



# **GateWay Community College**

## **NURSE ASSISTANT PROGRAM**

### **Information/Application Packet**

GateWay Community College

Nursing Assistant Coordinator: Kristen Woods MN., RN (602) 286-8568  
Director, Nursing Division: Margi Schultz, PhD, RN, (602) 286-8530

2017 – 2018  
Effective date: Summer 2017



## GateWay Community College Nurse Assistant Program

### Course Information

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

### Prerequisites

RDG091 or higher or CRE101 test score, or 75% HESI-A2 exam English Composite AND (MAT082 or MAT090 test score, or 75% HESI-A2 exam Math). Accuplacer Math score of 31 or higher and Accuplacer Reading score of 56 or higher. Level One DPS Fingerprint Clearance Card, MCCD Background Check, and completed Health & Safety documentation (proof of immunity, immunization or current testing for identified disease, current CPR card) and completed Health Care Provider signature form, as well as, current and valid Government issued photo identification. Required to sign up and pay for myClinicalExchange.

### Occupational Information

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

### Certification Information

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

Information on the Arizona State Board of Nursing application process is available at <http://www.azbn.gov>. The certifying exam is administered by state certified evaluators and students may take the exam scheduled at nearby testing centers. The fee for this exam is \$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](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 office is located at 4707 North 7<sup>th</sup> Street, Suite 200, Phoenix, Arizona, 85014-3653. Phone 602-771-7800, FAX 602-771-7888. <https://www.azbn.gov>

### Cost Estimate for the Nursing Assistant Program \*

Registration Fee/Course Fee		50.00
NUR158 Nursing Assistant Courses (6 credits x \$86.00; Maricopa County Resident)		516.00
Fingerprinting fee	Cost will Vary	67.00
Textbooks	Approx.	155.00
Background Check/Urine Drug Screen/mCE		166.50
Uniform and Clinical Supplies	Cost will Vary	125.00
Physical Exam and Immunizations	Cost will Vary	<u>275.00</u>
<b>Total Estimated Cost of Nursing Assistant Program</b>		<b>\$1,354.50</b>

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



**INFORMATION FOR STUDENTS**

- **ZERO TOLERANCE POLICY:** The Maricopa Community Colleges Nursing Assistant Program supports a Zero Tolerance Policy for the following behaviors:
  - Intentionally or recklessly causing physical harm to any person on the campus or at a clinical site, or intentionally or recklessly causing reasonable apprehension of such harm.
  - Unauthorized use or possession of any weapon or explosive device on the campus or at a clinical site.
  - Unauthorized use, distribution, or possession for purposes of distribution of any controlled substance or illegal drug on the campus or at a clinical site.Nursing Program student engaging in this misconduct is subject to immediate dismissal from nursing classes and disciplinary action as described in the Student Handbook of the college.
- **HEALTH DECLARATION:** It is essential that nursing students be able to perform a number of physical activities in the clinical portion of the program. At a minimum, students will be required to lift patients, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement direct patient care. The clinical nursing experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should give careful consideration to the mental and physical demands of the program prior to making application.  
**All students placed in the nursing program must provide documentation of compliance of all health and safety requirements required to protect patient safety.** Only students providing documentation of compliance are permitted to enroll in nursing courses. Students will meet these requirements by providing the Health/Safety Requirements Documentation Checklist and the signed Health Declaration Form, with all documentation attached, as directed.
- **FINGERPRINTING REQUIREMENT:** Fingerprint clearance is required for enrollment in nursing courses. Fingerprint clearance is required to work and care for children, the elderly, and any vulnerable adult. If there is a positive criminal history, a fingerprint clearance may be denied. The Level One Fingerprint Clearance Card cannot expire during the Nursing Assistant program. The Level One Fingerprint Clearance Card required for the Nursing Assistant program will not meet the requirements for certification through the Arizona State Board of Nursing.
- **DRUG SCREENING:** All students are required to submit to a urine drug screening laboratory test. Students must complete the urine drug screening under the program account number, within the specified timeframe, and according to directions given at the time of notification to meet this requirement. Only students meeting the drug screening requirement and receiving negative drug screens, as reported by the Medical Review Officer (MRO), will be permitted to maintain enrollment in nursing courses.
- **WAIVER OF LICENSURE/CERTIFICATION GUARANTEE:** Admission or graduation from the Nursing Program does not guarantee obtaining a license or certificate to practice nursing. Licensure and certification requirements and the subsequent procedures are the exclusive right and responsibility of the Arizona State Board of Nursing. Students must satisfy the requirements of the Nurse Practice Act: Statutes, Rules and Regulations, independently of any college or school requirements for graduation. According to A.R.S. § 32-1646 (B), an applicant for nursing assistant certification is not eligible for certification if the applicant has had any felony convictions and has not received an absolute discharge from the sentences for all felony convictions. The absolute discharge from the sentence for all felony convictions must be received five (5) or more years before submitting this application. If you cannot prove that the absolute discharge date is five or more years, the Board will notify you that you do not meet the requirements for certification.  
All nursing assistant applicants for certification will be fingerprinted to permit the Department of Public Safety to obtain state and federal criminal history information. All applicants with a positive history are investigated. If there is any question about eligibility for licensure or certification, contact the nursing education consultant at the Arizona State Board of Nursing (602-771-7800).



