GateWay Community College

Advanced Placement Nurse Assistant Program

Information/Application Packet

July 1, 2023 – June 30, 2024

Effective July 1st, 2023

GATEWAY COMMUNITY COLLEGE
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Advanced Placement Nurse Assisting Program

GateWay Community College is pleased to offer the Advanced Placement Nurse Assisting (APNA) Program, approved by the Arizona State Board of Nursing. This program is designed to prepare students who have at least one year of current, full-time, direct patient care or two years of current, part-time direct patient care to be eligible to sit for the Nursing Assistant certification (CNA) or licensing (LNA) examination through the Arizona State Board of Nursing.
To qualify for this program: A student applying for the APNA Program must provide documentation of at least one year full-time employment or two years part-time employment in direct patient care within the past five years. (See form "**Verification of Direct Patient Care**")

Prerequisites
- Accuplacer Reading (Classic) score of 58 or higher or Reading (Next Gen) 230 or higher, or Reading ACT English and Reading score of 18 or higher, or SAT of 460 or higher (2016-current), or GED Reasoning Through Language Arts – 165 or higher, or RDG091 or higher or CRE101 test score, or 70% HESI-A2 exam English Composite, EdReady Reading 60 or higher AND Math MAT082 or MAT090 test score, or 70% HESI-A2 exam Math. Accuplacer Arithmetic (Classic) score of 20 or higher, Arithmetic (Next Gen) 200 or higher, EdReady Math 55 or higher or ACT 18 or higher, or SAT 510 or higher, or GED 165 or higher.
  - We will also accept the following for math and reading; High School Graduate within the last 5 years, with an overall, unweighted HS GPA of 2.6 or higher would meet the English/reading and math scores for placement in the NA program, or AGEC – Student who has completed the AZ General Education Curriculum (AGEC) would meet the required English/reading and math scores for placement in the NA program or
  - Students who have a previous degree (to include) AAS, BS, MS, EdD, PhD, will meet the required English/reading and math scores for placement in the NA program.
- Level One DPS Fingerprint Clearance Card
- MCCD Background Check (code will be provided following acceptance)
- Completed Health & Safety (documentation proof of immunity, immunization or current testing for identified disease, current CPR card)
- Completed Health Care Provider signature form
- Current and valid Government issued photo identification
- Meet urine drug screening requirements
  - 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.

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.
- Pass the Practicum 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.

- A student fails the final comprehensive exam and fails the retake, the highest grade that can be earned in the course is a "D".

Certification Information

The Maricopa Community Colleges offer a comprehensive Advanced Placement 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 certification or licensure exam, become a Certified or Licensed Nursing Assistant. The student may then 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 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/cnatesting/arizona/AZ_CNA_Home.htm

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 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 Advanced Placement Nursing Assistant Program *

• Registration Fee/Course Fee	55.00
• NCE 150/151 (2 credits x $97.00; Maricopa County Resident)	194.00
• Fingerprinting fee	75.00
• Background Check	67.00
• Urine Drug Screen	58.00
• Uniform and Clinical Supplies - cost will vary	65.00
• Physical Exam and Immunizations	250.00
• Health Document Tracker	10.00
Total Estimated Cost of the APNA Course	**$774.00***

*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.

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.

REGISTRATION INFORMATION

Students registering for the Advanced Placement Nurse Assisting Program are required to:

	Attend the required Advisor Information Session
	Meet with a Nursing Advisor
	Submit current Reading (56+) and Math (31+) Accuplacer Scores or Next Generation Reading 250+ and Math 220+ or other Math & Reading
	Provide proof of one (1) year full-time employment or two (2) years part-time employment in direct patient care in the last 5 years.
	Submit a copy (front and back) of current CPR card. **American Heart Association** ONLY Health Care Provider level/BLS.
	Submit a copy (front and back) of current Level One Fingerprint Clearance Card
	Submit a completed and current Health and Safety Documentation form and the Health Care Provider Signature Form
	Complete a criminal background check (information and code will be supplied by program after registration)
	Complete a urine drug screen (will receive directions for this once accepted)
	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

