## Nurse Assistant (Aide) Class Information

### General Information:
Classes are 3 weeks long and scheduled on a regular basis. We encourage applicants to sign up early. Minimum age is 16-years-old. Bring the required textbooks and Skills Kit to class the first day. In order to remain in the program, students must be present every day and pass each exam. Failure to meet attendance and grade requirements result in students being withdrawn from classes. There are no exceptions!

### 1st Step—Get Started
- Drug test @ DATCS [www.datcs.com](http://www.datcs.com) $18.
  Results will be sent to KC CNA Dept.
  Results are good for 1 month (see form)
- Sign and return “Authorization for Background Check”
- Obtain a physical exam with immunization proof (see form)
- CPR BLS Course (In Person Only):
  - Hands On CPR 903-445-4185
  - Innovative Health Solutions 903-759-7604
  - Southland Safety 903-657-8669
  - Christus GSMD Ed. Dept. 903-315-2000
  - Kilgore College 903-988-7452

### 2nd Step—Pay Registration fees:
- *Tuition: $580 (due at registration)
- *Insurance: $15 (due at registration)
- *Background check $3.25 (due at registration)
- Drug Test: $18 @ DATCS (see form)
- Certification Exam: $125 (due at registration)
- Textbooks: $50 - KC Longview Bookstore
- Skills Kit: $130 - KC Longview Bookstore
- Uniform: scrubs, leather shoes, watch with second hand (no smartwatches)

**Total Fees to Register for Class: $723.25**

### Tuition Refund Information:
- 100% Refund if withdrawn prior to 1st class day (minus $15 matriculation fee)
- 70% Refund if withdrawn by the end of the 2nd day of class (minus $15 matriculation fee)

**Class Days:** 8:30 am to 5:00 pm - Monday through Thursday (possibly some Friday’s)

**Clinical Days:** 7:30 am to 4:00 pm - Monday through Friday
- January 17 — February 3
- February 13 — March 3
- March 20 — April 10
- April 17 — May 5
- May 15 — June 6

### Certification:
Successful completers are eligible to take the state certification exam. A valid photo ID and a Social Security Card (with the same name) are required to take the certification exam [https://www.prometric.com/nurseaide/tx](https://www.prometric.com/nurseaide/tx)

**Note:** Program completers have two years from their program completion date to take the exam to become certified

### Additional Information:
Texas Health & Human Services:
512-438-2050 or 800-452-3934

For Information on Recertification, Renewal and Nurse Aide in-service CBT’s:

Kilgore College seeks to provide equal educational and employment without regard to race, color, religion, nation origin, sex, age, disability, marital status, or veteran status.
AUTHORIZATION FOR BACKGROUND CHECK

(Please print your name and then read and sign/date this form in the space provided below. Your written authorization is necessary for completion of the registration process.)

I, __________________________, hereby authorize Kilgore College Nurse Assistant Program to investigate my background and qualifications for purposes of evaluating whether I am qualified for the Nurse Assistant Course. I understand that Kilgore College will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my registration for class will not be processed further.

______________________________  _______________________
Signature of Student            Date

You may bring this form in person or scan and email to smoore@kilgore.edu
Kilgore College Nurse Aide Program

Physical Examination and Immunization Information

If you choose to use this form for your immunizations, your health care provider must initial each one. All immunizations must be completed; except for Hepatitis B; you must have at least 2 series complete by the designated date for completion.

IMMUNIZATIONS: All immunizations should be completed by first class day. If you are medically or religiously exempt, you will need formal documentation.

KC Nursing Assistant program does not require immunizations. All students enrolled in the Nurse Assistant program must adhere to the clinical agencies polices/procedures for vaccinations to attend clinicals. (Your Hep B completion may take a few months longer).

COVID-19 Vaccination: Current affiliates require two vaccinations or a medical or religious exemption.

TB skin test: Tuberculosis test is required annually or chest x-ray every 5 years.

MMR: Measles, Mumps and Rubella (MMR) booster (2 vaccinations after 15 months of age) or evidence of immunity if born after 1957. Regardless of age must show proof of:

  1. Documentation of two (2) doses of MMR after the age of 15 months or
  2. Immunity of measles, mumps and rubella (Health Care Provider validated) or
  3. A Quantiferon test level that indicates immunity. (must provide lab report)

VARICELLA (Chicken Pox/Shingles) (2 vaccinations, 28 days apart) or evidence of immunity. Regardless of age must show proof of:

  1. Documentation of two (2) doses of varicella vaccine at least 4 weeks apart or
  2. Immunity of varicella (Health Care Provider validated) or
  3. A Quantiferon test level that indicates immunity. (must provide lab report)

TETANUS/DIPHTHERIA/PERTUSSIS (Tdap): On October 10, 2010 the Advisory Committee on Immunization Practices (ACIP) voted to recommend the use of Tdap regardless of interval since the last tetanus or diphtheria containing vaccine. Entering nursing students are required to provide proof of Tdap vaccination. Required every 10 years.