GateWay Community College Nurse Assistant Program

**REQUIRED INFORMATION**

(PRINT) Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(PRINT) E-Mail Address \_\_\_\_\_

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

**DIRECTIONS:**

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

- Review application form with GWCC nursing advisor, call 602 286 8600 to schedule an appointment.
- The advisor will direct **completed** applications to the program coordinator, Kristen Woods, RN.
  - 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.
  - **copy** of the front and back of your Arizona State issued Drivers License, Passport or eligible government issued identification.
  
- It is the responsibility of the student to verify that all Health and Safety Requirements remain current through the last day of the Nursing Assistant course, and to provide updated documentation to the course instructor.
  
- Upon completion of this form (including **copies** of Health and Safety documentation requirements) schedule appointment with the advisor identified above for application review.
  
- Only students with complete documentation of health and safety requirements will be registered by the program coordinator in the nursing assistant course.



**GateWay Nursing Division Checklist of Registration Requirements**

Name: \_\_\_\_\_ Date \_\_\_\_\_ Advisor Initials \_\_\_\_\_

Requirement	Check	Notes
Health Care Provider Signature Form		
RDG091 grade or HESI test results English Composite or Accuplacer 56+		
MAT082 or MAT090 grade or HESI-A2 Math or Accuplacer 31+		
Level One Fingerprint Clearance Card		
CPR card (Healthcare Provider Level)		
Tetanus/Diphtheria/Pertussis (Tdap)		
MMR x 2/ Titer MMR _____ Rubeo _____ Mumps _____ Rub _____		
Varicella x 2/ titer (IgG)		
Hepatitis B x3/ titer (hbsAB)		
Two-Step TB Skin Test , blood test, or Chest X-ray		
Certified Profile and Medical Tracker (Background Check, Health and Safety, Disclosure Form)		
My Clinical Exchange		
Copy of Driver's License or Passport		
Other		



## GateWay Community College Nurse Assistant Program

Applicant: \_\_\_\_\_ Student ID \_\_\_\_\_ Date: \_\_\_\_\_

### INSTRUCTIONS FOR COMPLETING HEALTH AND SAFETY FORMS

**IMPORTANT: Nursing students must provide documentation of compliance for vaccinations and TB testing required to attend clinical experiences.**

The Nursing Department does not retain copies of immunization records. All Health and Safety records have now been moved to electronic database through Certified Profile. Students are responsible for maintaining their own records including current CPR certification, Level One DPS Cards and proof of negative TB skin tests until completion of the program. All immunizations and TB must be updated and remain current during the semester. Copies of proof of these updates are submitted to the Certified Profile accounts.

