Kilgore College Nursing Assistant Registration Packet

What You Need to Do Next:

To register for Nursing Assistant and secure your spot, email all required documents to **NURSING@KILGORE.EDU**

Choose your type of course/start date:

4-week face-to-face options:

January 11 -- February 5; February 8 -- March 5; March 15 -- April 9; April 12 -- May 7; May 10 -- June 7; June 7 -- July 2; July 6 -- July 30, 2027

8-week hybrid options:

January 11 -- March 5; March 15 -- May 7; May 10 -- July 2, 2027

Class is held Monday - Thursday 8:30 am to 3:00 pm.
Clinical rotations are held Monday - Friday 7:30 am to 4:00 pm.
Hybrid lab check-off days are weeks 4, 5, 6 & 7 Tuesday or Thursday 8:30 am to 3:00 pm and are scheduled with the Instructor. Clinical is the eighth week Monday - Friday 7:30 am to 4:00 pm.

- This course has a maximum of 10 students, and registration is on a first-come, first-served basis.
- Payment and required items are due 10 days prior to program start.
- Tuition and fees: $598.25 (this does not include the $125 certification exam)
- Refund policy: 100% prior to first class day withdrawal; 70% by second day withdrawal; 25% by third day withdrawal
- If you have questions or concerns prior to enrolling, see contact information below:

Sonja Moore - Administrative Assistant
Torrence Health Sciences Education Center;
Office 110 1610 S. Henderson Blvd. Kilgore, Tx
75662 smoore@kilgore.edu
903-983-8204

Class will be held at the M. Kenneth Whitten
Building 1410 S. Henderson Blvd, room 206
Kilgore, TX 75662

Step 1 - Submit Required Documents:

- Please email or deliver clear copies of all required documents included in this packet.
    - If you are emailing your documents, please download a PDF scanner app such CamScanner, Genius Scan, etc. to email a clear legible copy of your documents. To bring your registration documents in person, our office is located on the Kilgore Campus:
      Torrence Health Sciences Education Center, Ofc: 110
      1610 S. Henderson Blvd. Kilgore, Tx 75662

Step 2 - Drug Test:

(You will not receive the results, they will be emailed directly to Kilgore College)

- DATCS Authorization Forms are attached and will need to be taken with you to facility
- Cost: Drug Test $20.00- (paid by student) if your screen is sent to an MRO there will be an extra fee. If you are taking medications please bring your prescriptions with you to DATCS
- Location: Drug and Alcohol Testing Compliance Services (DATCS)
    - 4000 Hwy 259 North, Longview, TX 75605 (903-234-1136)

Step 3 - Background Check:

(you will not receive the results, background checks will be done online with TXDPS)

- If your background check is not approved you will be notified by email that your application has been denied
- If your background is approved you will be registered for class

Step 4 – Make Tuition Payment

- Once you are registered for class, you may pay either in person at the KC Business Office in Kilgore or Longview or pay over the phone ($598.25)
- Payment over the phone can be made with a debit/credit card 903-983-8108
- If you are getting assistance from an agency or the TPEG grant, please let me know

Before class starts, have your supplies and BLS CPR completed

- Basic Life Support CPR from American Heart Association or American Red Cross - On your own, search online for BLS CPR courses; email rpetree@ihs4u.com for availability
- Scrubs (any color; worn every day)
- Comfortable leather tennis shoes, no crocs
- Note taking supplies (black pen, pencils, highlighters, paper)
- Nursing Assistant Textbook by Myra Sandquist, is available at no charge on-line: **https://wtcs.pressbooks.pub/nurseassist/**
- Second-hand watch (not smartwatch)
- Current negative TB test results or TB Questionnaire
- Signed Essentials of Job Function form

WORKFORCE DEVELOPMENT

COMMUNITY EDUCATION

Kilgore College WDCE Course Registration Form

Please Note: This is a fillable PDF form and should not be completed by hand. For best results, view and complete the form on a computer or smartphone using a PDF reader.

Date: _____

Social Security #: _____

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: _____

Business or Cell Phone ( ) _____

Email: _____

Date of Birth: _____ Gender: _____

US Citizen: _____ IIf no,whatccountry?y? _____

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?

_____

2. Please select the racial category or categories with which you most closely identify.

_____

_____ _____

Course Name Start Date

Do you plan to drive your own vehicle to your clinical site? _____

If yes, please complete the vehicle information below.. Some clinical sites require this for parking access and may issue permits based on the details you provide.