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

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Verification of Direct Patient Care Experience

GateWay will accept a combination of school (clinical) hours and employment hours. For verification, please submit a letter from your employer on employer letterhead stating dates employed and hours worked per week and/or transcripts from school(s) attended, job title and duties. All hours submitted for review must have been completed within five years prior to application. The types of employment may vary and the Program Coordinator and/or Nursing Division Director will make the final determination on eligibility of hours.

Name_____ Date: _____

Employer and/or School_____

Title:_____

Duties:_____

Responsibilities _____

Check all that apply:

_____ Employed

_____ Attended school

Date(s) Employment or school began_____

Date(s) Employment or school ended _____

Hours worked per week _____

Total Lab/Clinical hours _____

I certify that the information provided above is true and correct.

_____
Student   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 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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(PRINT) Name _____ Student ID Number_____

Phone: Day_____Evening_____Cell _____

Mailing Address_____

City_____State_____Zip_____

(PRINT) E-Mail Address_____
    <u>Maricopa only</u>   **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 in person, email naprogram@gatewaycc.edu to set up an appointment.
- Submit Proof of one (1) year full-time or two (2) years part-time employment in direct patient care; approval required by program coordinator and/or division director.
- Completed application will consist of:
  - The 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 (American Heart Association only).
  - 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 Nursing Assistant course.
- Upon completion of this form (including copies of Health and Safety documentation requirements) schedule appointment with one of the advisors identified below for application review and acceptance:
  - naprogram@gatewaycc.edu
- Only students with complete documentation of health and safety requirements will be registered in the APNA courses.

HEALTH AND SAFETY REQUIREMENTS

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

a. Attach a copy of proof of positive IgG antibody titer for Measles/Rubeola, Mumps and Rubella or completion of one series of MMR immunizations. One "series" of immunizations includes immunization for each disease on separate dates at least 28 days apart.

OR

b. 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.

1. If the titer results are POSITIVE, attach a copy of the lab results to the health declaration form.

2. If any of the titer results are NEGATIVE or EQUIVOCAL, you must get your first MMR vaccination and attach documentation to this health and safety documentation checklist. The second MMR must be completed after 28 days and proof submitted to the nursing department

B. Varicella (Chickenpox)

a. Attach a copy of proof of a positive IgG titer for varicella.

OR

b. If the titer is NEGATIVE or EQUIVOCAL, attach a copy of proof to this health and safety documentation checklist that you received the first vaccination. Complete the second vaccination30 days later and submit proof to the nursing department.

C. Tetanus/Diphtheria/Pertussis (Tdap):

Tdap = Tetanus / Diphtheria /Pertussis

Td = Tetanus / Diphtheria

You must provide proof of a one-time adult dose of Tdap (age 19 or older), followed by a Td booster every 10 years. The most recent immunization must be within the past two years. Attach proof of a Tdap vaccination and Td if indicated.

D. Tuberculosis (TB)

All students entering the nursing program are required to submit documentation of negative tuberculosis status. Documentation may include a negative 1 or 2 step Tuberculosis Skin Test. If you have ever received skin test in the past, you are required to get a 1 step test before beginning the nursing program. If you have never had a skin test in the past, you are required to get a 2 step test. A skin test is considered current if no more than 365 days have elapsed since the administration of the test. For a 2-step test, the 365 day time interval starts the day the second test is administered. If you have ever had a positive skin test, you much provide documentation of a negative QuantiFERON or negative chest X-ray within the last 2 years and annual completion of a Tuberculosis Screening Questionnaire.

Documentation for TB skin testing requires date give, date read, result along with the name and signature of the healthcare provider.

