

**Wenatchee Valley College**  
**NURSING ASSISTANT**  
**NURS 090 – 8 credits**

**TRAINING**

The nursing assistant program at WVC provides the basics in care-giving skills for entry-level employment in healthcare. The certificate program is offered as an eight- to ten-week course during the academic year. It includes instruction of personal care skills, roles and responsibilities of nursing assistants, communication skills, and safe and emergency procedures. It also includes CPR training for healthcare providers and seven hours of HIV/AIDS training as required by Washington State. Upon completion, students are eligible to take the certification examination for nursing assistants. This course, or its equivalent, is a prerequisite for the nursing program.

**COURSE PREREQUISITES**

- ❖ You will be required to provide official documentation of a **2-step PPD** (2 separate tuberculin skin tests placed 1-3 weeks apart) with negative results within the last year with your application. If it expires during the quarter that the class is being taken, it needs to be renewed BEFORE acceptance into the class.
- ❖ You must also have documentation of at least your first **Hepatitis B vaccination**. Your second HepB vaccination should be done 30 days after the first injection, and your third HepB vaccination should be done 4-6 months after your second injection.
- ❖ You must also complete the attached forms: Application, the Required Documentation form, Student Disclosure Form, a Child and Adult Abuse Information Act Disclosure statement, **background check** within the last 30 days (attach a copy with your application), Medical Record Form, Student Release Form and Student Confidentiality Form. You must also provide verification (a copy of your current insurance card) of **major medical insurance**. Liability insurance is calculated into tuition and fees at the time of registration.

Omak students only

- ❖ A **negative drug test** within the last 30 days is required for students enrolled in the Omak class (a requirement of the clinical site). The drug test is not required for students enrolled in the class in Wenatchee.
- ❖ Flu Vaccine for Fall and Winter quarters are required. Summer and Spring flu vaccine is not required.

**COURSE CONTENT**

The nurse assistant course consists of 35 hours of classroom content and 50 hours of clinical instruction that will take place in the college lab and in one of the long-term care facilities that contract with Wenatchee Valley College for this purpose. The times for clinical training will generally be the same as the classroom hours.

- The student must demonstrate competency of knowledge at a passing rate of 80% -- compiled score on exams, quizzes, clinical competency and written skills/personal learning skills.
- The student must demonstrate competency of skills in the practice lab and in the clinical setting.
- **Attendance is mandatory** for successful completion of the course.
- An additional 7 hours of AIDS education is required. The class is offered during the course. A certificate will be provided for completion of this training.
- CPR training for healthcare providers is required. This training is offered during the course and a CPR card will be provided for completion of this training.

- A final grade will be recorded with the Registrar's Office. A certificate will be provided upon successful completion of this course.

### **COURSE SUPPLIES**

A “journal” type notebook and pen/pencil will be required in addition to a watch with a second hand. Street clothes are worn for the classroom sessions.

**Required Text:** “*Nursing Assistant Care*” by Susan Alvare, Diana Dugan and Jetta Fuzy; Hartman Publishing Inc. 2005

**Suggested Text:** American Heart Association, *Health Providers CPR*

A white uniform (top and pants) is required for clinical days; including clean white shoes (no open toed shoes, no open heels, clogs must have a back strap) and white or neutral socks/hose/undergarments. The uniform is to be washed daily to control cross infection and odors. White athletic shoes are acceptable, as long as the laces are white and the shoes are kept clean. The student must be in full uniform in the clinical area. Students who arrive for clinical experiences lacking full uniform requirements will be sent from the clinical area and will receive a clinical deficiency notice. Jewelry is to be kept to a minimum as a safety measure. Pierced body parts are considered a hazardous risk to the student in the clinical setting and are unacceptable, with the exception of one small stud-like earring on each earlobe. Tattoos must be covered. No artificial nails; nails should be short and without polish. Hair should be clean and secured in a manner to prevent it from falling into the face. *Students are expected to maintain a professional appearance as representatives of the WVC Nursing Assistant Program.*



