Adverse Findings* policy document). Program progression, completion, credentialing/licensure, and job attainment may all be impacted. Students may vet credentialing/licensure potential through the Nebraska DHHS. In the event of a student being denied entry into an experiential setting, the Health Professions division and program will work to place the student in an alternative setting(s) but cannot guarantee successful placement.

PROCEDURE

REQUIRED BACKGROUND CHECK SEARCHES

1. Social Security Number Verification
2. Maiden and AKA Name Search

3. Positive Identification National Locator with previous address
4. Criminal History Investigation
5. National Wants & Warrants Submission
6. National Sex Offender Registry
7. Sexual Offender Registry/Predator Registry
8. Adult and Child Abuse Registry
9. Officer of Inspector General Sanctions
10. Excluded Parties Listing System
11. Sanction Check – (NHDB) National Healthcare Data Bank, now NPDB, National Practitioner Data Bank – (This check will need to be initiated directly by the student depending on clinical site placement; assistance provided if needed).

REVIEW OF BACKGROUND CHECKS

The MCC Health Professions division, in conjunction with its affiliates, have the discretion to determine what constitutes an adverse finding within the background checks. Generally, the student will be informed and given an opportunity to address adverse findings. Since an adverse finding could affect the required clinical placement(s), program completion, licensure/certification, and/or attaining employment in the profession, the student will:

- disclose any history that could trigger an adverse finding to the Director of Student Experience as quickly as possible;
- be encouraged to resolve the adverse finding with the court system prior to beginning the required experience, or by the deadline for submitting all documentation for the experiential placement;
- remain in the course/program, during any appeal process, understanding that they will be financially responsible for the course/s even if they are not able to finish the course/s as they are not allowed into a required clinical setting, ultimately failing the class; if the adverse finding(s) is/are not resolved; (*see *Adverse Findings* policy document)
- decide if they wish to remain enrolled if the background history precludes progressing through the program/course.

IDENTIFICATION OF VENDORS

All background checks will be performed by vendors approved by Metropolitan Community College.

ALLOCATION OF COSTS

Accepted applicants and enrolled students must pay the costs associated with procuring a background check. This cost is incorporated into the course fee(s). If a student has to repeat a course or are a 're-entry' student, stopping out for more than a quarter, the student will be responsible for the additional fee(s) to run new background checks.

ADDITIONAL/SUBSEQUENT LEGAL MATTERS

The student must report to the Health Professions Director of Student Experiences within 30 days of any new charges against them involving criminal activity, to include but not limited to theft, assault, and illegal drug/alcohol activity other than minor traffic violations, which could interfere with clinical placements, program completion, professional credential/licensure, and/or job attainment.

FAILURE TO SUBMIT TO A BACKGROUND CHECK

Any student who fails to adhere to the background check deadline set by the division/program, may be precluded from progressing in all classes, and experiential learning until clearance documentation is provided in accordance with respective division/program procedures. If background check results are not received by the start of the clinical/experiential learning, the student will not be allowed to attend; potentially resulting in an incomplete grade, course failure, and/or the inability to progress through the program.

FALSIFICATION OF INFORMATION

Falsification of information, including omission of relevant information, will be addressed similarly to an Adverse Finding. (*see *Adverse Findings Policy*)

BACKGROUND CHECK RECORD MAINTENANCE

Background check reports and other submitted information are confidential and may only be reviewed by approved Health Professions division officials and Clinical Affiliate Partners in accordance with the Family Educational Records and Privacy Act (FERPA) and Clinical Affiliation Agreements. Student background check reports and other submitted student information will be maintained electronically in a secured drive by the Director of Student Experiences, and discussed only with the Dean of Health Professions if necessary. Program directors, faculty and other staff members, are not privy of any records detail. Records will be maintained according to state statute requirements.

041525 BB/HS



Metropolitan Community College – Health Professions Background History & Records Check Instructions

Upon acceptance into one of Metropolitan Community College Health Professions programs or courses, students are required to complete multiple background checks to run criminal history, adult and child abuse registry, sex offender and other registry checks.

If your background results show a felony or open misdemeanor, you may not be able to continue in the class/program. Our *Adverse Findings* policy will provide more details.