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. The second injection is given 1 to 2 months after the first dose and the third injection is 4 to 6 months after the first dose.

      a. Submit a copy of proof of a positive HbsAb titer.

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, it is recommended that you have an HbsAb titer drawn.

OR

      d. Submit a copy of proof of a positive HbsAb titer.

F. Influenza (Flu Vaccine)

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

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

G. Submit CPR (Healthcare Provider Level) 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 will not be accepted.

H. Level One Fingerprint Clearance Card: The original Fingerprint Clearance Card (FCC) will need to be presented and validated. The FCC must remain current throughout the semester of enrollment. If at any time your card becomes sanctioned or is revoked, the student must immediately notify the Nursing Assistant Program Coordinator within five (5) school days and will be unable to continue in the program until the FCC is reinstated. The student must be able to show his or her FCC at any time upon request.

I. 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.

J. Certified Background Clearance Document: All students admitted to the program are required to show a "Pass" result on the MCCCD-required background screening. Information on the background clearance is obtained once you are accepted into the program.

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: All students placed in the nursing program must provide documentation of compliance for the vaccinations and testing required to protect patient safety. Only students providing documentation of health and safety requirements are eligible to remain enrolled in nursing courses.
Students are responsible for maintaining their records and must upload documentation when due. Original documents are to be retained by the student.
All immunization records must include your name and the signature of your healthcare provider.

A signature on the Health Care Provider Signature form, without proof of immunization or titer status, is NOT acceptable.

Health and Safety Requirements Worksheet

Name:_____**Date:**_____

Below are the current Health & Safety Requirements recognizing that some requirements may change prior to placement. Attach documentation (copies of lab reports, immunization records, and CPR card) as indicated for each of the following to be in compliance. Submit COPIES ONLY as you will be required to upload health and safety documents to the American Database platform.

A. **MMR (Measles/Rubeola, Mumps and Rubella)** Requires documented proof of a positive IgG MMR titer or documented proof of one MMR series.

Date and Results of IgG titer: Measles/Rubeola _____Mumps_____Rubella_____

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

      MMR vaccination: Dates: #1_____ #2_____

B. Varicella (Chickenpox) Requires documented proof of positive IgG titer or documented proof of one Varicella series.

Date of IgG titer: _____

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

Varicella vaccination dates: #1_____ #2_____

C. Tetanus/Diphtheria/Pertussis (Tdap): One-time dose of Tdap (age 19 or older), followed by a TD booster every 10 years.

Tdap vaccine: Date: _____ Td booster: Date: _____

D. **Tuberculosis** Documentation of a Two-Step TB Skin Test. For individuals who have never had a TB test, this consists of an initial TB skin text and a boosted TB skin test 1-3 weeks apart. After completion of the 2-step, an annual update of TB skin test is sufficient. If you have a positive skin test, provide documentation of a QuantiFERON test or negative chest X-ray within the last 2 years, and annual documentation of TB disease free status.

Two-Step:

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

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

Annual Update: Date: _____ Date Read: _____ Results: Negative **or** Positive

OR

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

Date: _____

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 injection is 1 to 2months after the first dose and the third injection is 4 to 6 months after the first dose. A Hepatitis B titer is recommended1-2 months after dose #3 to confirm immunity.

Positive HbsAb titer Date: _____ Result: _____

Date of 1st injection _____
Date of 2nd injection_____
Date of 3rd injection _____

OR

Hepatitis B declination Form Date:_____

F. Flu Vaccine During the flu season, students will be required to be vaccinated

G. CPR Card American Heart Association (Healthcare Provider level)

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

An official **card** is required, online certificates are not accepted

H. Level One Fingerprint Clearance Card (FCC)

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

I. 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.

Healthcare Provider Signature Form signed and dated by healthcare provider.