## NURS 090 – NURSING ASSISTANT APPLICATION

Quarter: \_\_\_\_\_ Year: 20\_\_\_\_

### GENERAL INFORMATION:

NAME: \_\_\_\_\_  
*Last First Middle Initial*

### MAILING ADDRESS:

\_\_\_\_\_  
*Street City State Zip*

### TELEPHONE:

\_\_\_\_\_  
*Home Cell Email Address*

OVER 18 YEARS OF AGE? YES\_\_ NO\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

HIGH SCHOOL GRADUATE? YES\_\_ NO\_\_ OR GED? YES\_\_ NO\_\_ YEAR\_\_\_\_\_

DO YOU PLAN TO APPLY FOR THE NURSING PROGRAM \_\_\_\_\_, RADIOLOGIC  
TECHNOLOGY PROGRAM \_\_\_\_\_, MEDICAL ASSISTANT PROGRAM \_\_\_\_\_, OTHER  
\_\_\_\_\_ (please specify).

WHAT QUARTER/YEAR DO YOU PLAN TO ATTEND THE ALLIED HEALTH  
PROGRAM INDICATED DIRECTLY ABOVE? \_\_\_\_\_

### REQUIREMENTS:

**Complete this application and the forms that follow. Attach the required documentation and submit all forms in person to Rhonda Yenney in Wenatchee or to Sue Root in Omak.**  
*You may forfeit the processing of this application if forms and/or documentation are incomplete.*

### ADMISSION / REGISTRATION:

Completion of this application does not guarantee admission to the NURS 090 course. Applications will be accepted **the first day of open registration for new students. Generally 3 days after the last day of continuing students register**, for the following quarter and must be submitted in person in Wenatchee to Rhonda Yenney, Allied Health Department, Wenatchi Hall, Room 2221 or in Omak to Sue Root, Friendship Hall, Room 210. Applications will be reviewed to assure that the requirements for enrollment in the course have been met. If requirements have been met, student will be given a registration form to register over the counter with registration.

**NURS 090 APPLICATION (Continued)**

**DEADLINE:**

**Complete applications will be accept on the first day of open registration for new students for the quarter that the application is being turned in for. Complete applications are accept first come first served until the class is full.**

I have read and understand all the requirements for my enrollment in the NURS 090 course.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Print or Type

Signature \_\_\_\_\_





Name \_\_\_\_\_ Date \_\_\_\_\_  
 (Please print)  
 Telephone Number(s) \_\_\_\_\_  
 Email Address \_\_\_\_\_

## Required Documentation for Nursing Assistant Program

**Please complete this form and return it in Wenatchee to the Allied Health Office in Wenatchi Hall, Room 2221 or Friendship Hall, Room 210 in Omak with the documents listed below. Keep originals of your records for your file. You will need to re-submit copies of all documents if you enroll in another Allied Health Program.**

Documentation of student immunization status is essential to ensure the health and safety of students and the patients/clients/residents in healthcare agencies that provide clinical learning experiences. It is the student's responsibility to ensure that adequate documentation of the listed requirements is provided for the student's file in the Allied Health office. Lack of compliance with any of these requirements will prevent a student from entering the clinical area and completing their clinical training.

### INSTRUCTIONS

<b>GENERAL</b> ( <i>Forms included in this packet</i> )	
<b>1. Background Check</b> Using the Student Instructions (form attached) order your background check (EA37) and note your password in the column to the right. Attach a copy of your entire background check with this application. Must be within 30 days of start of class.	<i>Password</i>
<b>2. Student Disclosure Form</b> ( <i>Complete, sign and date</i> )	Complete <input type="checkbox"/>
<b>3. Abuse Act form</b> ( <i>Sign in presence of a witness and have witness sign also</i> )	Complete <input type="checkbox"/>
<b>4. Personal Medical Record</b> ( <i>Student is to complete</i> )	Complete <input type="checkbox"/>

