



Nurse Aide

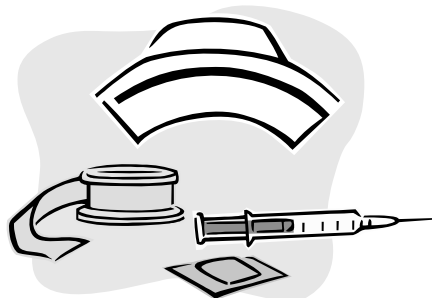
August 23 – September 24, 2010
5:00 -9:30 P.M., Monday-Thursday

Clinicals
September 26, 27, 28
7:00 A.M.–3:00 P.M. or 6:00 A.M.–2:00 P.M.
or as arranged

or

October 18 – November 19, 2010
5:00 -9:30 P.M., Monday-Thursday

Clinicals
November 21-23
7:00 A.M.–3:00 P.M. or 6:00 A.M.–2:00 P.M.
or as arranged



ABOUT THE NURSE AIDE PROGRAM

The Nurse Aide program prepares the student for employment as a nurse aide in hospitals, skilled care, home health, and hospice facilities. Basic nursing and personal care skills, legal and ethical issues for nurse aides, restorative services and recognition of the emotional, social, cultural and individual rights of patients are all competencies that will be covered in the coursework. Students will then practice these skills in the college lab and an assigned clinical setting.

All students are eligible to apply. Enrollment in the clinical course is contingent upon the student passing a criminal background investigation and drug screening.

The Nurse Aide courses fulfill the educational requirements for students to take the Certified Nurse Assistant's (CNA) Exam.

The Nurse Aide program is taught at Western Colorado Community College.

Nurse Aide Course Descriptions

NURA 101 Nurse Aide Healthcare Skills (4 Credits)

This course covers the fundamental skills of the nurse aide. Basic nursing skills, communication skills, restorative services, personal care skills, safety and emergency care are covered as well as knowledge and/or principles of asepsis, OSHA and HIPAA regulations. Ethical behaviors, cultural sensitivity, principles of mental health, patient/resident rights are addressed.

NURA 170 Nurse Aide Clinical Experience (1 Credit)

This course applies knowledge and skills gained in NURA 101 to patient care. Students gain knowledge and skills needed to function independently within the nurse aide scope of practice. Students apply the skills needed to perform as a nurse aide in the health care setting. Enhanced communication, cultural competency, end of life care, critical thinking and organizational skills are emphasized.

**To schedule an advising appointment contact
Sandra Menke, Student Services Advisor
smenke@mesastate.edu
(970) 255-2808**



APPLICATION PROCESS and PROGRAM ADMISSION PROCEDURES

_____ **1. Apply to Western Colorado Community College** either on-line at www.mesastate.edu or through the Student Services Office at WCCC declaring Nurse Aide as area of emphasis. Submit application to: Western Colorado Community College, 2508 Blichmann Ave., Grand Junction, CO 81505. A \$30 application fee is required.

_____ **2. Submit a Copy of Appropriate CPR Certification** – CPR/AED for professional Caregiver (ARC) or CPR for the Healthcare Provider (AHA). Submit this along with the Nurse Aide Application. See Student Service Advisor for more information.

_____ **3. Submit Background Investigation Release Form** – Submit notarized Background Research Release Form found in this packet (due at time of registration).

_____ **4. Submit Consent for Drug Screening Form** – Prior to beginning clinical rotations students will need to complete a seven panel drug screening, the test date for this screening will be announced in class.

_____ **5. Submit the Health Examination Form** - This form must be completed with attachments (see pages 8-9). Page 8 must be filled out by the student and page 9 must be filled out by your health care provider.

_____ **6. Submit Proof of Immunization** – Including Measles/Mumps/Rubella, Tetanus, Chicken Pox, Hepatitis B (this is a series and you will want to begin this soon), as well as a current TB skin test (must be within one year). You **MUST ATTACH** proof of your vaccinations to the physical form.

_____ **7. Submit Proof of Professional Liability Insurance** - If you wish you may apply for insurance through the National Professional Group as a student nurse. The website is <http://www.nso.com>. Should you choose to go through a different company, the policy must be comprehensive general liability insurance covering bodily injury and property damage liability with minimum coverage limits of \$1,000,000 per occurrence/\$2,000,000 general total limit, and medical professional liability insurance with minimum coverage limits of \$1,000,000 per claim/\$3,000,000 annual aggregate.