#### REQUIREMENTS

- A. **MMR (measles/rubeola, mumps, rubella)**  
**Options to meet this requirement:**  
Proof of MMR immunity by submitting documentation of one of the following:
- 2 Vaccines for MMR (Minimum of 30 days between vaccines) **OR**
  - Positive IgG Antibody titer for ALL 3 components (**Lab Report Required**)
- Series in process is acceptable. If titer is negative or equivocal new alerts will be created for you to provide repeat series
- B. **Varicella (chickenpox)**  
**Options to meet this requirement:**  
Proof of Varicella immunity by submitting documentation of one of the following:
- 2 Vaccines for Varicella (Minimum of 30 days between vaccines) **OR**
  - Positive IgG Antibody titer (**Lab Report Required**)
- Series in process is acceptable. If titer is negative or equivocal new alerts will be created for you to provide repeat series
- C. **Tdap (Tetanus/Diphtheria/Pertussis (Tdap)/immunization within the past 10 years.**
- Submit documentation of a Tetanus, Diphtheria (Tdap), and Pertussis booster administered at age 19 or older
  - If vaccines are over 10 years old, must submit documentation of Td vaccine; Submitted vaccines must be dated within the past 2 years
  - The renewal date will be set for 10 years from the administered date of the most recent vaccination.
- D. **Tuberculosis/TB Skin Test**  
**Options to meet this requirement:**
- Negative 2-step TB skin test (two 1-Step TB skin tests administered 1-3 weeks apart) **OR**
  - Negative IGRA (QuantiFeron (**Lab Report Required**) **OR**
  - Clear Chest X-Ray is required if previous TB step was positive; Chest X-Ray must be within past 2 years (**Lab Report/Comparison required**). Chest X-rays are required every 2 years include/attached together with a TB Symptom Screening Questionnaire Form)
- E. **Hepatitis B**  
**Options to meet this requirement:**
- 3 Vaccines for Hep B **OR**
  - If you have not received the injections in the past, you must obtain the first injection and attach a copy of proof of the injection to the Certified Profile account. You must receive the 2nd injection in one month and the 3rd four months after the second. Submit documentation to the Certified Profile account. If you series is in process, submit where you are in the process, and new alerts will be created for you to complete the series. **OR**
  - Positive Antibody titer (Lab Report Required) **OR**
  - Attach a copy of proof of a positive HbsAB antibody titer to the Certified Profile account. **OR**
  - A Signed Declination Waiver (Available to download, print complete, and then re-upload)
- F. **CPR Card:**
- ALL CPR Card must be **American Heart Association /Healthcare Provider level BLS/CPR course**.  
Online courses not acceptable!
  - Certificates are not acceptable under ANY circumstances.
  - Attach a copy of both sides of the CPR card to this form. CRP certification must include infant, child, and adult, 1 and 2 man rescuer, and evidence of a land-based demonstration component. **CPR certification** must remain current through the semester of enrollment.
- G. **Level One Fingerprint Clearance Card:**
- H. Attach a copy of the front and back of the Level One Fingerprint Clearance Card. The Level One Fingerprint Clearance Card must remain current through the semester of enrollment.



## GateWay Community College Nurse Assistant Program

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



GateWay Community College Nurse Assistant Program

HEALTH AND SAFETY DOCUMENT CHECKLIST

Applicant \_\_\_\_\_ Date \_\_\_\_\_
E-mail Address \_\_\_\_\_
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Student ID # \_\_\_\_\_

A. MMR (Measles/Rubeola, Mumps, and Rubella): Requires documented proof of two MMR Vaccines (30 days between vaccines is a must) or a positive IgG Antibody titer for ALL 3 components of all three diseases.

1st MMR Date \_\_\_\_\_ 2nd MMR Date \_\_\_\_\_ (30 Days Later)

OR Date of Titer and Results

Measles / Rubeola / / Pos / Neg | Mumps / / Pos / Neg | Rubella / / Pos / Neg

Lab Results Attached Yes / No (MUST)

B. Varicella (Chickenpox): Requires documented proof of two (2) vaccinations or positive IgG titer.

1st Varicella Date \_\_\_\_\_ 2nd Varicella Date \_\_\_\_\_ (30 Days Later)

OR Date of Titer and Result

Varicella Titer \_\_\_/\_\_\_/\_\_\_ Pos / Neg

Lab Results Attached Yes / No (MUST)

C. Tetanus/Diphtheria/Pertussis (TDAP) immunization within the past 10 years. If vaccines are over 10 years old, must submit documentation of Td vaccines. Submitted vaccines must be dated within the past 2 years.

TDAP Date: \_\_\_\_\_ Td Date: \_\_\_\_\_

Vaccination Attached Yes / No (MUST)

D. Tuberculosis: Two-Step Testing (How to do a 2-step Process and keep up on TB Annual)

- First Initial Step#1
Second Initial Step#2
Go back have Step #1 Read within (2-3 days). (wait 1-3 weeks later start up)
If second test negative, consider person uninfected.
Always get TB Annual a year after initial TB Reading (1 reading required)

STEP #1 Step #1 Given \_\_\_\_\_ Date \_\_\_ Pos / Neg Date Read \_\_\_\_\_

AND

STEP #2 Step #2 Given \_\_\_\_\_ Date \_\_\_ Pos / Neg Date Read \_\_\_\_\_

TB Form Attached Yes / No (MUST)

Tuberculosis QuantiFeron

Titer \_\_\_\_\_ Date Given \_\_\_\_\_ Date Results Read \_\_\_\_\_ Pos / Neg

Lab Results Attached Yes / No (MUST)

Tuberculosis Chest X-Ray Date Given \_\_\_\_\_ Date Transcription \_\_\_\_\_ / Clear Neg Results