<b>IMMUNIZATION RECORDS</b> ( <i>Attach copies of documentation</i> )						
<p><i>Submit a <u>copy</u> of immunization records from Healthcare Provider to the Allied Health Department. Student's name and program must be on each piece of documentation. <u>Documentation must have the name of the facility where the immunization or test was obtained, lot number of vaccine and doctor or nurse signature.</u></i></p>						
<p><b>1. Documentation of 2 negative tuberculin skin tests (PPD)</b></p> <ul style="list-style-type: none"> <li>Acceptable documentation: a copy of a two-step PPD which means that <u>2 separate tuberculin skin tests have been placed 1-3 weeks apart</u> (each test is read 48-72 hours later) with negative results (a 4-visit procedure). Documentation must show the dates and results of the tests as well as the lot number of the vaccine. Note: Do not get any other vaccination with the first TB test.</li> </ul> <p>Persons with a positive PPD must provide documentation of a chest x-ray, treatment (if necessary) and a release to work in a health care setting from a doctor or healthcare provider.</p> <p>For students continuing in an Allied Health program TB tests are required each year and must be placed and read within the year following the initial two-step PPD.</p> <p>TB tests must be within the last year, and stay current the <b>ENTIRE</b> class. If it expires during the class, a new tb test is required before application will be accepted.</p>	<p><b>Date of tests:</b></p> <p>Step 1 _____</p> <p>Step 2 _____</p>					
<p><b>2. Documentation of Hepatitis B vaccinations, (<i>complete series of 3</i>).</b></p> <ul style="list-style-type: none"> <li>Students must have <u>at least</u> the 1<sup>st</sup> injection prior to entering the program.</li> <li>A 30 day time lapse is required between the first and second injections.</li> <li>A 4 to 6 month time lapse is required between the second and third injections.</li> </ul>	<table border="1"> <tr> <td rowspan="2"><b>Dates</b></td> <td>1<sup>st</sup></td> </tr> <tr> <td>2<sup>nd</sup></td> </tr> <tr> <td></td> <td>3<sup>rd</sup></td> </tr> </table>	<b>Dates</b>	1 <sup>st</sup>	2 <sup>nd</sup>		3 <sup>rd</sup>
<b>Dates</b>	1 <sup>st</sup>					
	2 <sup>nd</sup>					
	3 <sup>rd</sup>					
<b>NEGATIVE DRUG SCREEN</b> ( <u><i>Omak campus only</i></u> )						
<p><b>Negative Drug Screen</b></p> <p>A standard five-panel drug screen--urine-based or oral swab--must be obtained from a certified lab; for example, Wenatchee Valley Clinic in Omak (916 Koala Dr., 826-1800). Results may be faxed to Sue Root at 509-422-7951 (Omak campus).</p>						

<b>INSURANCE</b> ( <i>Attach copies of documentation</i> )	
<p><b>1. Documentation of health (accident) insurance</b> (<i>pertains to student accidents during clinical experiences</i>) Acceptable documentation includes:</p> <p>1) <u>A copy of your current, personal, health insurance card.</u>  <i>If using personal insurance through a plan at work, etc. it is advisable to check with the insurance carrier to make sure they will cover an accident incurred by a student at a clinical site.</i></p> <p>2) Also acceptable is the Student Injury and Sickness Insurance Plan for Washington State Community Colleges (forms are available at the Cashier’s desk or the Allied Health office). Before mailing directly to the insurer (<i>payment cannot be made on campus</i>), the student should make <u>a copy of the student plan enrollment form with a copy of your check</u> (unless paying by credit card). Be sure to note quarter and year on the documentation you submit. Cost is approximately \$41 per quarter.</p> <p>The student insurance is also available online at <a href="http://www.summitamerica-ins.com">www.summitamerica-ins.com</a>. If using the online service, print a copy of your receipt to submit as your documentation. (<i>Note: Only Option I – Injury Only Plan is required.</i>)</p> <p><i>Note: Students must maintain this coverage throughout the program to cover any accident that might be incurred while at a clinical site. Even though a clinical facility may provide necessary emergency care or first aid required by an accident occurring at a clinical site (i.e., needle stick), a clinical facility has no obligation to furnish medical or surgical care to any student. The student bears responsibility for the cost of such care as well as any follow-up care.</i></p>	<p><b>Insurance:</b></p> <p><b>Private (name):</b></p> <p>_____</p> <p><b>or</b></p> <p><b>WA Community College Student Plan:</b></p> <p>_____</p>
<b>RELEASE/CONFIDENTIALITY FORMS</b> – <i>Complete and sign the attached forms.</i>	
<b>1. Student Release Form</b>	
<b>2. Wenatchee Valley College Student Confidentiality Statement</b>	

**\*Wenatchee Valley College reserves the right to add to or modify these requirements as needed.**

*I certify with my signature that I have read and understand the above requirements and that the information above and included with the attached documentation pertaining to me is complete and accurate.*

Signed this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_

Signature \_\_\_\_\_

## CertifiedBackground.com

### -----Student Instructions-----

#### Background Check

##### Wenatchee Valley College Allied Health Department

The above organization has chosen CertifiedBackground.com as an approved source for background checks.