_____ **6. Submit Payment for Background Investigation** – Due at time of registration, non-refundable.

_____ **7. Submit Payment for Drug Screening** – Due by first day of class.

(Any student receiving a varicella vaccination should do so at least one month before beginning Nurse Aide classes. Students should not attend clinical rotations for 30 days after a varicella vaccination due to the rare possibility of contracting varicella after the immunization and exposing patients and faculty at clinical.)

Complete application packet and all materials must be submitted at least 2 weeks prior to the start of class

Return to:
Sandra Menke, Student Services Advisor
2508 Blichmann Avenue
Grand Junction, CO 81505
smenke@mesastate.edu
(970) 255-2670

Nurse Aide Program Fee Schedule

Matriculation Fee	\$125
In-State Tuition and Fees (approximate)	\$1170
Textbook (available at MSC Bookstore) (approximate)	\$100

Supplies/Uniforms (approximate) <i>May be purchased at Uniform Junction 256-1600</i>	
Stethoscope - (\$30 - \$100)	\$100
Watch w/Second Hand	\$20
Shoes - White closed toe, no holes in shoes	\$50

Other (Paid to Western Colorado Community College)	
Background Check (to be paid at time of registration and is not refundable)	\$30
Drug Screening	\$46

Professional Liability Insurance (may be purchased at www.nso.com)	
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Costs are approximate and subject to change



APPLICATION FOR UNDERGRADUATE ADMISSION 2010-2011

PERSONAL INFORMATION PLEASE PRINT LEGIBLY

Term And Year Of Expected Enrollment: Fall Spring Summer of the year _____

Classification: New freshman Transfer student Prior Mesa State student Non-degree seeking student (ineligible for financial aid or scholarships)

Social Security Number: (Disclosure of SS# is voluntary and is used for identification purposes only.) _____

Email Address _____

Full Legal Name (Last) (First) (Middle) (Name under which transcript(s) will be sent)

Birth Date Present Age Male Female Cell Phone (with area code)

Home Address (Street or PO Box) (Apt#) (City/Town) (County) (State) (Zip) Phone (with area code)

Mailing Address (Street or PO Box) (Apt#) (City/Town) (County) (State) (Zip) Phone (with area code)
(Address to which admission information should be sent)

Nation of Citizenship If not a U.S. citizen, give temporary visa number: _____ Expiration Date: _____

If a permanent resident of the U.S., give Registration number (please attach a copy): _____ Date of Issuance: _____

The following information is not used in any discriminatory manner. Please check as many as apply:

Ethnic Origin: Are you Hispanic or Latino? YES NO Race: 1. American Indian or Alaskan Native 3. Black or African American
 2. Asian 4. Native Hawaiian or Other Pacific Islander
Tribal Affiliation _____ Census number _____ 5. White

Did either of your parents graduate from college? YES NO

To comply with Colorado state law, all males between the ages of 17 years, 9 months and 26 years must answer the following question:

Are you registered with Selective Service? YES NO

In case of an emergency, please complete the following information:

Name of Contact Occupation Employer

Home Address (Street or PO Box) (Apt#) (City/Town) (County) (State) (Zip) Phone (with area code)

COLLEGE PLANS Please refer to the Mesa State College Catalog when completing this section. Do not complete the following if applying as a non-degree seeking student.

What is your educational goal?

Associate degree (AA or AS) for transfer Associate degree (AAS) in technical program Technical certificate

What will be your proposed major(s) or field(s) of study? 1st Choice _____
2nd Choice _____ Undecided

Are you planning on obtaining a bachelors degree eventually? YES NO If so what field of study? _____

Are you using Veterans Benefits? YES NO

Plans for enrollment: Full-Time (enrolled in at least 12 semester hours of credit) Part-Time (enrolled in less than 12 semester hours of credit)

HOW DID YOU HEAR ABOUT WCCC

Have you heard about Western Colorado Community College in the following ways in the last six months (check all that apply)?

Newspaper MSC Website Friend/Family
 Radio MSC Publication Co-Worker/Employer
 MSC Representative Web Search Engine Community Event
 High School Counselor

EDUCATION

Last high school attended Name City County State Zip Code

7/29/10

Home schooled: YES NO

List highest grade completed (1-12) _____ Date of H.S. graduation _____

If not a graduate, have you earned a GED certificate? YES NO Date _____ State/Agency _____

Have you previously applied to Mesa State College? YES NO If yes, when? _____

Have you previously attended Mesa State College? YES NO If yes, when? _____

COLLEGE: List all colleges you have attended or are currently attending. Failure to list all colleges and universities may lead to rejection of application. Include college course work completed through correspondence, extension or Post-Secondary Options Act Program.

Dates of Attendance	Name of College/University	City, State And Zip	Degree and Date Earned	In Good Standing
_____ to _____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____ to _____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____ to _____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____ to _____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO



Transfer students with less than 13 semester hours of college credit will also need a high school transcript sent directly from the issuing institution or GED scores.

WUE/MOUNTAIN AND PLAINS INFORMATION

Students who have completed the application process, and possess a permanent address from one of the qualifying states below, are automatically considered for the WUE or Mountains and Plains tuition programs. Students must also provide a copy of their valid state driver's license.

WUE qualifying states- **Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington and Wyoming**
 Mountains and Plains qualifying states- **Kansas, Iowa, Missouri, Nebraska, Oklahoma and Texas**

TUITION CLASSIFICATION

Are you claiming Colorado tuition classification as a Colorado resident? YES NO If no, specify state of residence _____

If yes, and you are entering college immediately after completing high school (i.e. graduated in May, attending college following August), please answer the following:

Are you a United States Citizen? YES NO

Did you graduate from a CO public or private high school? YES NO Name of CO high school: _____

Did you attend that CO high school for at least 3 consecutive years? YES NO List specific years (i.e. 2008, 2009, etc): _____

If you answered YES to the above 3 questions, skip the following section. If the above section did not apply or if you answered NO to any of the above 3 questions, please complete the following:

If you *hold/will* hold a CO GED and claim in-state tuition status, please answer the following:

Are you a United States Citizen? YES NO

Did you complete a General Equivalency Diploma (GED)? YES NO

Did you reside in CO for the 3 years preceding your proposed first semester of enrollment? YES NO List specific years (i.e. 2008, 2009, etc): _____

If yes, completion of all questions in this section is required. For students under the age of 23, please complete the section entitled "Your Parent/Legal Guardian" as well as the section entitled "You." Students who are 23 years or older need only complete the section entitled "You." Failure to answer all questions will result in your classification as a non-resident for tuition purposes. Students who claim a change in tuition classification MUST contact the Tuition Classification Officer for further information. If a question does not apply, do not leave it blank; please mark an "X" in the "N/A" column.

	YOUR PARENT/LEGAL GUARDIAN* (If student is under 23)	and	YOU (If student is 23 or older)
Dates of continuous physical presence in Colorado (mm/yy):	From ___/___/___ to ___/___/___ <input type="checkbox"/> N/A <input type="checkbox"/>		From ___/___/___ to ___/___/___ <input type="checkbox"/> N/A <input type="checkbox"/>
Dates of extended absences (more than 1 month) from CO (mm/yy):	From ___/___/___ to ___/___/___ <input type="checkbox"/>		From ___/___/___ to ___/___/___ <input type="checkbox"/>
Reason for absence: _____			
Dates of employment in Colorado (mm/yy):	From ___/___/___ to ___/___/___ <input type="checkbox"/>		From ___/___/___ to ___/___/___ <input type="checkbox"/>
List the last 3 tax years CO income taxes have been filed	_____, _____, _____ <input type="checkbox"/>		_____, _____, _____ <input type="checkbox"/>
Have you or your parent(s) (if you are under 23) filed CO income taxes as a partial year resident during the past three years? (Please check box)	<input type="checkbox"/> YES (attach an explanation) <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> YES (attach an explanation) <input type="checkbox"/> NO <input type="checkbox"/>
Current Driver's License Number	_____ <input type="checkbox"/>		_____ <input type="checkbox"/>
Date issued (mm/yy), State issued	_____/_____, _____ <input type="checkbox"/>		_____/_____, _____ <input type="checkbox"/>
Previous Driver's License (if other than CO)	_____ <input type="checkbox"/>		_____ <input type="checkbox"/>
Date issued (mm/yy), State issued	_____/_____, _____ <input type="checkbox"/>		_____/_____, _____ <input type="checkbox"/>
Vehicle License Plate Number:	_____ <input type="checkbox"/>		_____ <input type="checkbox"/>
List the last 3 years of CO Motor Vehicle registration:	_____, _____, _____ <input type="checkbox"/>		_____, _____, _____ <input type="checkbox"/>
Date of CO Voter registration (mm/yy):	_____/___ <input type="checkbox"/>		_____/___ <input type="checkbox"/>
Date of purchase, lease or rental of any CO residential property (mm/yy):	_____/___ <input type="checkbox"/>		_____/___ <input type="checkbox"/>
If you are under 23 and your parents are separated or divorced, which parent(s) live in CO:	_____ <input type="checkbox"/>		_____ <input type="checkbox"/>
Dates of military service, if applicable (mm/yy):	From ___/___/___ to ___/___/___ <input type="checkbox"/>		From ___/___/___ to ___/___/___ <input type="checkbox"/>

Dependents of non-resident active duty military personnel stationed in Colorado may request a tuition adjustment to in-state status for tuition purposes. Call 970-248-1458 for more information.

Date of marriage (mm/yy) of student if student will be under 23 by date of enrollment (applicable only to determine residency status): _____, _____

*Please submit a copy of court order appointing legal guardianship.

IMPORTANT: You must answer the following questions:

Have you ever been convicted of a crime, made a plea of guilty, accepted a deferred judgment, been adjudicated, or been required to register as a sex offender? (Misdemeanor traffic offenses are exempt.) IF YES, ATTACH A DETAILED EXPLANATION YES NO

Have you ever been placed in probation, suspended, or expelled from any high school or postsecondary institution for other than academic reasons? IF YES, ATTACH A DETAILED EXPLANATION. YES NO

I, hereby, certify that to the best of my knowledge, the information furnished in this application is true and complete. I understand that if found to be otherwise, it is sufficient cause for rejection, delay of admission or loss of credit. I, hereby, consent to the release of my transcript(s) to the institution receiving this application.

APPLICANT'S SIGNATURE (If applicant is under 18 years of age, a parent or guardian's signature is also required.) _____ Date _____



Nurse Aide Application

2508 Blichmann Ave.
Grand Junction, CO 81505
(970) 255-2600
www.mesastate.edu/wccc

Date _____

Submit application along with all required paperwork to *Sandra Menke, WCCC, 2508 Blichmann Avenue, Grand Junction, CO 81505. Or fax to (970) 255-2650.*

Contact Information:

Full legal name _____
Last First Middle Initial Maiden Name

Date of Birth ____/____/____ Social Security No. _____

Permanent home address: _____
City, State, Zip

Present mailing address: _____
(if different from above) City, State, Zip

Email address (please print clearly): _____

Phone number with area code: () _____ Cell: () _____

Are you a current WCCC/MSU student? Yes No

Is this the first time you have applied to the Mesa State College Nurse Aide program? Yes No

Are you an EMT?

Employment Experience:

Dates employed		Name and location where employed	Duties (briefly)
From	To		

Healthcare Experience:

From	To	Any other healthcare experience not previously defined	Duties (briefly)

Acceptance into this program is contingent upon receipt of the completed application and required documents.

I certify that all the information stated on this application form is accurate and complete. Concealment of facts or false statements may result in dismissal from the program.

Applicant Signature

Date

**Western Colorado Community College
Nurse Aide Program**



Health Examination Form

Name _____ Date _____
 Last *First* *Middle* *(Maiden)*

Local Address _____

Birthdate _____ MSC ID # _____

Notify in case of emergency:

<i>Name</i>	<i>Address</i>	<i>Telephone Number</i>

Personal History (to be completed by student):

<i>Allergies (please specify):</i>	<i>Yes</i>	<i>No</i>
Drugs _____	<input type="checkbox"/>	<input type="checkbox"/>
Foods _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

<i>Communicable Diseases:</i>	<i>Yes</i>	<i>No</i>
Scarlet fever _____	<input type="checkbox"/>	<input type="checkbox"/>
Chicken pox _____	<input type="checkbox"/>	<input type="checkbox"/>
Malaria _____	<input type="checkbox"/>	<input type="checkbox"/>
Mononucleosis _____	<input type="checkbox"/>	<input type="checkbox"/>

<i>Surgery (please list):</i>	<i>Date</i>

<i>Accidents (please list):</i>	<i>Date</i>

<i>Health Problems:</i>	<i>Yes</i>	<i>No</i>
Eye problems	<input type="checkbox"/>	<input type="checkbox"/>
Ear, nose, throat trouble	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent headache	<input type="checkbox"/>	<input type="checkbox"/>
Head injury w/unconsciousness	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Chest, pain/pressure	<input type="checkbox"/>	<input type="checkbox"/>
Chronic cough	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic fever/heart murmur	<input type="checkbox"/>	<input type="checkbox"/>
Problems with muscles and joints	<input type="checkbox"/>	<input type="checkbox"/>
Back problems	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Stomach or intestinal problems	<input type="checkbox"/>	<input type="checkbox"/>
Gallbladder problems	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>
Weakness, paralysis	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric problems	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis, A, B, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Other _____		

(The college encourages students to obtain a vaccination for bacterial meningitis.)

