

KILGORE COLLEGE

WORKFORCE DEVELOPMENT-CONTINUING EDUCATION

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 (3 weeks):

- **May 18 - June 8, 2026** (Deadline to submit required documents & payment: **May 8, 2026**) 3 week course; 100 hours; Class (2 weeks): M--Th 8:30 am--5:00 pm; Clinical (1 week): M--F 8:30 am - 5:00 pm
- **June 22-July 10, 2026** (Deadline to submit required & payment: **June 11, 2026**) 3 week course, 100 hours, Class (2 weeks): M-Th 8:30 am - 5:00 pm, Clinical (1 week): M-F: 8:30 am - 5:00 pm
- **July 20 - August 7, 2026** (Deadline to submit required documents & payment: **July 10, 2026**) 3 week course; 100 hours; Class (2 weeks): M—Th 8:30 am—5:00 pm; Clinical (1 week): M—F 8:30—5:00 pm
- **August 24 - September 14, 2026** (Deadline to submit required documents & payment: August 14, 2026) week course; 100 hours; Class (2 weeks): M--Th 8:30 am--5:00 pm; Clinical (1 week): M--F 8:30 am - 5:00 pm

Hybrid Online Course Dates (8 weeks):

- **Online: Online: June 15 - August 7, 2026** (Deadline to submit documents/payment: **June 5, 2026**)
 - Weekly Lab Check off in person at KC Campus: TBA
 - Clinicals (1 Week; Last week): August 3-7, 2026) (M—F 8:30 am —5:00 pm)
 - Course total is 8 weeks; 100 hours
- **Online: Online: August 17- October 9, 2026** (Deadline to submit documents/payment: August 7, 2026)
 - Weekly Lab Check off in person at KC Campus: TBA
 - Clinicals (1 Week; Last week): August 3-7, 2026) (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:

Author: Myra Sandquist Reuter, MA, BSN, RN

Edition: © 2023 by Creative Commons ISBN: 13: 978-1-73491-410-8

You can download a print or digital version through Open RN here: <https://wtcs.pressbooks.pub/nurseassist/>

Required Documents to secure your seat (first come-first served):

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

- KC WDCE Course Registration Form (found in registration packet)
- Authorization for Background check form (found in registration packet)
- Copy of valid photo ID
- Social Security Card copy with the same name as ID

Class Location: Kilgore College, Whitten Building #27 - 1410 S. Henderson Blvd, Kilgore, TX 75601, Room #206.

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

- **Important:** You need to have Basic Life Support (BLS) CPR - You may only train with any **American Red Cross** or **American Heart Association** courses on your own. Course must be in person (for the skills portion). See Contact info below; suggestions only:
 - (903) 445-4185; (903) 657-2023; (903) 759-7604;
(866) 282-5477; (903) 393-5589; (903) 736-8619
- Have a valid driver's license, State or federal issued photo ID
- Have a Social Security card-submit a copy (must have the same name as 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 "unemployable" on the Employee Misconduct Registry (EMR)
- "Cleared" criminal history background check (see Authorization form)
- Negative Drug Test (see DATCS form)-Walk in appts are fine \$18
- Negative TB results or TB Questionnaire (see TB questionnaire form)
- Registration form (see attached; payment due 10 days prior to class start)
- Wear any color scrubs for class/lab/clinical
- Closed toe shoes with nonslip soles, any solid color



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:

- 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

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. Persistent 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: _____



**Keep and Take this form to DRUG & ALCOHOL TESTING
COMPLIANCE SERVICES**

Company Name: KILGORE COLLEGE CNA PROGRAM

Account Number: 3749A

AUTHORIZATION FORM: NON – REGULATED DRUG TESTING

Phone: 903-983-8204

Company DER: Sheri Gillis / Sonja Moore

Email: nursing@kilgore.edu

Donor Name: _____

Donor SSN _____

Scheduled Date: NA

Notification Expiration Time: NA

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

DRUG TEST \$18.00

Other

Sheri Gillis, DNP, RN

DER

REASON:

Training for CNA

Random

Post-Accident

Reasonable Suspicion

Return-to-Duty

Follow-Up

**Pre-Access

DONOR SIGNATURE: _____

DATE: _____