



GateWay Community College

NURSING ASSISTANT PROGRAM

Information Packet for classes beginning
January 2012 through August 2012

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MARICOPA COMMUNITY COLLEGE DISTRICT NURSING PROGRAM

Course Information

Upon satisfactory completion of the Nursing Assistant Course (NUR158), the student is eligible to receive a Certificate of Completion from the college. Each student must apply for the Certificate of Completion by the specific date of graduation checkout, approximately 6-8 weeks before the end of the program (Refer to the Course Schedule).

Prerequisites

College Placement Exam indicating eligibility for CRE101, or HESI-A2 English Composite score of 75% or higher. Completed Health and Safety Documentation Checklist (proof of immunity, immunization or current testing for identified diseases) and completed Health Care Provider signature form. For information on the supplemental background check requirement, please see information located at: <http://www.nursing.maricopa.edu/BackgroundCheckRequirements.php>.

Occupational Information

Nursing Assistants perform routine tasks in the general care of hospital, clinic, and nursing home patients. They work directly under the supervision of registered and practical nurses. Their role in performing basic patient care assists the licensed staff in providing quality nursing to the patient. The Nursing Assistant occupation is one of a series of possible steps on a career ladder in the health care field. Nursing Assistants are an important member of a health care team. Typical patient-care duties include bathing and dressing patients, helping with personal hygiene, taking vital signs, answering call lights, transporting patients, servicing and collecting food trays, and feeding patients.

Certification Information

The Maricopa Community Colleges offer a comprehensive Nursing Assistant Course that is approved by the Arizona State Board of Nursing. Upon satisfactory completion of this course, the student is eligible to take the Arizona State Board of Nursing certifying exam, become a Certified Nursing Assistant, and choose to go directly to work or continue to pursue education opportunities in other health care careers.

Information on the Arizona State Board of Nursing application process is available at <http://www.azbn.gov>. The certifying exam is administered by state certified evaluators and students may take the exam scheduled at nearby testing centers. The fee for this exam is \$85 (subject to change) and is payable to the state evaluators.

An additional and separate LEVEL ONE Fingerprint Clearance Card is required for certification. The Department of Public Safety card required for enrollment in nursing classes at the colleges will not meet the requirements for state certification. Allow a minimum of six (6) weeks for fingerprint clearance when applying for nursing assistant certification.

The Arizona State Board of Nursing office is located at 4707 North 7th Street, Suite 200, Phoenix, Arizona, 85014-3653. Phone 602-771-7800, FAX 602-771-7888. <https://www.azbn.gov>

Cost Estimate for the Nursing Assistant Program *

Registration Fee/Course Fee		50.00
NUR158 Nursing Assistant Courses (6 credits x \$76.00; Maricopa County Resident)		456.00
Fingerprinting fee	Cost will Vary	65.00
Textbooks	Approx.	150.00
Background Check/Urine Drug Screen		110.00
Uniform and Clinical Supplies	Cost will Vary	80.00
Physical Exam and Immunizations	Cost will Vary	<u>225.00</u>
Total Estimated Cost of Nursing Assistant Program		\$1,136.00

*Fees are subject to change by the Governing Board of the Maricopa County Community College District. All costs quoted are subject to change.



INFORMATION FOR STUDENTS

- **ZERO TOLERANCE POLICY:** The Maricopa Community Colleges Nursing Assistant Program supports a Zero Tolerance Policy for the following behaviors:
 - Intentionally or recklessly causing physical harm to any person on the campus or at a clinical site, or intentionally or recklessly causing reasonable apprehension of such harm.
 - Unauthorized use or possession of any weapon or explosive device on the campus or at a clinical site.
 - Unauthorized use, distribution, or possession for purposes of distribution of any controlled substance or illegal drug on the campus or at a clinical site.

Nursing Program student engaging in this misconduct is subject to immediate dismissal from nursing classes and disciplinary action as described in the Student Handbook of the college.

- **HEALTH DECLARATION:** It is essential that nursing students be able to perform a number of physical activities in the clinical portion of the program. At a minimum, students will be required to lift patients, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement direct patient care. The clinical nursing experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should give careful consideration to the mental and physical demands of the program prior to making application.