Student Signature _____ Date _____

Health Exam (to be completed by physician or certified nurse practitioner):

Height _____ Blood Pressure _____
Weight _____ Pulse _____
Visual Status, with correction:
L = 20/ _____ R = 20/ _____
Hearing Status:
Normal _____ Deficits _____

Review of Systems (please check):

	Normal	Abnormal	Comments, if abnormal
1. Head, neck	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Heart	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Genitourinary	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Neurological	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

Immunization Record (required):

Negative **two-step** tuberculin test or negative chest x-ray **within last year**.
Date _____ Result _____

Diphtheria/Tetanus **within past 10 years**.

Yes Date _____
No

Please **attach** proof of two MMR immunizations (if you were born before 1957, provide proof of a positive rubella laboratory titer):
_____ Measles (red/rubeola), Mumps and Rubella (initial immunization received on or after 1st birthday)
and _____ Measles (a second immunization of rubeola/red measles)
or _____ Physician-diagnosed measles **and** rubella
or _____ Positive laboratory titer for measles **and** rubella
or _____ Birth date of 1957 or earlier, rubella immunity only (requires documentation of a positive rubella laboratory titer)

Please check below activity you recommend:

_____ All forms of physical activity
_____ Activity restrictions. Please comment: _____

Summary of general health status:

Date _____ Signature _____
Examining Health Professional
Address: _____



Nurse Aide Program

Vaccination Program for Hepatitis B

Health care personnel are at risk of acquiring Hepatitis B in direct relation to their degree of exposure to blood and blood products and to the degree of their exposure to patients with Hepatitis B. Western Colorado Community College requires this vaccination for Nurse Aide students. The vaccination may be obtained by contacting your physician, or the Mesa County Health Department at 248-6900.

You may wish to determine whether you have antibodies to Hepatitis B. A Hepatitis B antibody screen can be done through St. Mary's Lab or at the Mesa County Health Department.

Schedule of Immunization

<u>Shot #1</u>	<u>Shot #2</u>	<u>Shot #3</u>
<hr/>	<hr/>	<hr/>
<hr/>	Program	<input type="checkbox"/> CNA
Please print student name		
<hr/>		
Student signature		
<hr/>		<hr/>
Signature of health care provider who administers the vaccination		Date



Western Colorado Community College
Nurse Aide Program
BACKGROUND RESEARCH RELEASE

Please read this section carefully and acknowledge your understanding and acceptance by initialing and by signing in the spaces provided.

I certify that all of the following statements are true, correct, and complete to the best of my knowledge.

_____ **Consent to Conduct Background Investigation**

As a condition of, and in consideration for, admission to the Nurse Aide Program at Western Colorado Community College, I give permission to WCCC and Kramer Investigations to investigate my personal and employment histories. I understand that this background investigation will include, but not be limited to, verification of all information on this Application, credit, criminal and driving history, as well as interviews with past employers and listed and developed references. I further give permission to WCCC to assign this investigation to its staff or agents, and to discuss the results of this investigation in connection with my application.

_____ **Cooperation with Investigation**

I agree to fully cooperate with any and all background investigation(s) deemed necessary or required and to sign any waivers or releases that may be necessary to obtain access to my personal information. In the event that any former employer or federal, state, or local government agency will not release information or criminal history information directly to WCCC, I agree to personally request and obtain such information for the use of WCCC to the extent permitted by law.

_____ **Falsification Statement**

I understand that any falsification and/or omission of fact made by me in this Application or in connection with any background investigation may be sufficient grounds for rejection of this application, or, if discovered after admission, for immediate dismissal from the Nurse Aide Program at WCCC.

Signature of Applicant _____
Date

Subscribed and sworn to before me this _____ day of _____, 20____ .

Notary Public My commission expires:

