

Dear Nurse Aide Program Student: **READ ALL INFORMATION CAREFULLY**

Attached are the **required** documents that **must be completed and turned in ONE WEEK PRIOR to the first day of class** in order to begin this program:

- Physical examination and immunization record forms.
- Background Check and Drug Screen order placement instructions.

Please begin completing the requirements below as soon as possible.

Physical Exam Immunizations Record Technical Standards	Physical exam to include vision and hearing. Please have a physician complete the attached “Physical Examination” and “Immunization Record” forms. (physical exam - approx. cost \$100) Please note INCOMPLETE forms will NOT be accepted!!!
Measles, Mumps, Rubella (MMR)	One of these is required: -documentation of 2 doses of MMR vaccine at least 4 weeks apart -or a positive antibody titer for Measles, Mumps and Rubella (lab report required) Titers must include date, dose and interpretation.
COVID19 Vaccination	Clinical sites require students to be fully vaccinated for COVID19. Proof of either 2 Pfizer or Moderna Vaccines or 1 Johnson & Johnson Vaccine.
Tetanus, Diphtheria, Pertussis (Tdap)	Documentation of vaccination with 1 dose of Tdap within the past 10 years. (Td not accepted)
Varicella (Chicken Pox)	One of these is required: -documentation of vaccination with 2 doses of varicella vaccine at least 4 weeks apart. -or a positive antibody titer (lab report required) Titers must include date, dose and interpretation. -or a medically documented history of disease
TB Please note this is a <u>2-step</u> TB skin test.	Documentation of a negative 2-step TB skin test. (Two separate tests done 1-3 weeks apart) or negative quantiFERON test <i>Note: only 1-step is required if you provide documentation that you have been tested in past year.</i> If results are positive, provide a clear chest x-ray.
Hepatitis B <i>(recommended but optional).</i>	You are strongly encouraged to take this vaccine. One of the following is required: -documentation of a series of 3 vaccinations -or a positive antibody titer (lab report required). Titers must include date, dose and interpretation OR a signed declination form (available through your program director)
Influenza Vaccine (flu shot)	You will need this when it is available in the Fall semester.
CPR Certification	The required American Heart Association BLS course is included in the Nurse Aide I course - \$6.00 for AHA CPR Card issued.
Criminal Background & 12-Panel Drug Screen	This is done through our clinical screening company, Castle Branch. Instructions are included on the last page of the packet. Use only the code provided, AF04.

continued

Forms of ID	An unexpired government issued photo ID and Social Security Card is due at Registration. Also, BOTH must be brought to the first day of class.
CFCC student ID badge	This badge is available at no charge at the cashier's office in Union Station 24 hours after you have registered for class.
Watch w/second hand	Smart watches are not allowed!

The above documentation will be turned in to Justin Stauffer @ jrstauffer999@mail.cfcc.edu **prior to one week before the class starts.**

If all of the above requirements are **not completed one week prior to the start of class**, you will **forfeit** your seat in the Nurse Aide Training program, unless an extension to the first day of class document submission requirement has been approved, in advance, by the Nurse Aide Training Program Director.

Uniforms:

Uniforms are to be worn everyday starting on the first day of class.

- **Ceil Blue Scrubs** – (Price will vary by vendor)
 - White or blue long sleeve tee shirts may be worn under scrubs.
- **White Sneakers or Nursing Shoes**– (Price will vary by vendor)

Textbook and Workbook: Book Store, L Bldg, 1st Floor (facing Front St)

- **Textbook and Workbook to accompany:** : Hartman's Nursing Assistant Care: Long-Term Care (5th Edition) Susan Alvare Hedman, Jetta Fuzy, RN, MS and Suzanne Rymer, MSTE, RN-BC, LSW. –\$75.00 (CFCC Book Store – Prices are for new books only and are subject to change).

The National Nurse Aide Assessment Program (NNAAP) Exam:

- The NNAAP exam is administered by Credentia at CFCC. Fee – \$140.00. This fee is due at the end of the semester.

If you have any questions please email hccrouch128@cfcc.edu

Cape Fear Community College Health Science

IMMUNIZATION RECORD – (Please print in black ink).

To be completed and signed by a healthcare provider. A complete immunization record from a healthcare provider or clinic may be used in place of this form.

