Classes are five weeks long and scheduled on a regular basis, with a combination of class, lab and clinical days. **Classes are not eligible for financial aid. Tuition is due one week prior to first class day.** Space is limited. Applicants should sign up early. Minimum age is 16-years-old. No GED or High School diploma required. Students must be present every day and pass each exam. Students that fail to meet attendance and grade requirements will be withdrawn from class, **no exceptions**.

Course Requirements:

Identification-Applicants must present original Social Security Card and valid photo ID before the first class day. Applicants must present a valid photo ID to sign up for classes. Examples of valid forms of photo ID are:

U.S. State issued identification	**Student identification**
U.S. financial institution issued identification	**U.S. government-issued Military I.D.**
Work identification	**U.S. Passport**
Alien Registration Card	

The names on the SS card and the photo ID must match. The Department of Health and Human Services requires presentation of both forms of identification for a student to take state skills and written exams. ***Do not laminate your Social Security Card.***

Background Check and Drug Test:

Obtain your criminal background history check and drug test on your own by going to DATCS in Longview. You will need to take the DATCS form with you and the address is on the form. The fee is $30 for the background check and $16 for the drug test and is the student's responsibility to pay for it. Background check results must be done within 30 days before the first class day. The results will be sent directly to the college.

Tuition, Supplies, Immunization, Physical Requirements & Class Dates (Prices listed are estimates)**.**

- **Tuition**: **$499.50** (**due a week before class begins**). 100% Refund if withdrawn prior to 1st class day (minus $15 matriculation fee), 70% refund if withdrawn by the end of the 2nd day of class (minus $15 matriculation fee).

- **Insurance: $15** (**due a week before class begins**). Student insurance and testing fee $119.50

- **CPR:** Certification through the American Heart Association is required before first class day. You can sign up for the CPR Certification Class given at Kilgore College by calling 903-983-8645. It is given on the first Friday of every month.

- **Textbook is $32.** Fuzy, J. (2019). Hartman's, **Nursing Assistant Care**: The Basics (5th Ed.). Albuquerque, NM. Hartman Publishing, Inc. ***Bring the required textbook** to class the first day. Study abbreviations (page 250 in textbook) for a test on the second day of class.*

- **Workbook**: Alvare Hedman, S. (Ed.) (2019). **Workbook for Hartman's Nursing Assistant Care**. The Basics (5th Ed.). Albuquerque, NM, Hartman Publishing, Inc.

Supplies consist of the following and can be purchased at Scrubs Galore N More, 815 N. 4th St., Longview.

- **Gait belt/transfer belt**

- **Stethoscope**

- **Sphygmomanometer** (blood pressure cuff, analog ONLY, no digital)

- **Uniform**: White uniform with royal blue student apron, available at Scrubs Galore N More at 815 N. 4th St., Longview. **Uniform is required the first class day.** On the first class day, instructor will explain the uniform and professional appearance (ex., facial piercings, unnaturally colored hair, and artificial nails. Your name tag will be your student ID.

- **Watch** with second hand.

- **White shoes**: Closed toe with nonslip soles.

- **Immunizations:** (Required) **Due _before_ the first class day**. You will need to turn in the Immunization form with the dates of your immunizations written on it, and have your physician, or nurse sign the form.

- **Physical Requirements:** Students must be physically & mentally able to perform the necessary tasks and skills required of a nursing assistant including adequate vision and hearing as well as transferring, moving, ambulating, or lifting patients on a regular basis.

2020 Day Class **Clinical sites can be within a 45 mile radius of Longview**			**2020 Evening Class Dates** **Clinicals begin at 4:00 p.m.** **Clinical sites can be within a 45 mile radius of Longview**		
7:45 am to 12:30 pm, Monday-Thursday			4:00 pm to 9:00 pm, Monday through Thursday		
Jan.13-Feb.10 Mar.16-Apr.23	Apr.30-June 11	July 6-Aug 13	Feb. 10-March 30 March 31-May 11	May 18-June 29	July 6-Aug. 13

Certification	**Additional Information**

Program completers are eligible to register online for state certification.
    • A valid photo ID and Social Security Card with the same name are required to test.
    • Test Sites and test schedules may be found at:
http://www.pearsonvue.com/tx/nurseaides
 	
Program completers have two years from their program completion date to take the state exam and become certified.
	Texas Health & Human Services phone number:
	    512-438-2050 or 800-452-3934
	
	For information on:
	    • **Recertification & Renewal**
	    • **Nurse aide in-service CBT's**
	
	    Visit: https://hhs.texas.gov/

Kilgore College seeks to provide equal educational and employment opportunities without regard to race, color religion, national origin, sex, age, disability, marital status, or veteran status.

