



Student Name: _____

Traditional MCC CNA class on campus:

Start term: Spring _____ Summer _____ Fall _____ Winter _____

Preferred Section: _____, _____, _____, list preferred section in order
(Section is required: two digits showing a number/letter or two letters)

Secondary Partnerships Students:

Name of High School _____

_____ High School Student/Career Academy CNA (return application to MCC Secondary Partnerships office by July 1)

_____ High School Student/CNA in High School (due dates will vary)

Admission requirements:

- ☐ Student must be at least 16 years of age.
- ☐ Submit a signed and dated Technical Standards 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, the student must have a note from the physician stating the disease is not active at this time.)
- ☐ **COVID vaccine** (required by clinical-affiliated partner agreements; a federal government requirement for LTC facilities)
 - Dose 1 _____ Dose 2 _____ Booster _____
 - Date _____ Date _____ Date _____ Waiver request _____

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

- ☐ High school transcript (with successful completion of two years of English)
- ☐ Next Generation Accuplacer Reading score of 236 or higher
- ☐ Next Generation Writing Sample score of 15 or higher
- ☐ Successful completion of RDLS 1000 and ENGL 0960
- ☐ Completion of any 1000 level English class with a grade of 'C' or higher (include official transcript if from institution other than that MCC)
- ☐ ACT score of 12 or above
- ☐ Asset writing score 10 or above

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 a parental signature on the Background Check form. *******

- Cost of tuition includes background check and liability insurance fees. 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 are available at the bookstore. (Disregard for CNA at high school.)
- 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.
- Students cannot miss more than five hours total, and absences must be in increments of two hours or less. Students cannot miss any time during the week of their clinical. Students may only miss two hours of the first day of class.

SELECTION CRITERIA: Students completing minimum requirements will be admitted in the order of completion and submission of all application materials.

FINANCIAL AID: For questions about financial aid, contact the Financial Aid office at 531-MCC-2330. (High school CNA students are not eligible for financial aid.)

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.

ASSESSMENT SERVICES AVAILABLE FOR TRADITIONAL CNA APPLICANTS

☐ **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 whose second language is English)**

If English is your second language, you will need to meet with an advisor or counselor in the Student Services Center prior to assessment. For an advising appointment, call 531-622-2400.

CNA COURSE DETAILS

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 elderly or chronically ill patients 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. They must possess a current SSN or I94 number.

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 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.

Metropolitan Community College does not discriminate based on age, race, color, national origin, genetic information, religion, sex, sexual orientation, gender identity, gender expression, marital status, pregnancy, disability, current or prior military service, protected veteran status or membership in any other class that is protected under local, state, or federal law; nor in regulation of admission or access to its programs and activities; nor 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, the Age Discrimination Act of 1975, and related Executive Orders 11246 and 11375, and all amendments to the above.

Metropolitan Community College affirms a policy of equal education, employment opportunities and nondiscrimination in providing services to the public. We are committed to ensuring our websites and facilities are accessible and usable to everyone. To read our full policy statement, visit mccneb.edu/Nondiscrimination.

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

Check box below that states educational goal for CNA:

- ☐ To work as a CNA or long-term care employee ☐ 36-plus credits preparing for nursing (MAJOR: GHAAS) ☐ To enter nursing (MAJOR: ASNAS)

Print or type information requested below:

Name _____
Last First Middle (other last names used)

Social Security or MCC student ID number _____

Complete address _____

Home phone _____ Cell phone _____ Work phone _____

Email address _____ Date of birth _____

Gender ☐ Male ☐ Female ☐ Prefer not to answer

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 this 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 _____

IMPORTANT

This application packet is not considered complete unless all six 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
- (6) Proof of Covid-19 vaccinations

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.

REGISTRATION: High school students in an MCC Career Academy or High School Academy course will be registered by the College's Secondary Partnerships office. Traditional CNA students will be registered by the Health Professions office at the start of each quarter's general student registration date. Students **MUST** be registered to attend class.

NOTE: Students cannot miss more than five hours of class, and absences must be 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.

CLASS DROP: Daily attendance is necessary to successfully complete the course. Secondary Partnerships students are to contact their high school counselor if they need to drop the course. For a traditional CNA student, it is the student's responsibility to call registration to drop a class if they cannot meet the time commitment. To contact the registration office, call 531-MCC-5231.

Students **MUST** have a current Social Security Number (SSN) or I94 (if applicable) in order to get on the Nebraska State nurse aide registry after successfully completing the course and exam.

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.

Student signature _____ Date _____

Printed name _____

BACKGROUND CHECK: 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 a parent/guardian signature on background check form.

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

Metropolitan Community College – P.O. Box 3777, Omaha, NE 68103-0777
Health Professions Office: South Omaha Campus, Mahoney Building, room 519
Traditional CNA students may bring their application packet to the Health Professions office,
MCC Student Services office or fax it to 402-403-3120. Contact 531-MCC-4631.

Students taking CNA through a high school program may submit their application to:
Metropolitan Community College - P.O. Box 3777, Omaha, NE 68103-0777
Secondary Partnerships Office: Fort Omaha Campus, Building 21, room 106
Contact Secondary Partnerships at 531-MCC-2213 or secondarypartnerships@mccneb.edu.

METROPOLITAN COMMUNITY COLLEGE AND AFFILIATES AUTHORIZATION AND DISCLOSURE FOR CONSUMER AND INVESTIGATIVE CONSUMER REPORTS

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, past behaviors, background and/or 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 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 _____ Student signature _____

Parent/Legal Guardian signature (if a 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 Hal Strough, Ph.D., dean of Health Professions/Metropolitan Community College/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 (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 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. 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

Social Security Number or MCC Student ID number

Date

Printed name

Parent/Legal Guardian (if minor)

CERTIFIED NURSING ASSISTANT NATIONAL REGISTRY DISCLOSURE

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

☐ Yes ☐ No

Name(s) on Registry _____ Year _____

_____ Year _____

Student signature _____ Date _____