All students placed in the nursing program must provide documentation of compliance of all health and safety requirements required to protect patient safety. Only students providing documentation of compliance are permitted to enroll in nursing courses. Students will meet these requirements by providing the Health/Safety Requirements Documentation Checklist and the signed Health Declaration Form, with all documentation attached, as directed.

- **FINGERPRINTING REQUIREMENT:** Fingerprint clearance is required for enrollment in nursing courses. Fingerprint clearance is required to work and care for children, the elderly, and any vulnerable adult. If there is a positive criminal history, a fingerprint clearance may be denied. The Level One Fingerprint Clearance Card cannot expire during the Nursing Assistant program. The Level One Fingerprint Clearance Card required for the Nursing Assistant program will not meet the requirements for certification through the Arizona State Board of Nursing.

- **DRUG SCREENING:** All students are required to submit to a urine drug screening laboratory test. Students must complete the urine drug screening under the program account number, within the specified timeframe, and according to directions given at the time of notification to meet this requirement. Only students meeting the drug screening requirement and receiving negative drug screens, as reported by the Medical Review Officer (MRO), will be permitted to maintain enrollment in nursing courses.

- **WAIVER OF LICENSURE/CERTIFICATION GUARANTEE:** Admission or graduation from the Nursing Program does not guarantee obtaining a license or certificate to practice nursing. Licensure and certification requirements and the subsequent procedures are the exclusive right and responsibility of the Arizona State Board of Nursing. Students must satisfy the requirements of the Nurse Practice Act: Statutes, Rules and Regulations, independently of any college or school requirements for graduation.

According to A.R.S. § 32-1646 (B), an applicant for nursing assistant certification is not eligible for certification if the applicant has had any felony convictions and has not received an absolute discharge from the sentences for all felony convictions. The absolute discharge from the sentence for all felony convictions must be received five (5) or more years before submitting this application. If you cannot prove that the absolute discharge date is five or more years, the Board will notify you that you do not meet the requirements for certification.

All nursing assistant applicants for certification will be fingerprinted to permit the Department of Public Safety to obtain state and federal criminal history information. All applicants with a positive history are investigated. If there is any question about eligibility for licensure or certification, contact the nursing education consultant at the Arizona State Board of Nursing (602-771-7800).



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REQUIRED INFORMATION

(PRINT) Name _____ Student ID Number _____

Phone: Day _____ Evening _____ Cell _____

Mailing Address _____

City _____ State _____ Zip _____

(PRINT) E-Mail Address _____

E-mail will be used to contact you about registration for classes.

DIRECTIONS:

Applicants must apply for admission to GateWay Community College by creating a Student Account at: <http://my.maricopa.edu> or in person at the Admissions and Records Office.

- Review application form with GWCC nursing advisor -Andrea Romo 602-286-8184.
- The advisor will direct **completed** applications to the program coordinator, Kathy Prioreshi, RN.
 - the Health and Safety Documentation Checklist and
 - Health Care Provider Signature Form with all documentation attached,
 - a **copy** of the front and back of the Level One Fingerprint Clearance Card,
 - a **copy** of the front and back of the Health Care Provider CPR card.
- It is the responsibility of the student to verify that all Health and Safety Requirements remain current through the last day of the Nursing Assistant course, and to provide updated documentation to the course instructor.
- Upon completion of this form (including **copies** of Health and Safety documentation requirements) schedule appointment with the advisor identified above for application review.
- Only students with complete documentation of health and safety requirements will be registered by the program coordinator in the nursing assistant course.
- A student has the ability to do a confidential self-assessment background check prior to applying for the program to determine his or her status. For the self-assessment, Go to: www.CertifiedBackground.com and click on “**Students**” then enter package code: **MF69bg – Background Check Only**. The student will then be directed to set up the **Certified Profile** account.
- For additional information on the supplemental background check requirement that is needed for the program,, see information located at: <http://www.nursing.maricopa.edu/BackgroundCheckRequirements.php>.



Nursing Department Check of Registration Requirements

Name: _____ Date _____ Nursing Staff Initials _____

Requirement	Check	Notes
Health Care Provider Signature Form		
Level One Fingerprint Clearance Card		
CPR card (Healthcare Provider Level)		
Tetanus/Diphtheria/Pertussis (Tdap)		
MMR x 2/ Titer	MMR _____ Rubeo ___ Mumps ___ Rub _____	
Varicella x 4/ Titer		
Hepatitis B x3/ titer		
Two-Step TB Skin Test or Chest X-ray		
Background Check Disclosure Form		
Recommendation for Registration		



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Applicant: _____ Student ID _____ Date: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

A. MMR (Measles/Rubeola, Mumps and Rubella): Requires documented proof of a positive MMR titer or documented proof of two MMR series with persistent negative titers.

Date & results of titer: Measles/Rubeola _____ Mumps _____ Rubella _____

If unable to provide proof of positive titer, list all immunizations and dates received:

1st MMR Series/Dates: #1 _____ #2 _____ Titer Date/Result: _____

2nd MMR Series/Dates: #1 _____ #2 _____ Titer Date/Result: _____

B. Varicella (Chickenpox): Requires documented proof of positive IgG titer. Date of IgG titer: _____

If unable to provide proof of positive titer, list all immunizations and dates received:

1st Date: _____ Titer Date/Result: _____ 2nd Date: _____ Titer Date/Result: _____

3rd Date: _____ Titer Date/Result: _____ 4th Date: _____ Titer Date/Result: _____

C. Tetanus/Diphtheria/Pertussis (Tdap): One-time dose of Tdap, followed by a Td booster every 10 years.

Tdap Date: _____ Td (update): _____

D. Tuberculosis: Documentation of a Two-Step TB Skin Test: This consists of an initial TB skin test and a boosted TB Skin test 1-3 weeks apart. After completion of the two-step, an annual update of TB skin test is sufficient. If you have a positive skin test, provide documentation of a negative chest X-ray within the last 2 years, and annual documentation of a TB disease-free status. Most recent skin testing or blood test must have been completed within the previous six (6) months.

Two-Step:

Initial Test (#1) Date: _____ Date of Reading: _____ Results: Negative OR Positive

AND

Boosted Test (#2) Date: _____ Date of Reading: _____ Results: Negative OR Positive

Annual Update: Date: _____ Date of Reading: _____ Results: Negative OR Positive (skin testing or blood drawn titer is acceptable)

OR Chest x-ray Date: _____ Results: _____ Date of Symptom Sheet _____

E. Hepatitis B: Documented evidence of completed series or positive antibody titer. If you have not received any injections, do not get a titer. If you are beginning the series, first injection must be prior to admission, the second in one month and third 5 months after #2. Obtain Hep B titer 1-2 months after dose #3 to confirm immunity.

Date Titer received: _____ Results: _____

Date of 1st injection: _____

Date of 2nd injection: _____

Date of 3rd injection: _____

OR HBV Vaccination Declination Form Date: _____

F. CPR Card (Healthcare Provider level): Date card issued: _____ Expiration Date: _____ (An official card is required; internet (computer) certificates are not acceptable)

G. Level One Fingerprint Clearance Card: Date card issued: _____ Expiration Date: _____

H. Health Care Provider Signature Form: Reviewed and signed by a licensed physician (M.D., D.O.), a nurse practitioner, or physician's assistant within the past six (6) months.

I. Criminal Background Check Disclosure Form: Requires a signed copy of the Acknowledgement of Criminal Background Check Requirements Form (attached)



Health Care Provider Signature Form

Instructions for Completion of Health Care Provider Signature Form

A health care provider **must** sign Health Care Provider Signature Form **within 12 months of application** and indicate whether the applicant will be able to function as a nursing student. Health care providers who qualify to sign this declaration include a licensed physician (M.D., D.O.), a nurse practitioner, or physician’s assistant.

(Please Print)

Applicant Name _____ Student ID Number _____

It is essential that nursing students be able to perform a number of physical activities in the clinical portion of the program. At a minimum, students will be required to lift patients, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement direct patient care. The clinical nursing experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients’ lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should give careful consideration to the mental and physical demands of the program prior to making application.

I believe the applicant _____ WILL OR _____ WILL NOT be able to function as a nursing student as described above.

If not, explain:

Licensed Healthcare Examiner (M.D., D.O., N.P., P.A.)

Print Name: _____

Title: _____

Signature: _____

Date: _____

Address:

City: _____

State: _____

Zip: _____

Phone: _____



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INSTRUCTIONS FOR COMPLETING HEALTH AND SAFETY FORMS

IMPORTANT: All students placed in the CNA Program must provide documentation of compliance for the vaccinations and TB testing required to protect patient safety. Only students providing documentation of health and safety requirements are enrolled in nursing courses. The Nursing Department will accept only photocopies of all documentation of health related materials. Students are responsible for maintaining their records and must submit documentation when due.

All immunization records must include your name and signature of the healthcare provider. A health care provider's signature on the Health Declaration form, without proof of immunization status, is NOT acceptable.

HEALTH AND SAFETY REQUIREMENTS

A. MMR (Measles/Rubeola, Mumps, and Rubella)

- **REQUIRED: Attach documentation of a POSITIVE titer for Measles/Rubeola, Mumps, and Rubella.**
- A titer is required and if the titer results are negative or equivocal, you must:
 1. Get the first MMR vaccination and provide documentation of immunization.
 2. The second MMR vaccine must be completed 28 - 30 days after the first and submit documentation.
 3. 30 days following the second MMR vaccination, have another titer drawn and submit documentation of titer results.
- Persistent negative/equivocal titers will only be accepted if proof of 4 immunization (2 MMR series) is provided. MMR series consists of one MMR vaccine (#1) followed by a second MMR vaccine (#2) at least 28 days later.

B. Varicella (chickenpox)

- **REQUIRED: Attach documentation of a POSITIVE titer for Varicella.**
- A titer is required and if the titer result is negative or equivocal, you must:
 1. Get the first Varicella vaccination and provide documentation of immunization.
 2. The second Varicella vaccination must be completed within 4 to 8 weeks after the first and submit documentation.
 3. 30 days following the second varicella vaccination, have another titer drawn and submit documentation of titer results.

C. Tetanus/Diphtheria/Pertussis (Tdap):

- **REQUIRED: Attach documentation of a one-time dose of Tdap (tetanus/diphtheria/pertussis), followed by aTd (tetanus/diphtheria) booster every 10 years.**

D. Tuberculosis (TB)

- **REQUIRED: Attach a copy of an initial two-step TB and all subsequent annual updates if applicable.** Date given, date read, result of reading and signature of healthcare provider completing process must be included.
- To be in compliance, follow these steps:
 1. Have the first test placed and read (step 1)
 2. 1 – 3 weeks later, have a second test placed and read (step 2)
- If you had the initial 2-step-test completed in the past, all subsequent annual updates must be included in the documentation. The most current annual update testing must have been completed within the last 6 months.
- If you have a positive skin test, provide documentation of a negative chest X-ray completed within the last two years.

E. Hepatitis B

- If you have not received the injections in the past, do not get a titer. You must obtain the first injection and attach a copy as requested. You must receive the 2nd injection in one month and the 3rd five months after the second (6 months total).
- a. Submit a copy of proof of a positive HbsAg titer.



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OR

b. Attach a copy of your immunization record, showing completion of the three Hepatitis B injections.

c. If the series is in progress, attach a copy of the immunizations received to date. You must remain on schedule for the remaining immunizations and provide the additional documentation. One to two months after your last immunization, you may have an HbsAg titer drawn.

F. CPR Card

You must have a Healthcare Provider Level CPR card. CPR certification must include infant, child, and adult, 1 and 2-man rescuer, and evidence of a hands-on skills component. Attach a copy of both sides of the CPR card to this form. CPR certification must remain current through the semester of enrollment. A fully online CPR course or an internet or computerized certificate will not be accepted.

G. Level One Fingerprint Clearance Card

Provide a copy of both sides of the Level One Fingerprint Clearance Card (FCC). The FCC must remain current throughout the semester of enrollment. If at any time the card becomes sanctioned or is revoked, the student must immediately notify the Program Coordinator. The actual FCC will need to be presented to and validated by the nursing advisor at the time of application.

H. Health Care Provider Signature Form

Reviewed and signed by a licensed physician (M.D., D.O.), nurse practitioner, or physician's assistant within the past six (6) months.

I. Criminal Background Check Disclosure Form

Requires a signed copy of the Acknowledgement of Criminal Background Check Requirements Form



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(Student Copy)



Allied Health and Nursing Programs Maricopa County Community College District Summary of Criminal Background Check Requirements effective September 1, 2011

Overview of the Requirements

In order for students to be admitted to or maintain enrollment in good standing in Maricopa County Community College District's ("MCCCD") Allied Health and Nursing programs ("Programs") beginning on September 1, 2011, students must provide with their application to a Program all of the following:

- A copy of an Arizona Department of Public Safety Level-One Fingerprint Clearance Card ("Card"). Students are required to pay the cost of applying for the Card. Cards that are NOT Level-One status will not be accepted
- An original version of the "**Criminal Background Check Disclosure Acknowledgement**" form attached to this Summary signed by the student.
- A document from MCCCD's authorized vendor for background checks demonstrating that the student has passed the background check. Students are required to pay the cost of obtaining the background check. Students whose background checks on the date of actual admission to a Program that are more than 6 months old or students who have been in a Program for more than 12 months may be requested to obtain an updated background check. The addition of this criminal background check is due to the fact that some of MCCCD's largest clinical experience partners have established standards that are more stringent than those for obtaining a Card.

At all times during enrollment in a Program, students must obtain and maintain BOTH a valid Level-One Fingerprint Clearance Card and passing disposition on supplemental background check performed by MCCCD authorized vendor. Admission requirements related to background checks are subject to change as mandated by clinical experience partners

Implementation of the Requirements

1. Students that are denied issuance of a Card may be eligible for a good cause exception through the Arizona Department of Public Safety. It is the student's responsibility to seek that exception directly with the department. Until the student obtains a Card and meets the other requirements for admission, he or she will not be admitted to a Program.
2. Students admitted to a Program whose Card is revoked or suspended must notify the Program Director immediately and the student will be removed from the Program in which they have been admitted or are enrolled. Any refund of funds would be made per MCCCD policy.
3. The **Criminal Background Check Disclosure Acknowledgement** directs students to disclose on the data collection form of the MCCCD authorized background check vendor all of the requested information as well as any information that the background check may discover. Honesty is important as it demonstrates character. Lack of honesty will be the basis for denial of admission or removal from a Program if the information that should have been disclosed but was not would have resulted in denial of admission. Failure to disclose other types of information constitutes a violation of the Student Code of Conduct and may be subject to sanctions under that Code. Students have a duty to update the information requested on the [background check vendor] data collection form promptly during enrollment in a Program. The [background check vendor] data collection form may ask for the following information but the form may change from time to time:
 - Legal Name
 - Maiden Name
 - Other names used
 - Social Security Number
 - Date of Birth
 - Arrests, charges or convictions of any criminal offenses, even if dismissed or expunged, including dates and details.
 - Pending criminal charges that have been filed against you including dates and details. Participation in a first offender, deferred adjudication or pretrial diversion or other probation program or arrangement where judgment or conviction has been withheld.

The authorized MCCCD background check vendor will be asked to pass or fail each student based on the standards of MCCCD's clinical experience partners that have established the most stringent requirements. The sole recourse of any student who fails the background check and believes that failure may have been in error is with the background check vendor and not MCCCD.



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(Student: Sign and Attach to Application)

ACKNOWLEDGEMENT OF CRIMINAL BACKGROUND CHECK REQUIREMENTS APPLICABLE TO STUDENTS SEEKING ADMISSION TO ALLIED HEALTH OR NURSING PROGRAMS ON OR AFTER SEPTEMBER 1, 2011

In applying for admission to a Nursing or Allied Health program (“Program”) at the Maricopa County Community College District, you are required to disclose on the Arizona Department of Public Safety (DPS) form all required information and on the MCCCDC authorized background check vendor data collection form any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program on this form. Additionally, you must disclose anything that is likely to be discovered in the MCCCDC supplemental background check that will be conducted on you.

Please complete the DPS form, the MCCCDC authorized background check vendor form and any clinical agency background check form honestly and completely. This means that your answers must be truthful, accurate, and complete. If you know of certain information yet are unsure of whether to disclose it, you must disclose the information, including any arrest or criminal charge. Additionally,

By signing this acknowledgement, you acknowledge the following:

- I understand that I must submit to and pay any costs required to obtain a Level-One Fingerprint Clearance Card and an MCCCDC supplemental criminal background check.
- I understand that failure to obtain a Level-One Fingerprint Clearance Card will result in a denial of admission to a Program or removal from it if I have been conditionally admitted.
- I understand that I must submit to and pay any costs required to obtain an MCCCDC supplemental background check.
- I understand that failure to obtain a “pass” as a result of the MCCCDC supplemental criminal background check will result in a denial of admission to a Program or removal from it if I have been conditionally admitted.
- I understand that, if my Level-One Fingerprint Clearance Card is revoked or suspended at any time during the admission process or my enrollment in a Program, I am responsible to notify the Program Director immediately and that I will be removed from the Program.
- I understand that a clinical agency may require an additional criminal background check to screen for barrier offenses other than those required by MCCCDC, as well as a drug screening. I understand that I am required to pay for any and all criminal background checks and drug screens required by a clinical agency to which I am assigned.
- I understand that the both the MCCCDC supplemental or the clinical agency background check may include but are not limited to the following:
 - Nationwide Federal Healthcare Fraud and Abuse Databases
 - Social Security Verification
 - Residency History
 - Arizona Statewide Criminal Records
 - Nationwide Criminal Database
 - Nationwide Sexual Offender Registry
 - Homeland Security Search
- By virtue of the MCCCDC supplemental background check, I understand that I will be disqualified for admission or continued enrollment in a Program based on my criminal offenses, the inability to verify my Social Security number, or my being listed in an exclusionary database of a Federal Agency. The criminal offenses for disqualification may include but are not limited to any or all of the following:
 - Social Security Search-Social Security number does not belong to applicant
 - Any inclusion on any registered sex offender database
 - Any inclusion on any of the Federal exclusion lists or Homeland Security watch list
 - Any conviction of Felony no matter what the age of the conviction
 - Any warrant any state
 - Any misdemeanor conviction for the following-No matter age of crime
 - violent crimes



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- sex crime of any kind including non consensual sexual crimes and sexual assault
- murder, attempted murder
- abduction
- assault
- robbery
- arson
- extortion
- burglary
- pandering
- any crime against minors, children, vulnerable adults including abuse, neglect, exploitation
- any abuse or neglect
- any fraud
- illegal drugs
- aggravated DUI

- Any misdemeanor controlled substance conviction last 7 years
- Any other misdemeanor convictions within last 3 years
- Exceptions: Any misdemeanor traffic (DUI is not considered Traffic)
- I understand that I must disclose on all background check data collection forms (DPS, MCCCCD background check vendor and a clinical agency background check vendor) all required information including any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program. That includes any misdemeanors or felonies in Arizona, any other State, or other jurisdiction. I also understand that I must disclose any other relevant information on the forms. I further understand that non-disclosure of relevant information on the forms that would have resulted in failing the background check will result in denial of admission to or removal from a Program. Finally, I understand that my failure to disclose other types of information of the forms will result in a violation of the Student Code of Conduct and may be subject to sanctions under that Code.
- I understand that, if a clinical agency to which I have been assigned does not accept me based on my criminal background check it may result in my inability to complete the Program. I also understand that MCCCCD may, within its discretion, disclose to a clinical agency that I have been rejected by another clinical agency. I further understand that MCCCCD has no obligation to place me when the reason for lack of placement is my criminal background check. Since clinical agency assignments are critical requirements for completion of the Program, I acknowledge that my inability to complete required clinical experience due to my criminal background check will result in removal from the Program.
- I understand the Programs reserve the authority to determine my eligibility to be admitted to the Program or to continue in the Program and admission requirements or background check requirements can change without notice.
- I understand that I have a duty to immediately report to the Program Director any arrests, convictions, placement on exclusion databases, suspension, removal of my DPS Fingerprint Clearance Card or removal or discipline imposed on any professional license or certificate at any time during my enrollment in a Program.

Signature

Date

Printed Name

Nursing Assisting Program
Desired Health Care Program