Long-Term Care/Nursing Assistant (CNA) -- HLTH 1200

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 & dated Technical Standards Form  ☐ Submit a signed & 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.)

☐ 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 5 hours total in 2 hours or less increments.  Students cannot miss any time during the week of their clinical.  Student may only miss 2 hours of the first day of class.

Tuition and Extra Costs:

- The Nursing Assistant text and workbook are not included in tuition. The text and workbook (optional) are available at the bookstore.
- Grey clothing and white, grey or black shoes are required for the clinical portion of class.
- The cost of tuition includes background check fee and Liability insurance fee. Fees will be billed to student’s account. Students will need to take their textbook to their first class session. The cost of the CNA course is subject to change without notification.

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: 531-622-4631.

FINANCIAL AID: -- For questions about Financial Aid please contact the Financial Aid Office at 531-622-2330.

RECERTIFICATION: MCC does not offer CNA Recertification. If renewal of your certification is required you may contact Clarkson College at 402-552-6148, NE 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.
The following assessment services are available:

Basic Skills Assessment (assesses reading and writing skills)

Assessment appointments can be made at the following Testing Center locations:

- Elkhorn Valley Campus 531-622-1278  Sarpy 531-622-3803
- South Omaha Campus 531-622-4613  Fremont Area Center 531-622-3000
- Fort Omaha Campus 531-622-2204

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. Please call for an advising appointment and indicate which campus you wish to speak to: 531-622-2400

About Metropolitan Community College’s CNA Course:
The course 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 many 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.

The Certified Nursing Assistant course is 6.5 credit hours in length 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. 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, their registry information is posted on the Nebraska Department of Health and Human Services license verification system – http://www.nebraska.gov/LSISearch/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 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: 531-622-2681 (students)
- Associate Vice President of Human Resources: 531-622-2236 (employees)
- Director of Facilities: 531-622-2529 (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: 531-622-2649

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

Health Careers
Revised 3/19/19
Long-Term Care/Nursing Assistant (CNA) Application Form

EDUCATIONAL GOAL FOR CNA (check applicable program):

- To work as a CNA or Long Term Care Employee (MAJOR: GSAAS)
- 36+ Credits Preparing for Nursing (MAJOR: GSAAS)
- To Enter Nursing Field (MAJOR: PHSGO)

Please print or type information requested below:

Name: ____________________________________________

Last First Middle (other last names used)

Social Security or Metro Student ID Number ____________________________________________

Complete Address ____________________________________________

Home Phone ___________________________ Cell Phone ___________________________ Work Phone ___________________________

E-mail 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 3 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): Date of High School Graduation or GED Completion ______________

Name of High School ____________________________

- [ ] High School Diploma
- [ ] GED
- [ ] College
- [ ] High School/GED Not Complete

GENDER: [ ] Male [ ] Female

RACIAL/ETHNIC GROUP: Federal Law requires Metropolitan Community College 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, please 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: PLEASE READ
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, & date read
(3) Evidence of English Proficiency
(4) Completed background investigation 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 5 hours of class, only in increments of 2 hours or less. Students cannot miss any hours the week of the clinical. Students may only miss 2 hours of the first day of class.

It is the student’s responsibility to call Registration (531-622-5231) 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.

Nondiscrimination and Equal Opportunity Statement—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.

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

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
PO 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: 531-622-4631
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, 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, worker’s 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 afore mentioned. 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 TEN (10) YEARS. Please list address, City, State, and ZIP

__________________________________________  __________________________________________

__________________________________________  __________________________________________

__________________________________________  __________________________________________

__________________________________________  __________________________________________

__________________________________________  __________________________________________

__________________________________________  __________________________________________

__________________________________________  __________________________________________

__________________________________________  __________________________________________

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)

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

X   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/531-622-4789

Secured Data Services: PO Box 1554, Fremont, NE 68026-1554. Voice: (402) 721-8260. Fax: (402) 721-5706.
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.

_________________________  ____________________________
Student                      Social Security Number or Student ID

_________________________
Date

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CERTIFIED NURSING ASSISTANT
NATIONAL REGISTRY DISCLOSURE

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

___NO

___YES

Name(s) on Registry ________________________________

Year __________

Signature ________________________________

Date ________________