AND attach always attach the "Tuberculosis Symptoms Questionnaire Form" with Chest X-Ray

Lab Comparison Attached Yes / No (MUST)

E. Hepatitis B: Documented evidence of completed series or positive antibody titer.

Date of 1st injection \_\_\_\_\_ Date of 2nd injection \_\_\_\_\_ Date of 3rd injection \_\_\_\_\_
(1 month after 1st inject) (4-6 month later inject)

Hep B Titer Date \_\_\_\_\_ Pos / Neg

Lab Results Attached Yes / No (MUST)

F. CPR Card: (Must be American Heart Association Healthcare Provider course or CPR Pro through ASHI (NO ONLINE COURSE ACCEPTED!))

Healthcare Provider BLS \_\_\_\_\_ Expiration Date \_\_\_\_\_

G. Level One Fingerprint Clearance Card (DPS Card) card is black and white

Level One FCC Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

H. Health Provider Signature Form

Health Provider Signature Form Date \_\_\_\_\_





GateWay Community College Nurse Assistant Program

**Health Care Provider Signature Form**

A health care provider **must** sign Health Care Provider Signature Form **within 6 months of application** and indicate whether the applicant will be able to function as Nursing Students. Health care providers who qualify to sign this declaration include a licensed physician (M.D., D.O.), a nurse practitioner, or physician's assistant.

\_\_\_\_\_  
Applicant Name(Please Print)

\_\_\_\_\_  
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 experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should give careful consideration to the mental and physical demands of the program prior to making application.

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

If not, please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Ste #

\_\_\_\_\_  
City

\_\_\_\_\_  
State/

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax



## Tuberculosis Screening Questionnaire

(For Individuals with Positive TB Test Only)

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Positive TB skin test (PPD) Date

\_\_\_\_\_  
Last Chest X-Ray Date

Please indicate if you are having any of the following problems for three to four weeks or longer:

- |                                       |                              |                             |
|---------------------------------------|------------------------------|-----------------------------|
| 1. Blood-Streaked Sputum              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Chronic Cough greater than 3 weeks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Unexplained Fatigue/Tiredness      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Unexplained Fever                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Unexplained Night Sweats           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Chest Pain                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Shortness of Breath                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Unexplained Weight Loss            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If "Yes" is marked on any of the above questions, then student must submit a negative chest x-ray and health care provider clearance prior to student participation at clinical assignment.

The undersigned hereby verifies that the answers on this document are true to the best of his/her knowledge. The undersigned student hereby agrees to the release of this information to GateWay Community College's Allied Health and Nursing programs as part of a health screening process.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



## GateWay Community College Nurse Assistant Program

### TB TESTING DOCUMENTATION FORM

STUDENT NAME (PLEASE PRINT) \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT ID NUMBER \_\_\_\_\_ PROGRAM \_\_\_\_\_

#### INSTRUCTIONS FOR COMPLETING

**IMPORTANT:** The Allied Health and Nursing programs at GateWay Community College require 2-Step TB testing. This testing process consists of two (2) individual TB tests that are administered within a one to three week time period. TB testing that falls outside of this time frame will not be accepted. If a test indicates a positive read, a chest x-ray is required.

**Please note that this form requires completion by a healthcare provider.**

#### TB SKIN TEST – STEP 1 OF 2-STEP

Date Given	Date Read	Result	Size of Induration, if applicable	
HealthCare Provider Signature	Name of Clinic		Address	Phone

#### TB SKIN TEST – STEP 2 OF 2-STEP

Date Given	Date Read	Result	Size of Induration, if applicable	
HealthCare Provider Signature	Name of Clinic		Address	Phone

#### ANNUAL TB SKIN TEST

Date Given	Date Read	Result	Size of Induration, if applicable	
HealthCare Provider Signature	Name of Clinic		Address	Phone

#### CHEST X-RAY (IF DOCUMENTED POSITIVE TB TEST)

Date Given	Results	<b>Attach a copy of the radiologic report</b>
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## GateWay Community College Nurse Assistant Program

*(Student Copy)*



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

#### Overview of the Requirements

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

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

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

#### Implementation of the Requirements

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

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



## GateWay Community College Nurse Assistant Program

*(Student: Sign and Attach to Application)*



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

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

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

By signing this acknowledgement, you acknowledge the following:

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



## GateWay Community College Nurse Assistant Program

- 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.

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Signature

---

Date

---

Printed Name

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**Nurse Assistant Program**

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Desired Health Care Program



GateWay Community College Nurse Assistant 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.

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: \_\_\_\_\_