 Last Name First Name Middle Name Date of Birth
 (mo/day/year)

REQUIRED IMMUNIZATIONS				
	mo/day/year	mo/day/year	mo/day/year	mo/day/year
Tdap	Tdap dose within last 10 years	if expired, then Td booster		
MMR 2 doses or individual doses below	Dose #1	Dose #2	or positive antibody titer for MMR (lab report required) must include date, dose and interpretation.	
Measles	Dose #1	Dose #2	or Disease Date	or Titer Date & Result
Mumps	Dose #1	Dose #2	Disease Date NOT Accepted	or Titer Date & Result
Rubella	Dose #1	Dose #2	Disease Date NOT Accepted	or Titer Date & Result
Varicella 2 doses (chicken pox)	Dose #1	Dose #2	or Disease Date	or Titer Date & Result
TB Skin Test (2-step) Tuberculin (PPD) or Gold Interferon	(1) Date given:	result in mm	(2) Date given:	result in mm
	Date read:	positive <input type="checkbox"/> negative <input type="checkbox"/>	Date read:	positive <input type="checkbox"/> negative <input type="checkbox"/>
for positive TB Chest x-ray	Date:	Results:		
Influenza Vaccine (Flu)	Date:			
Hepatitis- B Series (optional but recommended)	Dose #1	Dose #2	Dose #3	or Titer Date & Result

 Print of Physician/Physician Assistant/Nurse Practitioner Area Code/Phone

 Office Address City State Zip
 Code

 Signature or Clinic Stamp REQUIRED above

Health Science PHYSICAL EXAMINATION

INCOMPLETE forms will NOT be accepted!!! NO

EXCEPTIONS

Please print in black ink – To be completed and signed by the healthcare provider!

 Last Name First Name Middle Name DOB

Height _____ Weight _____	Date of Physical Exam: _____
Temp _____ Pulse _____ Respirations _____	Blood Pressure _____
Vision: Corrected Right 20/ _____ Left 20/ _____ Uncorrected Right 20/ _____ Left 20/ _____ Color Vision	Hearing: (gross) Right Left 15 ft. Right Left

Are there abnormalities?	Normal	Abnormal	DESCRIPTION (attach additional sheets if necessary)
1. Head, Ears, Nose, Throat			
2. Eyes			
3. Respiratory			
4. Cardiovascular			
5. Gastrointestinal			
6. Hernia			
7. Genitourinary			
8. Musculoskeletal			
9. Metabolic/Endocrine			
10. Neuropsychiatric			
11. Skin			
12. Mammary			

- A. Is there loss of seriously impaired function of any paired organ?** **No** **Yes**
- B. Is student under treatment for any medical or emotional condition?** **No** **Yes**
- C. Recommendation for physical activity** **Unlimited** **Limited** _____

Based on my assessment of this student's physical **and** emotional health on this date _____, he/she appears to be able to participate in the activities of a health professional in a clinical setting and provide safe care to the public.

Yes ___ No ___ If no, please explain (use back of page or separate sheet of paper)

 Print of Physician/Physician Assistant/Nurse Practitioner

 Area Code/Phone

 Office Address

 City

 State

 Zip Code

 Signature or Clinic Stamp REQUIRED above



Cape Fear Community College - **Nurse Aide Training** **Program Instructions for Order Placement**

When you place your initial order, you will be prompted to create your secure myCB account. From within your myCB, you will be able to:

- ✓ View your order results
- ✓ Upload and store important documents and records
- ✓ Manage requirements specific to your programs
- ✓ Complete tasks as directed to meet deadlines
- ✓ Place additional orders as needed.

***PRINT YOUR CONFIRMATION**

***CHAIN OF EVIDENCE FORM**

***Printed Confirmation (background) and Evidence Form (drug test) due ONE WEEK PRIOR TO CLASS STARTING**

To place an order, go to <https://portal.castlebranch.com/AF04>

In the “Place Order” field, enter the following package code for the **Nurse Aide Program**:
AF04 Background Check - Drug Test

During order placement you will be asked for personal identifying information needed for security or compliance purposes. Supplying accurate and comprehensive information is important to the speed in which your order is completed.

The email address you use when placing your order will become your username for your myCB and will be the primary form of communication for alerts and messages. Your payment is required upon registration. Payment methods include: MasterCard, Visa, debit card, electronic check, money order, and installment payment.

You can respond to any active alerts or To-Do List items now, or return later by logging into your myCB. You will receive alerts if information is needed to process your order. Access your myCB anytime to view order status and completed results. Authorized users at your organization will have access to view your compliance status from a separate CastleBranch portal.

Your myCB Service Desk is available to assist you via phone, chat and email Monday-Thursday 8:00 a.m.-10:00 p.m. & Friday 8:00 a.m.- 6:30 p.m. & Sunday 10:00 a.m.- 6:30 p.m. 888-914-7279 or servicedesk.cu@castlebranch.com

- **The Background Check Order Confirmation form and Drug Screen Chain of Custody form from the lab must be submitted to Justin Stauffer ONE WEEK PRIOR TO CLASS STARTING**