



HAVE YOU EVER CONSIDERED
BECOMING A NURSE ASSISTANT ?

*Online Self-Paced
OR
Face-To-Face Class*

Hybrid Course (8 weeks):

January 16 - March 8, 2024
March 18 - May 10, 2024

(Classroom content done online; one week clinical in facility
7:30 am - 4:00 pm. Monday-Friday; Schedule TBA)

Face to Face Class (3 weeks):

January 22 - February 9, 2024
February 19 - March 8, 2024
March 25 - April 12, 2024
April 22 - May 10, 2024

(Two weeks in classroom: 8:30 am - 5:30 pm; Mon-Thurs [some Fridays-TBA]
one week in clinical: 7:30 am to 4:00 pm. Monday-Friday)

COURSE COST: \$600 (Does not include licensing exam fee)

To Register:
VISIT [HTTPS://WWW.KILGORE.EDU/WORKFORCE/NURSE-ASSISTANT-AIDE/](https://www.kilgore.edu/workforce/nurse-assistant-aide/)

ELIGIBILITY REQUIREMENTS:

- MINIMUM AGE OF 16 YEARS OLD PRIOR TO FIRST DAY OF CLASS
- IMMUNIZATIONS, BLS CPR, DRUG TEST, BACKGROUND CHECK
- VALID PHOTO ID

MORE INFORMATION:

SONJA MOORE
903-983- 8204
SMOORE@KILGORE.EDU





Kilgore College Nursing Assistant (Aide) Program

Required Items

All students enrolled in the Kilgore College Nursing Assistant Program must adhere to the clinical agencies/procedures for vaccinations to attend clinicals:

- Basic Life Support (BLS) CPR proof: In person only. Contact area CPR courses for availability or:
 - Kilgore College Risk Management Institute Workforce Development department (903) 988-3732 offers a no cost BLS CPR course once a month
- TB Questionnaire, if answered yes to any question then you must submit a negative TB test result (sign and return attached form).
- COVID-19 Vaccination proof: Current affiliates requires two vaccinations or a medical/religious exemption form.
- Negative Drug Test results: DATCS (take attached form to DATCS).
- Cleared criminal history background check (sign and return attached form).
- Valid photo ID with the same name on social security card.



WORKFORCE DEVELOPMENT COMMUNITY EDUCATION

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: ____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 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

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



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 fax 903-983-8175, Drop off in person or scan and email to
nursing@kilgore.edu**



Annual Tuberculosis Health Questionnaire (Students)

Tuberculosis (TB) Screening

It is the responsibility of the student to report any unexplained symptoms to their medical provider. If necessary, School of Nursing, and the facility student is placed at, should also be notified of any symptoms.

Name: _____ Date: _____

Date of Birth: _____ Phone #: _____

Instructions: Please indicate "Yes" or "No" to the questions below.

If **"Yes"** is indicated, student must follow up as directed by their medical provider **and** instructor.

In the last 12 months have you experienced the following:

- | | | |
|---|------------------------------|-----------------------------|
| 1, Productive Cough (for more than 3 weeks) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2.Persistent Weight loss without dieting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.Persistsent Low-Grade Fever | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4.Night Sweats | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5.Loss of Appetite | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6.Swollen Glands | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7, Recurrent Kidney or bladder infection | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8.Coughing up blood | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9.Shortness of Breath | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10.Chest Pain | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

"By providing name and date below, I certify all information is true and correct to the best of my knowledge."

Student Signature: _____

Date: _____

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 CNA PROGRAM

Account Number: 3749A

Company DER: JENNIFER BRAY/SONJA MOORE

Phone: 903-983-8204

Fax: 903-983-8175

Donor Name: _____

Donor SSN _____

Scheduled Date: _____

Notification Expiration Time: _____

*****STUDENTS ARE RESPONSIBLE FOR ALL
FEES ASSOCIATED WITH DRUG TESTING**

REASON:

☒ **DRUG TEST \$18.00**

☐ **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 wfffront@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