Kilgore College, 1100 Broadway, Kilgore, TX 75662
903-983-8645

Kilgore College WDCE Course Registration Form

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

Date: _____

SS#: _____ - _____ - _____

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: Y _____ 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 that you most closely identify. Check as many as apply: American Indian or Alaska
   _____ American Indian or Alaska Native
   _____Asian
   _____Black or African American
   _____Native Hawaiian or Other Pacific Islander
   _____White

Course Name	Course Number	Start Date	Tuition
Course Name	Course Number	Start Date	Tuition
Course Name	Course Number	Start Date	Tuition
Course Name	Course Number	Start Date	Tuition
Course Name	Course Number	Start Date	Tuition

KILGORE COLLEGE

This form must be signed by a healthcare professional.
Attach proof of shots. <u>Must have all shots turned in *before* the first class day.</u>

STUDENT NAME: _____ **Phone:** _____

Address: _____ **DOB:** _____

Proof Attached			
	1. **TB Test** *Chest x-ray is for those with documented previous positive TB test* **Please circle the one that was performed**	Date Performed/Placed:	Performed/Placed by:
		Date Read:	Read by:
		Results in mm:	
	2. **Flu Vaccine** (current year)	Date:	Verified by:
	3. **Evidence of Measles, Mumps, and Rubella or,** MMR Vaccination (2) given after 15 months of age If titer done, must provide copy	(1) Date:	Verified by:
		(2) Date	Verified by:
		Date of Titer:	Performed by:
		Results of Titer:	Verified by:
	4. **TDAP** (within past 10 years)	Date:	Verified by:
	5. **Evidence of Varicella / Chicken Pox** Varicella Vaccination (2) given at least 4-8 weeks apart If titer done, must provide copy	(1) Date:	Verified by:
		(2) Date	Verified by:
		Date of Titer:	Performed by:
		Results of Titer:	Verified by:
	6. **Hepatitis B Immunization** *Series of 3 vaccines and/or titer* Dose #1- before first class day Dose #2- One month after first shot Dose #3- at least 6 months after first shot Titer- 30-60 days after third shot ***If titer < 10 mL/IU, student must have second series***	(1) Date:	Verified by:
		(2) Date	Verified by:
		(3) Date	Verified by:
		Date of Titer:	Performed by:
		Results of Titer:	Verified by:

 *Acceptable evidence of vaccines
Vaccine administered after 9/1/99 shall include month, day and year each vaccine administered Documentation of vaccine that includes signature or stamp of

physician/designee or public health personnel. An official immunization record generated from a state or local health authority such as a registry or a record received from

school officials is also acceptable.

_____   _____

Health Care Provider Signature   **DATE**

_____

Health Care Provider Name Printed/Typed/Stamped

_____   _____

Address   **Telephone**

_____

City   **State**   **Zip**

Criminal Background Check
Prohibitions from CNA Program

I. **Barred forever**
1. Chapter 19, Penal Code: **Criminal homicide**
   i. Murder
   ii. **Capital murder**
   iii. **Manslaughter**
   iv. **Criminally negligent homicide**
2. Chapter 20, Penal Code: **Kidnapping, unlawful restraint, and smuggling of persons**
   i. **Unlawful restraint**
   ii. **Kidnapping**
   iii. **Aggravated kidnapping**
   iv. **Smuggling of persons**
   v. **Continuous smuggling of persons**
   vi. **Operation of stash house**
3. Section 21.02, Penal Code: **Continuous sexual abuse of young child or children**
4. Section 21.11, Penal Code: **Indecency with a child**
5. Section 22.011, Penal Code: **Sexual assault**
6. Section 22.02, Penal Code: **Aggravated assault**
7. Section 22.04, Penal Code: **Injury to a child, elderly individual, or disabled individual**
8. Section 22.041, Penal Code: **Abandoning or endangering child**
9. Section 22.08, Penal Code: **Aiding suicide**
10. Section 25.031, Penal Code: **Agreement to abduct from custody**
11. Section 25.08, Penal Code: **Sale or purchase of child**
12. Section 28.02, Penal Code: **Arson**
13. Section 29.02, Penal Code: **Robbery**
14. Section 29.03, Penal Code: **Aggravated robbery**
15. Section 21.08, Penal Code: **Indecent exposure**
16. Section 21.12, Penal Code: **Improper relationship between educator and student**
17. Section 21.15, Penal Code: **Invasive visual recording**
18. Section 22.05, Penal Code: **Deadly conduct**
19. Section 22.021, Penal Code: **Aggravated sexual assault**
20. Section 22.07, Penal Code: **Terroristic threat**
21. Section 32.53, Penal Code: **Exploitation of child, elderly individual, or disabled individual**
22. Section 33.021, Penal Code: **Online solicitation of a minor**
23. Section 34.02, Penal Code: **Money laundering**
24. Section 35A.02, Penal Code: **Health care fraud**
25. Section 36.06, Penal Code: **Obstruction or retaliation**
26. Section 42.09, Penal Code: **Cruelty to livestock animals**
27. Section 42.092, Penal Code: **Cruelty to non-livestock animals**