Date of exam: _____

J. Background Clearance Document Date _____

K. 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

IMPORTANT: All students placed in the nursing program must provide documentation of compliance for the vaccinations and testing required to protect patient safety. Only students providing documentation of health and safety requirements are eligible to remain 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 upload documentation when due.** Original documents are to be retained by the student. All immunization records must include your name and the signature of your healthcare provider.

<u>A signature on the Health Care Provider Signature form, without proof of immunization or titer status, is NOT acceptable.</u>

Health and Safety requirements are subject to change depending on clinical agency requirements.

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 Skills and Functional Abilities for Nursing Students

Individuals enrolled in MaricopaNursing must be able to perform essential skills. If a student believes that he or she cannot meet one or more of the standards without accommodations, the nursing program must determine, on an individual basis, whether a reasonable accommodation can be made. The ultimate determination regarding reasonable accommodations will be based upon the preservation of patient safety.

Functional Ability	Standard	Examples Of Required Activities
Motor Abilities	Physical abilities and mobility sufficient to execute gross motor skills, physical endurance, and strength, to provide patient care	☐ Mobility sufficient to carry out patient care procedures such as assisting with ambulation of clients, administering CPR, assisting with turning and lifting patients, providing care in confined spaces such as treatment room or operating suite.
Manual Dexterity	Demonstrate fine motor skills sufficient for providing safe nursing care.	☐ Motor skills sufficient to handle small equipment blood pressure cuff valve control, grasp small objects, such as pen and squeeze with finger (e.g., bulb of B/P cuff)
Perceptual/ Sensory Ability	Sensory/perceptual ability to monitor and assess clients.	☐ Sensory abilities sufficient to hear alarms, auscultory sounds, cries for help, etc. ☐ Visual acuity to read calibrations on blood pressure equipment. To observe color (cyanosis, pallor, etc.). ☐ Tactile ability to feel pulses, temperature, palpate veins, etc. ☐ Olfactory ability to detect smoke, odor, etc.
Behavioral/ Interpersonal/Emotional	Ability to relate to colleagues, staff and patients with honesty, civility, integrity and nondiscrimination. Capacity for development of mature, sensitive and effective therapeutic relationships. Interpersonal abilities sufficient for interaction with individuals, families and groups from various social, emotional, cultural and	☐ Establish rapport with patients/clients and colleagues. ☐ Work with teams and workgroups. ☐ Emotional skills sufficient to remain calm in an emergency situation. ☐ Behavioral skills sufficient to demonstrate the exercise of good judgment and prompt completion of all responsibilities attendant to the diagnosis and care of patients.

	intellectual backgrounds. Ability to work constructively in stressful and changing environments with the ability to modify behavior in response to constructive criticism. Negotiate interpersonal conflict. Capacity to demonstrate ethical behavior, including adherence to the professional nursing and student honor codes.	☐ Adapt rapidly to environmental changes and multiple task demands. ☐ Maintain behavioral decorum in stressful situations.
Safe environment for patients, families and co-workers	Ability to accurately identify patients. Ability to effectively communicate with other caregivers. Ability to administer medications safely and accurately. Ability to operate equipment safely in the clinical area. Ability to recognize and minimize hazards that could increase healthcare associated infections. Ability to recognize and minimize accident hazards in the clinical setting including hazards that contribute to patient, family and co-worker falls.	☐ Prioritizes tasks to ensure patient safety and standard of care. ☐ Maintains adequate concentration and attention in patient care settings. ☐ Seeks assistance when clinical situation requires a higher level or expertise/experience. ☐ Responds to monitor alarms, emergency signals, call bells from patients, and orders in a rapid and effective manner.
Communication	Ability to communicate in English with accuracy, clarity and efficiency with patients, their families and other members of the health care team (including spoken and non-verbal communication, such as interpretation of facial expressions, affect and body language). Required communication abilities, including speech, hearing, reading, writing, language skills and computer literacy. Communicate professionally and civilly to the healthcare team including peers, instructors, and preceptors.	Gives verbal directions to or follows verbal directions from other members of the healthcare team and participates in health care team discussions of patient care. ☐ Elicits and records information about health history, current health state and responses to treatment from patients or family members. ☐ Conveys information to clients and others to teach, direct and counsel individuals in an accurate, effective and timely manner. ☐ Establishes and maintain effective working relations with patients and co-workers. ☐ Recognizes and reports critical patient information to other caregivers.
Cognitive/ Conceptual/ Quantitative Abilities	Ability to read and understand written documents in English and solve problems involving measurement, calculation,	☐ Analyze and synthesize data and develop an appropriate plan of care. ☐ Collects data, prioritize needs and anticipate reactions.