#### About CertifiedBackground.com

CertifiedBackground.com is a background check service that allows students to purchase their own background check. The results of a background check are posted to the CertifiedBackground.com web site in a secure, tamper-proof environment, where the student, as well as organizations can view the background check.

To order your background check from CertifiedBackground.com, please follow the instructions below.

#### Instructions

1. Go to [www.CertifiedBackground.com](http://www.CertifiedBackground.com) and click on "Students."
2. In the Package Code box, enter package code: **SEE NOTES BELOW**
3. Select a method of payment: Visa, MasterCard or money order.

Once your order is submitted, you will receive a password via email to view the results of your background check. The results will be available in approximately 72 hours.

#### Notes

Enter **EA37** for the background check ONLY.

## Student Disclosure Form

1. Have you ever been convicted of a crime?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. If yes, please list the crimes for which you have been convicted and the level of those convictions.

\_\_\_\_\_

3. Do you understand that some criminal convictions may prevent you from completing a program of study?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Do you understand that you need to provide documentation of specified immunizations or evidence of immunity to specified diseases in order to participate in most programs in Allied Health?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Are you aware that you must provide a negative drug screen for most Allied Health programs?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Do you understand that your behavior during the time of training for a particular occupation needs to comply with both the Wenatchee Valley College Student Code of Conduct (see the WVC Student Handbook) and the code of conduct/ethics/standards that regulate the occupation for which you will be trained?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Do you understand that by breaking the code of conduct for an occupation or the WVC Student Code of Conduct you may be subjected to disciplinary action including suspension from the program?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Do you understand that there are procedures and policies at Wenatchee Valley College that govern student grievances and disciplinary actions?

Yes \_\_\_\_\_ No \_\_\_\_\_

Student Name \_\_\_\_\_  
(Please Print)

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

Date \_\_\_\_\_

**WENATCHEE VALLEY COLLEGE - ALLIED HEALTH PROGRAMS**  
**CHILD AND ADULT ABUSE INFORMATION ACT DISCLOSURE PURSUANT TO RCW 43.43.834**

Answer each item. If the answer is YES to any item, indicate the charge or finding, the date, and the court(s) involved.

1. Have you ever been convicted of any crimes against children or other persons, as follows: aggravated murder; first or second degree murder; first or second degree kidnapping, first, second, or third degree assault; first, second or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation, first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution? ANSWER \_\_\_\_\_

If YES, explain

2. Have you ever been convicted of crimes relating to the financial exploitation if the victim was a vulnerable adult, as follows: first, second, or third degree theft; first or second degree robbery; forgery? ANSWER \_\_\_\_\_

If YES, explain

3. Have you ever been found guilty in any dependency action under RCW 13.34.030(2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor? ANSWER \_\_\_\_\_

If YES, explain

4. Have you ever been found in any domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor? ANSWER \_\_\_\_\_

If YES, explain

5. Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult? ANSWER \_\_\_\_\_

If YES, explain

6. Have you ever been found in any protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult? ANSWER \_\_\_\_\_

If YES, explain

**Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.**

PROGRAM <i>(Please check one)</i>	<input type="radio"/> NURSING ASSISTANT - Omak	<input type="radio"/> NURSING - Omak
	<input type="radio"/> NURSING ASSISTANT - Wenatchee	<input type="radio"/> NURSING - Wenatchee
	<input type="radio"/> MEDICAL ASSISTANT	<input type="radio"/> RADIOLOGIC TECHNOLOGY
	<input type="radio"/> MEDICAL LABORATORY TECHNOLOGY	<input type="radio"/> EMERGENCY MEDICAL TECHNICIAN
	<input type="radio"/> CHEMICAL DEPENDENCY STUDIES	

\*PLEASE HAVE YOUR SIGNATURE WITNESSED BY A NON-FAMILY MEMBER.

