

KILGORE COLLEGE

WORKFORCE DEVELOPMENT-CONTINUING EDUCATION

HEALTH SCIENCES – Torrence Health Science Education Center, 1610 S.

Henderson Blvd, Room 110, Kilgore, Texas 75662

903-983-8204

Nursing Assistant

This course teaches knowledge, skills, and abilities essential to provide basic patient care to residents in long-term care facilities. Topics include resident rights, communication, safety, observation, reporting, and basic comfort. Emphasis on effective interaction with members of the health care team. Upon completion of the course students can apply for certification through Texas Department of State Health Services.

Face to Face Course Dates:

- **July 14 — August 1, 2025** (Deadline to register, submit required documents & payment: July 3, 2025) 3 weeks; 100 hours; Class (2 weeks): M—Th 8:30 am—5:00 pm; Clinical (1 week): M—F 8:30—5:00 pm
- **September 22 -- October 10, 2025** (Deadline to register, submit required documents & payment: September 12, 2025) 3 weeks; 100 hours; Class (2 weeks): M—Th 8:30 am—5:00 pm; Clinical (1 week): M—F 8:30—5:00 pm
- **October 20 -- November 7, 2025** (Deadline to register, submit required documents & payment: October 10, 2025) 3 weeks; 100 hours; Class (2 weeks): M—Th 8:30 am—5:00 pm; Clinical (1 week): M—F 8:30—5:00 pm
- **November 17 -- December 12, 2025** (Deadline to register, submit required documents & payment: November 7, 2025) 3 weeks; 100 hours; Class (2 weeks): M—Th 8:30 am—5:00 pm; Clinical (1 week): M—F 8:30—5:00 pm

Hybrid Online Course Dates:

- **Online: Aug 18 -- October 10, 2025** (Deadline to Register, submit documents/ayment: Aug 8, 2025)
 - Weekly Lab Check off in person at KC Longview Campus: TBA
 - Clinicals (1 Week): October 6 -- October 10, 2025 (M—F 8:30 am —5:00 pm)
 - Course total is 8 weeks; 100 hours
- **Online: Oct 20 -- Dec 12, 2025** (Deadline to Register, submit documents/payment: Oct 10, 2025)
 - Weekly Lab Check off in person at KC Longview Campus: TBA
 - Clinicals (1 Week): Dec 8 – Dec 12, 2025 (M—F 8:30 am —5:00 pm)
 - Course total is 8 weeks; 100 hours

Tuition & Fees:

\$598.25*

(This amount does not include the certification exam)

Textbook and Workbook: (available for purchase at KC Longview Bookstore):

- Hartman's Nursing Assistant Care: The Basics, 6th Edition by Jetta Fuzy
- Workbook for Hartman's Nursing Assistant Care Long-Term Care, 6th Edition

Required Documents:

To be registered, submit the following documents asap to nursing@kilgore.edu

- Copy of valid photo ID
- KC WDCE Course Registration Form (found in registration packet)
- Authorization for Background check form (found in registration packet)

Class Location: Kilgore College—Longview Campus, Hendrix Bldg. 300 S. High St., Longview, TX 75601, Room #112, Lab#310.

Sign Up/Questions/Request a Registration packet: Sonja Moore, Administrative Assistant smoore@kilgore.edu
903-983-8204

*Refund Policy: 100% prior to first class day; 70% by second day of class; 25% by third day



Kilgore College Nursing Assistant (Aide) Program

Admission Requirements

- Have a valid driver's license, State or federal issued photo ID
- Must be 16 years or older
- Be able to read, write & speak English
- Be in good health, able to bend, twist, lift at least 50 pounds, and be free of communicable diseases
- Not be listed as unemployed on the Employee Misconduct Registry (EMR)
- Have a Social Security card
- "Cleared" criminal history background check (see Authorization form)
- Negative Drug Test (see DATCS form)
- Negative TB results or TB Questionnaire (see TB questionnaire)
- Basic Life Support (**BLS CPR**) (American Red Cross or American Heart Association only acceptable; must be in person)
 - **BLS CPR** (903) 445-4185; (903) 657-2023; (903) 759-7604; (866) 282-5477



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

Drop off in person or scan and email to nursing@kilgore.edu



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

Nurse Assistant

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

Drop off in person or scan and email to 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** _____

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: _____



AUTHORIZATION FORM: NON – REGULATED DRUG / ALCOHOL TESTING

Company Name: KILGORE COLLEGE CNA PROGRAM Account Number: 3749A
 Company DER: Sheri Gillis / 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

Sheri Gillis, DNP, RN

DER

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

Submit
Submit
Submit
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