1. A conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed by this subsection
II. **Barred for FIVE years** (fifth anniversary of date of conviction)
    1. Section 22.01, Penal Code: **Assault**, that is punishable as a **Class A misdemeanor** or as a **felony**
    2. Section 30.02, Penal Code: **Burglary**
    3. Chapter 31, Penal Code: **Theft**, that is punishable as a **felony**
    4. Section 32.45, Penal Code: **Misapplication of fiduciary property or property of financial institution**, that is punishable as a **Class A misdemeanor** or a **felony**
    5. Section 32.46, Penal Code: **Securing execution of document by deception**, that is punishable as a **Class A misdemeanor** or a **felony**
    6. Section 37.12, Penal Code: **False identification as peace officer; misrepresentation of property**
    7. Section 42.01(a)(7), (8), or (9), Penal Code: **Disorderly conduct**
III. A person who is placed on deferred adjudication community supervision for an offense listed in this section, successfully completes the period of deferred adjudication community supervision, and receives a dismissal and discharge in accordance with Article 42A.111, Code of Criminal Procedure, is not considered convicted of the offense for which the person received deferred adjudication community supervision

datcs

DRUG & ALCOHOL TESTING COMPLIANCE SERVICES

AUTHORIZATION FORM: NON – REGULATED DRUG / ALCOHOL TESTING

Company Name: KILGORE COLLEGE CNA PROGRAM   **Account Number:** 3749A / 404215

Company DER: JACKIE MCDONALD   **Phone:** 903-983-8645

Fax:

Donor Name: _____   **Donor SSN** _____

Scheduled Date: _____   **Notification Expiration Time:** _____

STUDENTS ARE RESPONSIBLE FOR ALL FEES ASSOCIATED WITH DRUG TESTING AND BACKGROUND CHECKS

REASON:

☑ DRUG TEST $16.00
☐ ALCOHOL TEST
☑ BACKGROUND $30.00
☐ OTHER TEST: _____

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

_____
SIGNATURE OF DER OR DESIGNATED SUPERVISOR

EMAIL, FAX OR GIVE EMPLOYEE AUTHORIZATION FORM

Longview	frontdesk@datcs.com	Fax	903-234-1948	Submit
Bossier City	frontbossier@datcs.com	Fax	318-212-1128	Submit
Tyler	fronttyler@datcs.com	Fax	903-534-5983	Submit
Wichita Falls	wffront@datcs.com	Fax	940-264-8808	Submit

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:

| 4000 U.S. HWY 259 North 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 |

STUDENT CHECK LIST FOR CERTIFIED NURSE AIDE

NAME: _____ BIRTHDATE: _____

_____ Completed Registration Form

_____ Copy of Driver's License

_____ Copy of High School Diploma/Transcript or GED

_____ Documentation of:

         MMR _____ _____ TDAP _____

_____ Documentation of Varicella (Chickenpox):

         Titer _____ or 2 Doses of Vaccine _____ _____

_____ Influenza vaccine (if seasonal appropriate)

_____ Documentation of Hepatitis B vaccination:

         First Dose _____ Second _____ Third _____ or Titer_____

_____ Current negative Tuberculosis Skin test: Date: _____ Date Read: _____

_____ Current and Negative Drug Test

_____ Current and Clear Background Check

_____ CPR Healthcare Provider certification (Must take before first class day, basic life support will meet this requirement)

_____ Payment of Tuition and Student Insurance

Basic Life Support for Health Care Provider Course offered at Kilgore College-Longview, Hendrix Building 300 South High Street, Longview

2020 Course time and dates:

7:45 am – 3:45 pm

February 7
March 6
April 3
May 1
June 5
July 3
August 7
September 4
October 2
November 6
December 4

This course is free. The registration deadline is one week prior to the course date.

To register fill out attached RMI WDCE Registration form and email to: jalcantar@kilgore.edu or fax to 903-988-7543.
For more information call 903-983-8645.

These courses are made possible
Thanks to a safety grant from:

TexasMutual®

KILGORE COLLEGE