Our background check vendors, *One Source* and *Nebraska DHHS*, will be running the background checks, which means you will have TWO links emailed to you.

You will receive an email with instructions for the *One Source* process. There will be two secured link options, one for 'minor' under 19 and the other is for anyone over 19 'adult'. **Be sure to use the correct link, as the minors link (under 19 years of age) needs a parent/guardian electronic signature.** Use the appropriate link based on your age and only fill out the form once; then submit your reports. The results of your background check reports will be sent to you from *One Source* once they have been completed. Below is a screenshot of what you will see after opening the secure link.



You will also receive an email invitation and secure link from DHHS.CFSCR@Nebraska.gov to access their portal and allow you to submit your personal data to complete the required DHHS Central Registry Check for Nebraska Child and Adult Abuse checks. **DO NOT USE YOUR CELL PHONE TO COMPLETE THIS CHECK!!** Please open the link on a laptop/computer/tablet to avoid a possible error. When you open the link, be sure to complete it in full; if not, it may close out. Please email me if your link appears to no longer work so I can assist or connect you with *Nebraska DHHS*. The first step will be to create a 4-digit pin#. Remember this number! You'll need it to get back into the portal.

Once you've entered in your personal information and hit submit, you may or may not receive notification that an ID Verification Form needs to be completed. **If you are a minor (under 19), this prompt will happen for sure and your parent/guardian will need to complete the Notary step on your behalf!**

Print off the ID Verification form and take it to a Notary of the Public (they can be found at local banks, courthouses or at one of our MCC campus locations), to have the form notarized. You will need to bring a photo ID and sign the form IN FRONT of the Notary. They will view your ID before they fill out the form, stamp and sign the document making it 'legal'. If you are a minor, your parent/guardian will do this step on your behalf. They will need to show their photo ID, select the [] individual's guardian box, and sign/date when prompted by the Notary. The Notary will be the one who fills in the majority of the document before they sign and stamp it, making it a legal document.

Once the form has been notarized, you will upload it back into your DHHS account using the 4-digit pin# you created, and the Check Request number on the top left of the ID Verification form. DHHS will email you when your results are complete. If there are any issues with the submission, I will reach out.

As a student, you will receive a copy of both background checks, direct from the vendors. You can keep a copy for your records. The Director of Student Experiences will have access to the secure portals to obtain the required reports to confirm compliance.

IMPORTANT: All background check results MUST be completed and available within the portal before a student can attend clinicals. Without the final results, you will not be able to attend per our clinical affiliation agreements. Do NOT procrastinate when completing the background checks!

If you have questions feel free to contact Brenda Ballou, Director of Student Experiences at 531-622-4792 or bmballou1@mccneb.edu.

041525 BB/HS



METROPOLITAN COMMUNITY COLLEGE – HEALTH PROFESSIONS POLICY ACKNOWLEDGEMENT FORM

Students in a Metropolitan Community College Health Professions programs/courses have to meet a variety of requirements to enter and complete their chosen program of study. Students are expected to read the respective handbook or policy documents for their program/course and this form, in its entirety. By signing this form, the student acknowledges the awareness of and full compliance with policies in those document(s) as well as those to follow.

[] STUDENT CONFIDENTIALITY AGREEMENT

Health Professions programs at Metropolitan Community College have distinct expectations of students regarding the confidentiality of patients and patient-related information from classroom (didactic and lab) interactions, clinical interactions, and student's acquisition of information.

I am aware that as a student, I will interact with patients and receive information about them in electronic, verbal, and/or written form. I agree to abide by Federal HIPAA guidelines and individual agency policies related to the sharing of patient information. I understand that I am to hold all information in strict confidence and will consult an MCC faculty member or appropriate staff member of the agency before sharing any information on patients in any context. I agree that I will not send or receive patient information by any means, unless instructed to do so by an MCC faculty member or agency staff member. I understand that I am not to share any patient-related information to include but not be limited to photography, videography, or recordings of any type, from class or clinical in any type of forum/media/social media and/or with those who are not a part of the class or clinical experience, including but not limited to my family and friends, even if permission is granted by a patient or patient's family. I understand that violation of HIPAA/confidentiality laws/policies may result in my immediate dismissal from the enrolled course and/or program.