_____ _____ _____

Make & Model of vehicle Year License plate

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 SO pounds in a sustained motion; lift objects of varying sizes and weights between 10 and SO pounds or carry objects of varying sizes and weights between 10 and SO 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 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

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)	☐ Yes	☐ No
2.Persistent Weight loss without dieting	☐ Yes	☐ No
3.Persistsent Low-Grade Fever	☐ Yes	☐ No
4.Night Sweats	☐ Yes	☐ No
5.Loss of Appetite	☐ Yes	☐ No
6.Swollen Glands	☐ Yes	☐ No
7, Recurrent Kidney or bladder infection	☐ Yes	☐ No
8.Coughing up blood	☐ Yes	☐ No
9.Shortness of Breath	☐ Yes	☐ No
10.Chest Pain	☐ Yes	☐ No

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

Student Signature: _____ Date: _____

WWW.DATCS.COM

DRUGTESTING@DATCS.COM

DRUG & ALCOHOL TESTING COMPLIANCE SERVICES

AUTHORIZATION FORM: NON – REGULATED DRUG / ALCOHOL TESTING
Keep this form to take to your DATCS appointment (Walk Ins are OK)

Company Name: KILGORE COLLEGE/CNA **Account Number:** 3749A

Company DER: Dr. Kelsey Phillips/Sonja Moore **Phone:** (903) 983-8204

email: nursing @kilgore.edu

Donor Name: _____ **Donor SSN** _____

Scheduled Date: _____ **Notification Expiration Time:** _____

STUDENTS ARE RESPONSIBLE FOR ALL FEES ASSOCIATED WITH DRUG TESTING

☒ **DRUG TEST $20.00**

☐ **ALCOHOL TEST**

BACKGROUND $30.00

☐ **OTHER TEST:** _____

Kelsey Phillips DNP, RN

SIGNATURE OF DER OR DESIGNATED SUPERVISOR

REASON:

- ☐ Pre-employment
- ☐ Random
- ☐ Post-Accident
- ☐ Reasonable Suspicion
- ☐ Return-to-Duty
- ☐ Follow-Up
- ☐ **Pre-Access

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	wffront@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

HOW TO APPLY FOR TPEG/TEOG GRANT

- **Complete the current year FAFSA at www.studentaid.gov**
- **Contact Amber Paredes within the three days following. Her contact information is as follows:**

  Amber Paredes
  (903) 983-8217
  e-mail aparedes@kilgore.edu

- **Email Amber and inform her of which course you are enrolled in and would like to see if you qualify for the grant.**

Please feel free to reach out if you have any questions or concerns.

Kilgore College Financial Responsibility Agreement

By registering for classes at Kilgore College, I acknowledge and agree to the following terms and conditions regarding my financial obligations to the College. Students only need to sign the Agreement **once** while continuously enrolled at Kilgore College. However, if a student leaves the College and later returns, the Agreement must be signed again.

1. Responsibility for Payment
I understand that registration for classes and acceptance of services constitute a financial obligation to pay all tuition, fees, and other associated costs assessed by Kilgore College by the published payment deadlines.
I further understand that I am responsible for payment of all charges incurred on my student account, including but not limited to:

- Tuition and mandatory fees
- Course fees and lab fees
- Housing and meal plan charges
- Fines, penalties, and miscellaneous charges
- Returned payment fees
- Collection costs and attorney fees, if applicable

2. Payment Deadlines and Nonpayment
I understand that payment deadlines are published in the College catalog, student handbook, website, and registration materials. Failure to pay my balance by the due date may result in:

- Course cancellation or schedule changes
- Registration holds
- Inability to register for future terms
- Placement of delinquent accounts with a collection agency
- Withholding of diplomas in accordance with institutional policy and applicable regulations

I understand that failure to receive a billing statement or reminder does not relieve me of my financial responsibility.

3. Financial Aid Responsibility
I understand that financial aid awards are contingent upon eligibility requirements and funding availability. I am responsible for any balance not covered by financial aid, scholarships, third-party sponsorships, waivers, or exemptions.
If my financial aid is reduced, canceled, returned, or adjusted for any reason, I agree to immediately pay any remaining balance owed to Kilgore College.

4. Returned Payments
If any payment made on my behalf is returned or rejected by a financial institution for any reason, including insufficient funds, stop payment, or disputed charges, I understand that the amount may be re-applied to my student account and that additional fees may be assessed.

5. Refunds
I authorize Kilgore College to issue refunds in accordance with institutional policies and federal/state regulations. I understand refunds may first be applied to any outstanding balance owed to the College before funds are released to me.
I understand that refunds issued via direct deposit or third-party payment processors are subject to those providers' terms and conditions.

6. Communication Authorization
I authorize Kilgore College and its representatives to contact me regarding my student account, payment obligations, financial aid, and related matters using:

- Email
- Telephone calls
- Text messages
- Automated communication systems
- Mailing address on file

It is my responsibility to maintain accurate contact information with the College.

7. Collection Activity
If my account becomes delinquent and is referred to a collection agency or attorney, I agree to pay all reasonable collection costs, attorney fees, court costs, and other expenses permitted by law.

8. Account Review and Balance Changes
I understand that account balances are subject to change due to schedule adjustments, residency updates, financial aid changes, fee corrections, or other institutional updates. I agree to regularly review my student account and remain responsible for any outstanding balance.

9. Governing Policies
I understand that this agreement is governed by Kilgore College's policies and procedures, applicable state and federal laws, and standards consistent with NACUBO best practices.
By registering for classes, electronically accepting this agreement, or receiving services from Kilgore College, I acknowledge that I have read, understand, and agree to these terms and conditions.

I understand and agree that if I am younger than the applicable age of majority when I execute this agreement, the educational services provided by Kilgore College are a necessity, and I am contractually obligated pursuant to the “doctrine of necessaries.”

Student ID

Student Name

Date: