



**GATEWAY
COMMUNITY COLLEGE**

A MARICOPA COMMUNITY COLLEGE

Medication Assistant Program (Certified)

Information/Application Packet

July 1, 2023 – June 30, 2024

108 N. 40th Street, Phoenix, AZ 85034

555 N 18th Street Phoenix, AZ 85006

Medication Assistant Program

GateWay Community College is pleased to offer the Certified Medication Assistant (CMA) Program, This program is designed to prepare students who have worked as a Certified Nursing Assistant (CNA) or Licensed Nursing Assistant (LNA) for at least 6 months to be eligible to sit for the Medication Assistant certification examination through the Arizona State Board of Nursing.

To qualify for this program: A student applying for the Medication Assistant Program will need to attest to a minimum of 6 months employment as a Certified Nursing Assistant (CNA) or Licensed Nursing Assistant (LNA).

Prerequisites

- Level One DPS Fingerprint Clearance Card
- MCCC Background Check (code will be provided following acceptance)*
- Completed Health & Safety documentation*
- Completed Health Care Provider signature form*
- Current and valid Government issued photo identification
- A urine drug screen will be required once the student is admitted to the program*
Specifics on this requirement will be provided by the school and previous or alternate drug screen verification will not be accepted.

If a student is employed and will complete his or her clinical rotation where they are employed, it **MAY be possible to waive some of the health and safety requirements. This determination is a the sole discretion of the program coordinator and/or Nursing Director at GateWay (GWCC).*

Successful Class Completion:

- Attend all class, lab and clinical hours to meet the competencies of the course
- Pass all quizzes and the final exam with a 76% or better. There are **no** retakes for the quizzes or the final exam.
- Pass the Practicum with a minimum score of 80%
- Pass Simulation with a minimum score of 80%
- Pass the clinical portion of the class with P (pass)
- A student must pass both the lecture and the clinical components simultaneously to receive a passing grade in the course. If a student fails either Medication Assistant Theory or Medication Assistant Lab/clinical, both courses must be repeated at the same time.

Certification Information

The Maricopa Community Colleges offer a comprehensive Medication 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 certification

examination. Information on the Arizona State Board of Nursing application process is available at <http://www.azbn.gov>. The certification exam is administered by state certified evaluators and students may take the exam scheduled at nearby testing centers. The fee for this exam is \$118 (subject to change) and is payable to the state evaluators. For more information go to http://hdmaster.com/testing/othertesting/arizona_cma/AZ_CMA_Home.htm

The Arizona State Board of Nursing is located at 1740 W Adams St, Phoenix, AZ 85007 Phone 602-771-7800, FAX 602-771-7888. <https://www.azbn.gov>

Cost Estimate for the Medication Administration Course *

- Medication Assistant Course (4 credits x \$97.00; Maricopa County Resident) \$388.00 + a \$15.00 registration fee. **\$403.00**
- Course fee **\$45.00**
- Textbook cost, approximate **\$45-100.00**
- Uniform – cost will vary **\$25.00**

The costs below may be supplied by the employer in certain circumstances:

- Fingerprinting fee - cost will vary **\$65.00**
- Background Check/Urine Drug Screen (subject to change) **\$105.00**
- Physical Exam and Immunizations – estimated cost **\$225.00**

Total Estimated Cost of the MA Course is

TOTAL \$913.00 - \$968.00

**Fees are subject to change by the Governing Board of the Maricopa County Community College District. All costs quoted are subject to change and can vary according to student options and/or employer provisions.*

Felony Bar: If a person has been convicted of a felony, the person is not eligible to apply for licensure or certification with the Arizona State Board of Nursing until 3 years after the “absolute discharge” of the sentence. “Absolute discharge from the sentence” means completion of any sentence, including imprisonment, probation, parole, community supervision or any form of court supervision. This also includes payment of all restitution, fines, fees, etc. If the conviction is reduced to a misdemeanor, or set aside, dismissed, etc., the 3-yearbar may no longer be applicable, but the Board may still consider the conduct involved, and the person’s application will be considered on a “case by case” basis.

Maricopa County Community College District (MCCCD) is an EEO/AA institution and an equal opportunity employer of protected veterans and individuals with disabilities. A lack of English language skills will not be a barrier to admission and participation in the career and technical education programs of the college.

The Maricopa Community Colleges do not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. For Title IX/504 concerns, call the following number to reach the appointed coordinator: (480) 731-8499. For additional information, as well as a listing of all coordinators within the Maricopa College system, <http://www.maricopa.edu/non-discrimination..>

REGISTRATION INFORMATION

Students registering for the Medication Assistant Program are required to:

Student: _____

SID#: _____

Requirement	Complete	Incomplete	Notes
Meet with Program Coordinator or Nursing Advisor			
Working CNA/LNA for and 6 months of working CNA experience (LNA required for CMA licensing. CNAs will need to convert their CNA to LNA) See https://www.azbn.gov			
GWCC Picture ID			
*MMRx2/Titer MMR _____ Rubeo _____ Mumps _____ Rub _____			
*Varicella x 4/Titer (IgG)			
*Tetanus/Diphtheria/ Pertussis (Tdap)			
*Two-Step TB Skin Test or Chest X-ray and Symptom Form			
*Hepatitis B x3/titer (hbsAB)			
COVID - 19 Vaccine: Documented evidence of COVID-19 Vaccine or Declination			
BLS/CPR card			
Level One Fingerprint Clearance Card			
Health care Provider Signature Form			
Completed Application			
*Background Check Disclosure Form (Information and code will be supplied by program after registration)			
*Urine Drug Screen			
Immunization Tracker (American DataBank)			
Complete documentation for Headmaster information proof of legal presence documentation to include front and back copy of current government issued photo ID. List of acceptable documents are available on the Headmaster website at www.hdmaster.com and on the Arizona State Board of Nursing website at: www.azbn.gov			

*provide documentation from employer if allowed by Program Coordinator or Nursing Director at GWCC

Date and Time Application Submitted: _____

Advisor's Signature: _____

Nursing Staff Signature: _____

GateWay Community College reserves the right to change without notice, any materials, information, curriculum, requirements, and regulations in this handbook.

Verification of Six (6) Months CNA or LNA Experience

For verification, complete the following form. Please note that a letter from the employer MAY be asked for to verify employment. The Program Coordinator and/or Nursing Division Director will make the final determination on eligibility of experience and hours.

Name _____ Date: _____

CNA or LNA # _____

Date CNA or LNA obtained _____

Employer _____

Title: _____

Duties: _____

Responsibilities _____

Date(s) of Employment _____

Hours worked per week _____

Please use back of form if additional employers need to be identified.

I certify that the information provided above is true and correct. I verify that I have a minimum of six months of CNA or LNA experience.

Signature

Print Name

Date

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 medication assistant and 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 medication assistant 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 medication assistant and 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 medication assistant and 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 Medication Assistant and/or Nursing Assistant program. The Level One Fingerprint Clearance Card required for the Medication Assistant and/or 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 medication assistant and nursing courses.

WAIVER OF LICENSURE/CERTIFICATION GUARANTEE: Admission or graduation or certificate from the medication assistant program does not guarantee obtaining a certificate to practice medication administration or 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 medication 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 medication assistant and 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).

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.

Applicants for licensure in Arizona must provide evidence of citizenship or nationality. Licensing fees and requirements are determined by and are the sole responsibility of the State Boards of Nursing. For all questions about eligibility for licensure, contact the Arizona State Board of Nursing <http://www.azbn.gov> or 602-771-7800. An additional and separate 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. <http://www.azdps.gov/Services/Fingerprint>

The Arizona State Board of Nursing office is located at 1740 W Adams Suite 2000 Phoenix, AZ 85007 Phone 602.771-7800, FAX 602.771-7888. <http://www.azbn.gov>

(PRINT) Name _____ Student ID Number _____

Phone: Day _____ Evening _____ Cell _____

Mailing Address _____

City _____ State _____ Zip _____

(PRINT) Personal E-Mail Address _____

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

Maricopa email address (if available) _____

Please note – once registered, your Maricopa email is the only email address that will be used to communicate school information.

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; contact Kristen.woods@gatewaycc.edu if questions
- Sign verification of 6 months of employment
- Complete and submit if not provided by employer:
 - Health and Safety Documentation Checklist and
 - Health Care Provider Signature Form with all documentation attached,
 - Copy of the front and back of the Level One Fingerprint Clearance Card,
 - Copy of the front and back of the Health Care Provider CPR card.
 - Copy of the front and back of Arizona Driver’s License, Passport or approved government issued identification.
- It is the responsibility of the student to make all copies and to verify all Health and Safety Requirements remain current through the last day of the course.
- **Only** students with complete documentation of health and safety requirements will be registered in the Medication Assistant course.
- Once you are sure all documentation is in order, turn in completed packet to Nursing Advisor, or currently assigned Medication Assistant staff.

HEALTH AND SAFETY REQUIREMENTS

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

MMR is a combined vaccine that protects against three separate illnesses – measles, mumps and rubella (German measles) – in a single injection. Measles, mumps, and rubella are highly infectious diseases that can have serious, and potentially fatal, complications. The full series of MMR vaccination requires two doses.

If you had all three illnesses OR you have received the vaccinations but have no documented proof, you can have an IgG MMR titer drawn, which provides evidence of immunity to each disease. If the titer results are POSITIVE, showing immunity to each disease, upload a copy of the lab results.

Options to meet this requirement:

1. Submit documentation of two MMR vaccinations on separate dates at least 4 weeks apart.

OR

2. Lab documentation of POSITIVE titer results for each disease (measles, mumps and rubella).

3. NEGATIVE or EQUIVOCAL titer results for measles, mumps or rubella shows lack of immunity, meaning you must get the MMR vaccine series (both vaccines). If you have only had the initial vaccine, submit documentation of first vaccine; be certain to upload proof of the second vaccine after it is given, as students must upload proof of both vaccinations to be in compliance.

B. Varicella (Chickenpox)

Chickenpox is a highly contagious disease caused by the varicella-zoster virus (VZV). Infection with chickenpox also makes people susceptible to develop herpes zoster (shingles) later in life. The best means of preventing chickenpox is to get the varicella vaccine.

Varicella vaccination is required for all healthcare workers who do not meet evidence of immunity by having met any of the following criteria: a). Documentation of receiving 2 doses of varicella vaccine, separated by at least 4 weeks or b). Laboratory evidence of immunity or laboratory confirmation of disease. If you have not had the varicella vaccine or if you don't have a blood test that shows you are immune to varicella (i.e., no serologic evidence of immunity or prior vaccination) get 2 doses of varicella vaccine, 4 weeks apart.

Options to meet this requirement:

1. Documentation of two varicella vaccines, including dates of administration.

OR

2. Upload a copy of proof of a POSITIVE IgG titer for varicella. If the titer is NEGATIVE or EQUIVOCAL, upload a copy of document showing that you received the first vaccination. Complete the second vaccination 4 weeks later and upload document to remain in compliance.

C. Tetanus/Diphtheria/Pertussis (Tdap):

Tetanus, diphtheria, and pertussis are serious bacterial illnesses which can lead to illness and death. Tdap vaccination can protect against these diseases and is recommended for healthcare personnel with direct patient contact who have not previously received Tdap. Tdap vaccination can protect healthcare personnel against pertussis and help prevent them from spreading it to their patients.

The Td vaccine protects against tetanus and diphtheria, but not pertussis. Following administration of Tdap, a Td booster should be given every 10 years. Tdap may be given as one of these boosters if you have never gotten Tdap before. Tdap can be administered regardless of interval since the previous Td dose.

To meet this requirement:

You must provide proof of a one-time Tdap vaccination and Td booster if 10 years or more since Tdap vaccination.

D. Tuberculosis (TB)

Tuberculosis (TB) is caused by a bacterium called *Mycobacterium tuberculosis* which usually infects the lungs, but can attack any part of the body such as the kidney, spine, and brain. Not everyone infected with TB bacteria develops tuberculosis. As a result, two TB-related conditions exist: latent TB infection (LTBI) and TB disease. If not treated properly, TB disease can be fatal.

All students entering a MaricopaNursing program are required to upload documentation showing negative TB disease status. Documentation may include a negative 2-step Tuberculosis Skin Test (TBST) or negative blood test (QuantiFERON or T-Spot) performed within the previous six (6) months. The TBST or negative blood test must remain current throughout the semester of enrollment.

To maintain compliance with annual TB testing requirements, students who initially submitted a 2-step TBST may submit a current 1-step TBST for subsequent annual testing. A TBST is considered current if no more than 365 days have elapsed since the date of administration of the second of the 2-step TBST. Most recent skin testing or blood test must have been completed within the previous six (6) months.

If you have ever had a positive TBST, you must provide documentation of a negative blood test or negative chest X-ray. You will also need to complete a TB Symptom Screening Questionnaire annually.

To meet this requirement:

1. Proof of a negative 2-step TBST completed within the previous 6 months, including date given, date read, result, and name and signature of the healthcare provider. A 2-step TBST consists of an initial TBST and a boosted TBST 1-3 weeks apart.

OR

2. Submit documentation of a negative blood test (QuantiFERON or T-Spot) performed within the last six months.

OR

3. Submit documentation of a negative chest X-ray

4. **POSITIVE RESULTS:** If you have a positive TBST, provide documentation of negative chest X-ray or negative blood test and a completed MaricopaNursing Tuberculosis Screening Questionnaire. The questionnaire can be found in the American DataBank Medical Document Tracker. This questionnaire must be completed annually.

E. Hepatitis B

MaricopaNursing students may be exposed to potentially infectious materials which can increase their risk of acquiring hepatitis B virus infection, a serious disease that can cause acute or chronic liver disease which can lead to a serious, lifelong illness. MaricopaNursing recommends that all students receive the hepatitis B 3-vaccine series administered over a 6 month period.

Obtain the first vaccination; the second is given 1 - 2 months after the first dose and the third injection is 4 - 6 months after the first dose.

Effective immunization status can be proven by a titer confirming the presence of anti-Hbs or HepBSab antibodies in the blood. This titer is recommended but not mandatory. Students may choose to decline the hepatitis B vaccine; however, lack of immunity to hepatitis B means that students remain at risk of acquiring the disease.

Options to meet this requirement:

1. Submit a copy of laboratory documentation of a positive HbsAb titer.

OR

2. Upload a copy of your immunization record, showing completion of the three Hepatitis B injections. If the series is in progress, upload 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, it is recommended that you have an HbsAb titer drawn.

OR

3. Upload a copy of your signed Hepatitis B declination noting that by declining the vaccine you continue to be at risk of acquiring hepatitis B, a serious disease. MaricopaNursing declination form is available in CastleBranch.

F. Influenza (Flu Vaccine)

Influenza is a serious contagious respiratory disease which can result in mild to severe illness. Susceptible individuals are at high risk for serious flu complications which may lead to hospitalization or death.

The single best way to protect against the flu is annual vaccination. A flu vaccine is needed every season because: 1). the body's immune response from vaccination declines over time, so an annual vaccine is needed for optimal protection; 2). because flu viruses are constantly changing, the formulation of the flu vaccine is reviewed each year and sometimes updated to keep up with changing flu viruses. The seasonal flu vaccine protects against the influenza viruses that research indicates will be most common during the upcoming season.

Students are required to be vaccinated every flu season and to upload documentation proving annual vaccinations.

To meet this requirement:

Upload a copy of proof of flu vaccine proving annual vaccination.

G. CPR (Basic Life Support) Certification

CPR is a procedure performed on persons in cardiac arrest in an effort to maintain blood circulation and to preserve brain function. MaricopaNursing students are required to learn CPR by completing an American Heart Association Basic Life Support course. CPR certification must include infant, child, and adult, 1-and 2-man rescuer, and evidence of a hands-on skills component. CPR courses are offered at numerous locations throughout the greater Phoenix area.

The American Heart Association provides in-person courses and an online course. Students who complete online courses must complete the hands-on skills training and testing. CPR training without the hands-on skills training and testing component will not be accepted. Students are required to maintain current CPR certification throughout enrollment in the nursing program.

To meet this requirement:

Upload a copy of the signed CPR card (front and back) or CPR certificate.

H. Level One Fingerprint Clearance Card

All students admitted to any MaricopaNursing program are required to obtain and maintain a valid Level One Arizona Department of Public Safety Fingerprint Clearance Card (FCC). The FCC must remain current throughout every semester of enrollment in the program.

If the FCC is suspended or revoked at any time during the nursing program, the student must report this to the Nursing Director within five (5) school days and will be unable to continue in the program until the FCC is reinstated.

To meet this requirement:

Upload a copy (front and back) of a current Level One DPS Fingerprint Clearance Card.

I. Health Care Provider Signature Form

Must be completed and signed by a licensed healthcare provider (M.D., D.O., N.P., P.A.) within the past six (6) months.

To meet this requirement:

Upload a copy of the signed Health Care Provider Signature form completed within the past six (6) months.

J. American DataBank Clearance Document

All students admitted to MaricopaNursing are required to show a "Pass" result on the MCCCDC-required supplemental background screening completed within the past six (6) months through American DataBank. Information regarding the background clearance is obtained from MaricopaNursing following your acceptance into the nursing program.

Please note that results for the American DataBank self-check cannot be accessed by the nursing program. If you have done a self-check, you will be required to do an additional background check through American DataBank using your Nursing program access code and will be required to pay for this second check.

To meet this requirement:

Upload a copy of your American DataBank, clearance completed within the previous six (6) months showing a "Pass" status.

K. COVID - 19 Vaccine: Documented evidence of COVID-19 Vaccine or Declination

Date of 1st injection _____ Date of 2nd injection: _____

OR Date of single-dose injection _____
OR Provide a signed declination form for medical or religious reasons.

IMPORTANT:

- Healthcare students have a responsibility to protect themselves and their patients and families from preventable diseases. All students will purchase a supplemental background screen and Immunization Tracker from American DataBank. Program requirements will be approved by American DataBank.
- Students are responsible for maintaining all health and safety requirements and to submit documentation by due date. Failure to maintain program health and safety requirements will result in inability to continue clinical experiences and may result in withdrawal from the nursing program.
- All immunization records must include student name and the signature of healthcare provider.
- Health and safety requirements are subject to change depending on clinical agency requirements.

Health and Safety Requirements Worksheet

Name: _____ Date: _____

Use this worksheet as a guide to ensure that you have documentation of each requirement. **DO NOT** upload this document into American DateBank or myClinicalExchange. Only supporting documents (lab results, immunization records, signed healthcare provider form, etc.) for each requirement should be uploaded. Additional information regarding acceptable documentation for each requirement can be found on the American DataBank website.

MMR (Measles/Rubeola, Mumps and Rubella) To meet requirement:

A. MMR vaccination: Dates: #1 _____ #2 _____

OR

Date & titer results:

Measles: _____

Mumps: _____

Rubella: _____

B. **Varicella (Chickenpox)** To meet requirement:

Varicella vaccination dates: #1 _____ #2 _____

OR

Date & results of varicella IgG titer: Date: _____ Result: _____

C. **Tetanus/Diphtheria/Pertussis (Tdap)** To meet requirement:

Tdap vaccine: Date: _____

Td booster: Date: _____

D. **Tuberculosis** To meet requirement:

1. Negative 2-step TB Skin Test (TBST), including date of administration, date read, result, and name and signature of healthcare provider.

Initial Test (#1) Date: _____ Date Read: _____ Results: Negative or Positive

Boosted Test (#2) Date: _____ Date Read: _____ Results: Negative or Positive

2. Annual 1-step TBST (accepted only from continuing students who have submitted initial 2-step TBST)

Date: _____ Date Read: _____ Results: Negative or Positive

OR

3. Negative blood test (Either QuantiFERON or TSpot)

QuantiFERON Date: _____

T-Spot Date: _____

OR

4. Negative chest X-ray

OR

5. Documentation of a negative chest X-ray (x-ray report) or negative QuantiFERON result and completed Tuberculosis Screening Questionnaire (available in American DataBank).

Date: _____

D. Hepatitis B To meet requirement:

*1. Positive HbsAb titer Date: _____ Result: _____

OR

*2. Proof of 3 Hepatitis B vaccinations

Hepatitis B vaccine/dates: #1 _____ #2 _____ #3 _____

OR

*3. Hepatitis B declination- students who choose to decline Hepatitis B vaccine series must submit a HBV Vaccination Declination form.

H. Flu Vaccine To meet requirement:

Documentation of current annual flu vaccine Date: _____

I. American Heart Association CPR Card (Healthcare Provider level) To meet requirement:

CPR card or certificate showing date card issued: _____ Expiration date: _____

J. Level One Fingerprint Clearance Card (FCC) To meet requirement:

Level One FCC including date card issued: _____ Expiration date: _____

K. Health Care Provider Signature Form To meet requirement:

Healthcare Provider Signature Form signed and dated by healthcare provider.

Date of exam: _____

L. COVID-19 Documentation: All students will show proof of first and second injection OR Proof of single injection with vaccination card OR Provide a signed declination form for medical or religious reasons.

IMPORTANT:

- All students placed must provide documentation of compliance for the vaccinations and testing required to protect patient safety.
- Only students uploading/providing documentation of health and safety requirements are eligible to remain enrolled in nursing courses.
- The Nursing Department requires students to submit proof of health and safety documents for purposes of verification. Original documents will be retained by the student after submission to American DataBank.
- Students are responsible for maintaining their health and safety documentation and must submit documentation by due dates provided by American DataBank or the school. Failure to maintain program health and safety requirements may result in clinical warning, clinical probation, and/or withdrawal from the nursing program.
- All immunization records must include student name and the signature of healthcare provider.
- Health and safety requirements are subject to change depending on clinical agency requirements

11. American DataBank/Complio: Background Clearance Document To meet requirement:

CastleBranch background check document with date of “Pass” status: _____

Healthcare Provider Signature Form

Instructions for Completion of Healthcare Provider Signature Form

A healthcare provider must sign the Healthcare Provider Signature Form within six (6) months of program admission 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 (N.P.), or physician’s assistant (P.A.).

(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 have reviewed the MaricopaNursing Essential Skills and Functional Abilities. I believe the applicant:

_____ **WILL** _____ **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 Code: _____

Phone: _____

Essential Functional Abilities for Faculty and Students – Nursing and Healthcare

MaricopaNursing students must be able to meet essential functional abilities in order to maintain enrollment in a nursing program. MCCCCD health programs are committed to nondiscriminatory practices and do not discriminate against qualified applicants with a documented disability. If a student believes that he/she cannot meet the essential functional abilities without accommodations, the nursing program must determine, on an individual basis, whether accommodation can be made. The ultimate determination regarding reasonable accommodations will be made by the Nursing Department, in conjunction with Disability Resources.

Essential Functional Abilities	Standard	Examples of Required Activities
Character	Demonstrate integrity, accountability, responsibility, empathy, truthfulness, and care for others. Demonstrate emotional intelligence necessary to recognize and understand emotions of self and others. Demonstrate adherence to ANA Code of Ethics for Nurses	Relates to others with respect, honesty, civility, integrity, and nondiscrimination. Capacity to demonstrate ethical behavior, including adherence to the professional nursing and student honor codes. Takes responsibility and accountability for own actions. Recognition of and respect for diversity.
Motor Abilities	Mobility, dexterity, strength, and endurance sufficient to provide safe patient care.	Assist with procedures, treatments, and other patient care activities to provide safe, effective patient care such

		<p>as assisting with ambulation, and turning/lifting clients, and administering lifesaving measures.</p> <p>Practice in a safe manner to provide appropriate patient care with procedures, treatments, and medication administration.</p>
Perceptual/ Sensory Abilities	<p>Ability to see, hear, touch, smell, and distinguish colors.</p> <p>Visual, auditory, tactile, and olfactory abilities required to assess patients, equipment, and the environment.</p>	<p>Ability to hear alarms, auscultatory sounds, and communicate effectively with others.</p> <p>Visual acuity to read fine print, assess color variations, understand verbal and nonverbal communication.</p> <p>Tactile ability to discern pulsations, temperature, shapes, and other physical characteristics.</p> <p>Ability to detect environmental and patient odors.</p>
Interpersonal Relationships; Emotional Stability	<p>Capacity for development of effective therapeutic relationships.</p> <p>Ability to interact therapeutically with individuals from diverse social, emotional, cultural and intellectual backgrounds.</p> <p>Ability to work effectively in stressful and changing environments.</p> <p>Ability to accept constructive feedback and to modify behavior accordingly.</p>	<p>Establish and maintain rapport with patients/clients, colleagues and others.</p> <p>Ability to remain calm in stressful situations, including emergencies.</p> <p>Adapts rapidly to environmental changes and multiple task demands.</p> <p>Maintains professional behaviors at all times, including stressful situations.</p>
Communication	<p>Effectively and accurately reads, writes, and communicates in English.</p> <p>Accurately elicits, records, and protects patient information.</p> <p>Accurately interprets non-verbal communication, including facial expressions, affect and body language.</p> <p>Demonstrates computer literacy.</p> <p>Communicates professionally and civilly with patients, families, and others.</p>	<p>Gives verbal directions to or follows verbal directions from members of the healthcare team</p> <p>Conveys information to clients and others to teach, direct and counsel individuals in an accurate, effective, sensitive, and timely manner.</p> <p>Recognizes and reports critical patient information to appropriate individuals.</p>
Cognitive Abilities	<p>Ability to use critical thinking and clinical judgment to acquire, interpret, and use information.</p> <p>Able to solve problems involving measurement, calculation, reasoning, analysis and synthesis.</p> <p>Ability to gather data, to develop a plan of action, establish priorities and monitor and evaluate treatment plans and modalities.</p>	<p>Calculates appropriate medication dosage given specific patient parameters.</p> <p>Analyze and synthesize data to develop an appropriate plan of care.</p> <p>Collects data, prioritize needs and anticipate reactions.</p>

	Ability to react efficiently in an emergency situation.	Recognizes and responds appropriately in emergency situations to safeguard the patient and others.
Environment	<p>Recognize the personal and patient risk for exposure to communicable disease and other health hazards.</p> <p>Safely use equipment in laboratory or clinical settings needed to provide patient care.</p> <p>Utilize personal protective equipment.</p>	<p>Takes appropriate precautions for possible exposures such as communicable disease, blood borne pathogens, and latex.</p> <p>Uses personal protective equipment (PPE) as indicated.</p>

GateWay Community College Medication Assistant Program

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 MCCCDC 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 MCCCDC background check vendor will be asked to pass or fail each student based on the standards of MCCCDC'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 MCCCDC.

GateWay Community College Medication Assistant Program

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

(Student: Sign and Attach to Application)

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 MCCCCD 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 MCCCCD, 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 MCCCCD 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 MCCCCD 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

- 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

Medication Assistant Program
Desired Program

GateWay Community College

Student Acknowledgement: As of January 1 2012, the Arizona State Board of Nursing requires all Certificates of Completion associated with Medication Assistant Programs to be issued by Headmaster LLP/D & S Diversified Technologies LLP (Referred to as Headmaster).

The student is required to provide the following information to the Medication Assistant Program instructor of the record in order to receive a Certificate of Completion for Medication Assistant course. This information will be conveyed electronically to Headmaster. Upon receipt of this information, the student will be register with Headmaster.

Please Print Legibly:

Name: _____
(As is appears on Government issued photo-bearing ID)

Picture IDs need to be copied front and back and handed to Kristen Woods at time of orientation.

Social Security Number: _____ **DO NOT WRITE YOUR SS# HERE**

Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone Number (with area code) _____

I (print legibly) _____, have read and understand the contents of the Headmaster Student Acknowledgement Form and give Gateway Community College permission to share this information with Headmaster LLP/ D& S Diversified Technologies LLP.

Signature: _____ Date: _____