FLU VACCINE: SB 7, Article 8, Chapter 224 Adoption of Vaccine Preventable Diseases Policies by Health Care Facilities states that health care facilities shall adopt and implement policies to protect its patients from vaccine preventable diseases. All health occupation majors are required to submit proof of immunization.

HEPATITIS B: If you don’t have documented evidence of a complete HepB vaccine series, or if you don’t have an up-to-date blood titer level that indicates immunity (must provide lab report; then you are required to: Get a 3-dose series of Recombivax HB or Engerix-B (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2) or a 2-dose series of Heplisav-B, with the doses separated by at least 4 weeks.

CPR: The American Heart Association, BLS CPR Certification is required. No other CPR certifications are accepted.
PHYSICAL EXAMINATION

STUDENT’S NAME (print): __________________________  Last 4-digits Social Security #: __________

STUDENT WILL BE REQUIRED TO HAVE THE FOLLOWING per Clinical agency requirements:

1. TB Test (Annually)
   TB Test Given Date: ________________ Physicians Initials
   Read Result Date: ________________
   OR
   Quantiferon Test: ________________ Chest x-ray Date: ________________ (required every 5 years)
   Date: ________________ (attach lab report)

2. MMR – Evidence of disease Dates: ________________ Physicians Initials
   MMR - 2 Vaccination Dates: (1) ________________ (2) ________________
   (given after 15 months of age) OR Quantiferon Test Date: ________________
   (attach lab report)

3. Tetanus/Diphtheria/Pertussis - Tdap vaccine: Date: ________________ Physicians Initial
   (every 10 years)

4. Varicella – Evidence of disease Date: ________________ Physicians Initial
   OR
   Varicella - 2 Vaccinations Dates: (1) ________________ (2) ________________
   OR Quantiferon Test Date: ________________ (attach lab report)

5. Seasonal Flu Vaccine Date: ________________ Physicians Initial
   (Administered between Oct. – Nov. of each calendar year)

6. Hepatitis B
   Dates: (1) ________________ (2) ________________ (3) ________________
   OR Quantiferon Test Date: ________________ (attach lab report)

7. Covid 19 Vaccine Date: (1) ________________ (2) ________________ (Booster) ________________ or if applicable provide “exemption”

   Physical - To Health Care Provider:

   In your professional judgment, this person meets the physical and mental health needs to attend Nursing Assistant classes per the Essential Job Function Form (see attached)?
   __________ yes  __________ no.  (If “no”, please explain).

_________________________________________  ________________
Health Care Provider Signature/Print Name  Date

_________________________________________  ________________
Address/City/State/Zip Code  Telephone
KILGORE COLLEGE
ESSENTIAL JOB FUNCTIONS

The following are essential job functions for any Nursing Assistant, Vocational Nurse, or Registered Nurse as compiled from observations of a wide variety of job experience.

1. VISUAL ACUITY:
   - Maintain a minimum standard of visual acuity required to observe a client’s physical condition from a distance of 0-100 feet
   - Maintain a minimum standard of visual acuity for operation of equipment
   - Maintain a minimum standard of visual acuity for visual inspection of the environment, use of computer terminals, extensive reading, and using measurement devices at distances close to the eyes
   - Perceive color changes (e.g.: dermatological conditions, skin tone)
   - Recognize non-verbal behaviors

2. HEARING ACUITY:
   - Perceive the nature of sound and receive and interpret detailed information through oral communication
   - Hear and respond to soft voices, heart/breath sounds, hear Kortokoff sounds (blood pressure), alarms, patient assistance call devices/timers, and accurately hear telephone conversations
   - Hear and retain pertinent information to relay instructions

3. COMMUNICATION ABILITY:
   - Express, exchange or interpret ideas by means of the spoken or written word accurately, loudly and quickly as necessary
   - Communicate sufficiently nonverbally, in speech, reading and writing to appropriately interact with individuals and to communicate their needs promptly and effectively for the client’s best interest

4. DIGITAL DEXTERITY:
   - Move the wrists, hands, or fingers in a repetitive motion either singularly or simultaneously
   - Coordinate movements into smooth, fluid motions including but not limited to eye/hand coordination activities and eye/hand/foot coordinated activities
   - Extend hand(s) and arm(s) in any direction (forward, downward, above shoulder level, etc.)
   - Apply pressure to an object with the fingers and palm; both a firm/strong grasp and light grasp
   - Ability to palpate both superficially and deeply to discriminate tactile sensations

