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 Students that fail to meet attendance and grade requirements will be withdrawn from class, no exceptions.**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 a valid photo ID before the first class day. Examples of valid forms of photo ID are:

<table>
<thead>
<tr>
<th>Identification</th>
<th>ID Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. State issued identification</td>
<td>Student identification</td>
</tr>
<tr>
<td>U.S. financial institution issued identification</td>
<td>U.S. government-issued Military I.D.</td>
</tr>
<tr>
<td>Work identification</td>
<td>U.S. Passport</td>
</tr>
<tr>
<td>Alien Registration Card</td>
<td></td>
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</tbody>
</table>

**Background Check and Drug Test:**

Obtain your criminal background history check and drug test on your own by going to DATCS. **You will need to take the DATCS form in this packet with you to get your drug test and background check. The locations are on the bottom of 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. **The Background Check and Drug Test need to be done within 30 days of the first class day. If test results are older than that they will need to be retaken.** The results will be sent directly to the college.

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

- **Tuition and Fees:** $720.00 (**due a week before class begins**). 100% Refund if withdrawn prior to 1st class day (minus $15 matriculation fee), 70% refund if withdrawn by the end of the 2nd day of class (minus $15 matriculation fee). Fees include: Student insurance and state testing fee.

- **Basic Life Support for Healthcare Providers:** Certification through the American Heart Association is required before first class day. You can sign up for the BLS Certification Class given at Kilgore College by calling 903-983-8645. It is given once a month at the Longview campus.

- **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.*

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.

<table>
<thead>
<tr>
<th>2020/2021 Day Class</th>
<th>2021 Evening Class Dates</th>
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</thead>
<tbody>
<tr>
<td>7:45 am to 12:30 pm, Monday-Thursday</td>
<td>4:00 pm to 9:00 pm, Monday through Thursday</td>
</tr>
<tr>
<td>Aug. 16 – Sept. 27</td>
<td>Aug. 16 – Sept. 27</td>
</tr>
<tr>
<td>Oct. 4 -Nov. 11</td>
<td>Oct. 4 -Nov. 11</td>
</tr>
</tbody>
</table>

### Certification

Program completers are eligible to register online for state certification.

- A valid photo ID.
- Test Sites and test schedules may be found at: [https://www.prometric.com/nurseaide/texas](https://www.prometric.com/nurseaide/texas)

*Program completers have two years from their program completion date to take the state exam and become certified.*

### Additional Information

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/](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 Longview, 300 High St., Longview, TX 75601
903-236-2036
Kilgore College WDCE Course Registration Form

Registration will be accepted only if class space is available. Payment is due before the class starts.

Date: ________________________________________

SS#: ___________________ - ___________________ - __________

Student ID#: _________________________________

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

Mailing Address: ______________________________________________________

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 Native
   _______ American Indian or Alaska Native
   _______ Asian
   _______ Black or African American
   _______ Native Hawaiian or Other Pacific Islander
   _______ White

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Course Number</th>
<th>Start Date</th>
<th>Tuition</th>
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</table>
**Kilgore College Nurse Aide Program Immunizations**

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

**STUDENT NAME:** ___________________________  **Phone:** __________________

**Address:** ___________________________________________  **DOB:** ______________

<table>
<thead>
<tr>
<th>Proof Attached</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. TB Test</strong></td>
<td>Date Performed/Placed:</td>
<td>Performed/Placed by:</td>
</tr>
<tr>
<td><em>Chest x-ray is for those with documented previous positive TB test</em></td>
<td>Date Read:</td>
<td>Read by:</td>
</tr>
<tr>
<td><em>Please circle the one that was performed</em></td>
<td>Results in mm:</td>
<td></td>
</tr>
<tr>
<td>(within a year of the course end date)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. Flu Vaccine (current year)</strong></td>
<td>Date:</td>
<td>Verified by:</td>
</tr>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3. Evidence of Measles, Mumps, and Rubella or,</strong></td>
<td>(1) Date:</td>
<td>Verified by:</td>
</tr>
<tr>
<td><strong>MMR Vaccination (2) given after 15 months of age</strong></td>
<td>(2) Date</td>
<td>Verified by:</td>
</tr>
<tr>
<td>If titer done, must provide copy</td>
<td>Date of Titer:</td>
<td>Performed by:</td>
</tr>
<tr>
<td></td>
<td>Results of Titer:</td>
<td>Verified by:</td>
</tr>
<tr>
<td><strong>4. TDAP (within past 10 years)</strong></td>
<td>Date:</td>
<td>Verified by:</td>
</tr>
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<tr>
<td><strong>Evidence of Varicella / Chicken Pox</strong></td>
<td>(1) Date:</td>
<td>Verified by:</td>
</tr>
<tr>
<td><strong>Varicella Vaccination (2) given at least 4-8 weeks apart</strong></td>
<td>(2) Date</td>
<td>Verified by:</td>
</tr>
<tr>
<td>If titer done, must provide copy</td>
<td>Date of Titer:</td>
<td>Performed by:</td>
</tr>
<tr>
<td></td>
<td>Results of Titer:</td>
<td>Verified by:</td>
</tr>
</tbody>
</table>

**5. Hepatitis B Immunization**

**Series of 3 vaccines and/or titer**

|  |  |  |
| **Dose #1 - before first class day** | (1) Date: | Verified by: |
| **Dose #2 - One month after first shot** | (2) Date | Verified by: |
| **Dose #3 - 6 months after first shot** | (3) Date | Verified by: |
| **Titer - 30-60 days after third shot** | Date of Titer: | Performed by: |
| **If titer < 10 mL/IU, student must have second series** | 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**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>
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
AUTHORIZATION FORM: NON – REGULATED DRUG / ALCOHOL TESTING

Company Name: KILGORE COLLEGE CNA PROGRAM
Company DER: JACKIE MCDONALD

Account Number: 3749A / 404215
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***

- [ ] DRUG TEST $16.00
- [ ] ALCOHOL TEST
- [ ] BACKGROUND $30.00
- [ ] OTHER TEST: 

REASON:
- [ ] 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
Bossier City  frontbossier@datcs.com  Fax  318-212-1128
Tyler  fronttyler@datcs.com  Fax  903-534-5983
Wichita Falls  wffront@datcs.com  Fax  940-264-8808

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: ___________________________________________ ID #: _______________

_____ Completed Registration Form

_____ Copy of Valid Photo ID

<table>
<thead>
<tr>
<th>Identification Type</th>
<th>Acceptable ID Types</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. State issued identification</td>
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</tr>
<tr>
<td>U.S. financial institution issued identification</td>
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</tr>
<tr>
<td>Alien Registration Card</td>
<td></td>
</tr>
</tbody>
</table>

_____ 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

_____ Basic Life Support for Healthcare Providers certification, American Heart Association.
   (Must take before first class day, basic life support will meet this requirement)

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

2020/2021 Course time and dates:

7:45 am – 3:45 pm

July 9, 2021
August 6, 2021
September 10, 2021
October 1, 2021
November 5, 2021
December 3, 2021

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

To register for this course, print an extra copy of the WDCE Registration form in this packet and email to: jfranklin@kilgore.edu.

For more information call 903-988-7452.