	reasoning, analysis and synthesis. Ability to gather data, to develop a plan of action, establish priorities and monitor and evaluate treatment plans and modalities. Ability to comprehend three-dimensional and spatial relationships. Ability to react effectively in an emergency situation.	☐ Recognizes an emergency situation and responds effectively to safeguard the patient and other caregivers. ☐ Transfers knowledge from one situation to another. ☐ Accurately processes information on equipment, calibrations, printed documents, flow sheets, graphic sheets, records, other medical records and policy and procedure manuals.
Punctuality/ work habits	Ability to adhere to MaricopaNursing policies, procedures and requirements as described in the Student Nurse Handbook, college catalog and student handbook and course syllabus. Ability to complete classroom and clinical assignments and submit assignments at the required time. Ability to adhere to classroom and clinical schedules.	Attends class and submits clinical assignments punctually. ☐ Reads, understands and adheres to all policies related to classroom and clinical experiences. ☐ Contacts instructor in advance of any absence or late arrival. ☐ Understands and completes classroom and clinical assignments by due date and time.
Environment	Recognize the personal risk for exposure to health hazard. Use equipment in laboratory or clinical settings needed to provide patient care. Tolerate exposure to allergens (latex, chemical, etc.). Tolerate wearing protective equipment (e.g. mask, gown, gloves)	Takes appropriate precautions for possible exposures such as communicable disease, blood-borne pathogens, and latex. ☐ Uses personal protective equipment (PPE) appropriately.

GateWay Community College Nurse 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 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.

GateWay Community College Nurse Assistant Program

ACKNOWLEDGEMENT OF CRIMINAL BACKGROUND CHECK REQUIREMENTS

APPLICABLE TO STUDENTS SEEKING ADMISSION TO ALLIED HEALTH OR NURSING

(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 MCCCD 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 MCCCD supplemental background check that will be conducted on you.

Please complete the DPS form, the MCCCD 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:

1. I understand that I must submit to and pay any costs required to obtain a Level-One Fingerprint Clearance Card and an MCCCD supplemental criminal background check.
2. 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.
3. I understand that I must submit to and pay any costs required to obtain an MCCCD supplemental background check.
4. I understand that failure to obtain a "pass" as a result of the MCCCD supplemental criminal background check will result in a denial of admission to a Program or removal from it if I have been conditionally admitted.
5. 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.
6. I understand that a clinical agency may require an additional criminal background check to screen for barrier offenses other than those required by MCCCD, 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.
7. I understand that the both the MCCCD 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
8. By virtue of the MCCCD 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)

9. I understand that I must disclose on all background check data collection forms (DPS, MCCCD 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.

10. 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 MCCCD may, within its discretion, disclose to a clinical agency that I have been rejected by another clinical agency. I further understand that MCCCD 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.

11. 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.

12. 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

_____   Advanced Placement Nurse Assisting_____
Printed Name   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 Nursing 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 Nursing Assistant Program instructor of the record in order to receive a Certificate of Competition for NUR158. This information will be conveyed electronically to Headmaster. Upon receipt of this information, the student will be register with Headmaster.

The student is required to provide the following information to the Nursing Assistant Program instructor of the record in order to receive a Certificate of Competition for NUR158. 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: _____