



## BECOMING A NURSE ASSISTANT

Online Self Paced OR  
Face To Face Class

### Hybrid Course (8 weeks):

**March 18 - May 10, 2024**

**May 20 - July 12, 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):

**February 19 - March 8, 2024**

**March 25 - April 12, 2024**

**April 22 - May 10, 2024**

**May 20 - June 7, 2024**

**July 22 - August 9, 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)

**COURSE COST: \$598.25** (Does not include certification exam fee)

To Register:

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

Registration forms, items required and payment due 1 week prior to start date

### 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 PLEASE CONTACT:

**SONJA MOORE**

**903-983- 8204**

**SMOORE@KILGORE.EDU**





## Kilgore College Nursing Assistant (Aide) Program

### Required Items

nursing@kilgore.edu

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

- CPR—Basic life Support (BLS) CPR proof: AHA (American Heart Association) BLS CPR Certification or American Red Cross, Professional Rescuer is required. No other CPR certifications are accepted. In person only. Contact area CPR courses for availability.
  - Hands on CPR 903-445-4185
  - Innovative Health Solutions 1-866-282-5477
  - Kilgore College Risk Management Institute Workforce Development department offers a free BLS CPR course once a month (903-988-3732, leave a message if no answer). Limited Availability!
- Cleared criminal history background check (sign and return attached “Authorization for Background Check” form with attached registration form).
- Negative Drug Test results: DATCS (take attached form to a DATCS location ASAP).
- Valid photo ID copy (must have the same name on social security card for your state certification exam).
- TB Questionnaire—if answered yes to any question then you must submit a negative TB test results (sign and return attached form).



## 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](mailto:nursing@kilgore.edu)**

## **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 communication 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** \_\_\_\_\_



# 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:

- 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
- 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 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

*Jennifer Bray*  
\_\_\_\_\_  
SIGNATURE OF DER OR DESIGNATED SUPERVISOR

**EMAIL, FAX OR GIVE EMPLOYEE AUTHORIZATION FORM**

Longview	<a href="mailto:frontdesk@datcs.com">frontdesk@datcs.com</a>	Fax	903-234-1948	<b>Submit</b>
Bossier City	<a href="mailto:frontbossier@datcs.com">frontbossier@datcs.com</a>	Fax	318-212-1128	<b>Submit</b>
Tyler	<a href="mailto:fronttyler@datcs.com">fronttyler@datcs.com</a>	Fax	903-534-5983	<b>Submit</b>
Wichita Falls	<a href="mailto:wffront@datcs.com">wffront@datcs.com</a>	Fax	940-264-8808	<b>Submit</b>

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:**