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NAME <i>(Please Print)</i>	SIGNATURE	DATE
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*WITNESS SIGNATURE	BUSINESS OR ORGANIZATION	ADDRESS
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WENATCHEE VALLEY COLLEGE  
ALLIED HEALTH PROGRAMS

**PERSONAL MEDICAL RECORD**

**Part I: General Information**

Full Name: \_\_\_\_\_  
(Please print) Program: \_\_\_\_\_

DOB: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Current Address/Phone Number:

Street: \_\_\_\_\_ City/State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Zip Code: \_\_\_\_\_

In case of emergency please notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Part II: Health History**

Date of last health examination: \_\_\_\_\_

Name of health care provider: \_\_\_\_\_(Optional)

Please identify any health conditions/illnesses or injuries that required medical treatment –  
please check all those that apply.

- \_\_\_\_\_ Heart Defect/Disease
- \_\_\_\_\_ Hypertension
- \_\_\_\_\_ Asthma or other respiratory condition
- \_\_\_\_\_ Diabetes or other endocrine condition
- \_\_\_\_\_ Seizure Disorder
- \_\_\_\_\_ Neurological problem
- \_\_\_\_\_ Bleeding or clotting disorder
- \_\_\_\_\_ Musculoskeletal problem/condition
- \_\_\_\_\_ Any infection within last year
- \_\_\_\_\_ Any traumatic injury within last year
- \_\_\_\_\_ Mental and/or emotional condition
- \_\_\_\_\_ Substance abuse
- \_\_\_\_\_ Other

Further explanation of any items that are checked: \_\_\_\_\_

\_\_\_\_\_

**PERSONAL MEDICAL RECORD (Cont'd.)**

Do you have any allergies? If yes, please specify. \_\_\_\_\_

Please list all medications that you take regularly. \_\_\_\_\_

**Part III: Statement of ability to function as a student in an Allied Health program.**

Do you have a visual impairment? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, is it corrected? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a hearing impairment? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is it corrected? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you lift up to 50 lbs.? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you carry up to 20 lbs.? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you sit for 4 hours? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you stand and/or walk unassisted for up to 12 hours? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you use both hands? Yes \_\_\_\_\_ No \_\_\_\_\_

Please rate your ability to cope with stressful situations.

I am able to cope with stress: \_\_\_\_\_  
Always                  Usually                  Not always                  Seldom



## STUDENT RELEASE FORM

The clinical facilities you will be working in may require copies of your abuse statement, background check and immunization records. Please sign and return this form to the WVC Allied Health Department as your approval for releasing this information.

**If requested, by the clinical facility to which I have been assigned, you have my permission to release my abuse statement, background check and immunization records to that clinical facility.**

Please print name: \_\_\_\_\_

Program: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## STUDENT CONFIDENTIALITY STATEMENT

STUDENT \_\_\_\_\_ PROGRAM \_\_\_\_\_  
(Please print)

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CONFIDENTIALITY STATEMENT: I understand that as an Allied Health student at Wenatchee Valley College, I am not considered to be an employee of the clinical agency where I may participate in clinical learning experiences. I agree to abide by all Wenatchee Valley College policies, procedures, standards and regulations that guide my conduct. I understand and agree that in the performance of my duties as a student at Wenatchee Valley College, I must hold medical information in confidence. Further, I understand that intentional or involuntary violation of confidentiality may result in punitive action, immediate termination of access to further data, and the immediate termination of my participation in any clinical learning experience at Wenatchee Valley College.

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

\_\_\_\_\_  
Date



Community Relations / P: 509.682.6420 / F: 509.682.6401 / 1300 Fifth Street /  
Wenatchee, WA 98801

Wenatchee Valley College (WVC) may take and use photographs of me or excerpts of statements I provided to be used for promotional purposes, such as college publications, the Web site, displays, video presentations, and advertisements, with the understanding that my image and statements will be used to promote WVC only. I do this willingly, expecting no compensation or gratuity of any kind from WVC.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_