[] STUDENT AUTHORIZATION TO RELEASE INFORMATION TO A CLINICAL AFFILIATE

I, the undersigned, give the Health Professions division representatives at Metropolitan Community College the authority to release the following information to clinical affiliate partners in compliance with the clinical affiliation agreements and for the purpose of onboarding at clinical affiliate sites that the program uses:

• College email address	YES	NO
• Phone number	YES	NO
• Mailing Address	YES	NO
• Date of Birth	YES	NO
• Health History/Physical Exam	YES	NO
• Immunization records	YES	NO
• Proof of Health Insurance (CNA students currently N/A)	YES	NO
• Background Checks results	YES	NO
• Drug Screen results (CNA students currently N/A)	YES	NO

I understand that: (1) I have the right not to consent to release my contact information; my failure to consent may disallow me from a clinical site and therefore may result in failure to meet course objectives for experiential and program requirements (2) that this consent shall remain in effect until revoked by me, in writing, and delivered to the Director of Student Experiences, but that any such revocation shall not affect disclosures previously made.

[] ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY FOR NEEDED CARE

I, the undersigned, understand and agree that the location of my clinical experience or internship, does not offer or provide health or workers' compensation insurance coverage to students engaged in clinical practices, and that I will be personally responsible for the cost of any emergency or medical treatment that may be provided to me while on the clinical premises if needed. Most of our clinical affiliates require personal health insurance, that would cover these potential situations.

[] ADVERSE FINDINGS - BACKGROUND CHECK & DRUG SCREENING/TESTING POLICY

In an effort to be transparent, we understand that a student's background history may include something that could ultimately compromise their ability to progress through and complete the course/program. We encourage any student with a potential history to try and resolve the issue so it doesn't inhibit clinical placement, progression, or credentialing/licensure and/or eventual job placement and make the Director of Student Experiences aware of their situation as soon as possible.

Metropolitan Community College is an open enrollment institution, not requiring an admissions process. However, most courses/programs within the Health Professions' division, have a secondary application process that requires students to meet a number of additional standards to be eligible for experiential learning placement. The additional requirements may include but are not limited to multiple background checks and possible drug screening/testing. Refer to each program web page for specific information on what's required.

Students accepted to one of MCC's Health Professions programs may present history of a felony, open misdemeanor, or positive drug test result. While students with such a history may be accepted, "acceptance" into one of Metropolitan Community College's (MCC) Health Professions programs ("Program") is not a guarantee of acceptance into the required experiential learning, nor that you will be allowed by the state and/or a credentialing agency to sit for the licensure or certification exam, nor future employment in the field being pursued. Various factors, including but not limited to, a student's drug screen/test, criminal, sex offender, OIG-SAM and/or abuse registry history, may affect a student's eligibility to progress through the Program.

Facilities offering experiential opportunities to students make their own determination as to which students they will accept based on that organization's standards, including review of a student's drug screen/test, criminal history, sex offender registry, OIG-SAM and adult & child abuse registry records, over which MCC has no control. Failure to be accepted into and successfully complete a clinical rotation will result in failure to complete the course and/or degree. Similarly, MCC has no control over whom the state and/or credentialing agency allows to sit for the licensing or credentialing exam, or what factors potential employers may determine disqualify an individual from employment. Acceptance into an MCC Health Professions program is not a guarantee of program completion, future licensure or certification, or ultimate employment in the field of study.

I have read and acknowledge the above statement and take full responsibility for any possible financial consequences associated with my studies at Metropolitan Community College if I am later deemed unable to continue progression through the course/program, attainment of certification/licensure, or employment. Failure to sign this form will result in dismissal from the course/program.

The below signature affirms that I, as a student, assume responsibility for understanding of and compliance with policies and procedures contained in this and other documents (i.e. program handbook).

Student Signature: _____ Date: _____

Print Name: _____

Parent/Guardian Signature _____

(if student is under 19 years of age)

Program/Course: _____

042125 BB/HS