5. PHYSICAL ABILITY:
   - Stand for sustained periods of time
   - Move from one area to another quickly, particularly for long distances and to be on the feet/mobile for 4-8 hours consecutively and maneuver in small spaces
   - Maintain body equilibrium to prevent falling when walking, standing, or crouching on narrow, slippery, or erratically moving surfaces exceeding what is required for ordinary locomotion and maintenance of body equilibrium
   - Ascend or descend stairs, stools, ramps, and the like using the feet and legs or hands and arms; move self from one position to another, e.g. supine to/from standing, supine to/from sitting
   - Pull/push, drag, haul, or tug objects weighing between 10 and 50 pounds in a sustained motion; lift objects of varying sizes and weights between 10 and 50 pounds or carry objects of varying sizes and weights between 10 and 50 pounds from a lower to a higher position or horizontally
   - Bend body at the waist, spine, hips or knees downward and forward in a stooping motion, move about on hands and/or knees, and return to an upright position requiring full use of the lower extremities and back muscles
6. ADAPTIVE ABILITY:

- Complete tasks or job functions within deadlines, many times under stress produced by both academic study and nursing care.
- Complete required tasks/functions under stressful conditions.
- Track and complete multiple tasks at the same time.
- Perform independently with minimal supervision.
- Interact appropriately with diverse personalities.
- Ability to travel to agencies and hospitals, and to homes with unpredictable environments.
- Ability to adapt to a physically and emotionally demanding program.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS, AND MEET THESE STANDARDS FOR THE NURSING PROGRAMS AT KILGORE COLLEGE. IF I CANNOT MEET THESE STANDARDS, I MAY BE DISMISSED FROM THE PROGRAM.

Signature ___________________________ Date ______________________
AUTHORIZATION FORM:  NON – REGULATED DRUG / ALCOHOL TESTING

Company Name:  KILGORE COLLEGE NURSE ASSISTANT  
Company DER:  JACKIE MCDONALD/SONJA MOORE  
Account Number:  3749A/404215  
Phone:  903-983-8163 OR 8204  
Fax:  903-983-8175  

Donor Name:  
Scheduled Date:  
Donor SSN:  
Notification Expiration Time:  

NON – REGULATED

☐ DRUG TEST -10 Panel IH --$18
☐ ALCOHOL TEST
☐ Background Check

REASON:
☐ Pre-employment
☐ Random
☐ Post-Accident
☐ Reasonable Suspicion
☐ Return-to-Duty
☐ Follow-Up
☒ **Pre-Access

Signature of DER or Designated Supervisor:

Jackie McDonald, RN

**Attention Third Party Collection Sites: EMAIL or FAX ALL CCFs & Alcohol results to:**

DRUGTESTING@DATCS.COM OR FAX TO (903)753-2764 WITHIN 24 HOURS OR NEXT BUSINESS DAY.

CCFs must be faxed or emailed within 24 hours or the next business day. If the CCFs and Alcohol results are not received within 5 working days, the collection fee will NOT be paid.

From the time a donor is notified by a company representative to submit to a drug and/or alcohol test, he or she will be allowed thirty minutes plus travel time to arrive and check in with the approved collection site. By signing this document, I acknowledge that I have read and understand the preceding statement. I furthermore acknowledge that my failure to submit to these instructions will subject me to the disciplinary action outlined in the company’s drug/alcohol policy. Once the testing process begins, I will not be allowed to leave the premises. I acknowledge that leaving the facility will be reported as a REFUSAL to test.

DONOR SIGNATURE:

450 E. Loop 281, Ste. C-2  
Longview, Texas  75605  
(903) 234-1136

3180 Park Center Drive  
Tyler, Texas  75703  
(903) 534-3893

1701 Old Minden Rd., Suite 14C  
Bossier City, Louisiana  71111  
(318) 212-1125

4701 Southwest Pkwy. Ste 18  
Wichita Falls, Texas  76310  
(940) 264-8805
Kilgore College WDCE Course Registration Form

Registration will be accepted only if class space is available. Payment is due at registration.

Date: ________________________________

SS#: ________________________________

In order to help us protect your Social Security number, the college computer system will convert your SS# into your student ID# for your record.

Student ID #: ________________________

Name: ________________________________ (Last Name) (First Name) (Middle Initial)

Mailing Address: ________________________________ County: __________

City: __________________________________ State: _____ Zip: __________

Home Phone: (_____)_______ - _______ Business or Cell Phone: (_____)_______ - _______

Email: ______________________________________

Date of Birth: _____ / _____ / _____ Gender: _____ Male _____ Female

US Citizen: ________________________ N If no, what country? ________________________

Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following two questions:

1. Are you Hispanic or Latino?
   (Are you a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race?)
   Yes ______ No ______

2. Please select the racial category or categories with which you most closely identify. Check as many as apply:
   _____ American Indian or Alaska Native
   _____ Asian
   _____ Black or African American
   _____ Native Hawaiian or Other Pacific Islander
   _____ White

Nurse Assistant Class NURA 1001

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