



Nurse Aide Program Application Forms

CHECK OFF LIST FOR NURSE AIDE APPLICATION

Student Name: _____ Date: _____

- _____ Personal Information Sheet
- _____ Background Check- Castle Branch: Once started they can turn packet into Aubrey
- _____ Date Background Check Started _____ Date Background Check Complete
- _____ College Registration
- _____ Immunization Proof of:
 - _____ Seasonal Flu **REQUIRED**
 - _____ Covid Vaccine and Booster **REQUIRED IN CLINICAL SETTINGS—ONLY Medical Exemptions Accepted**
 - _____ MMR **REQUIRED**
 - _____ TB 2 step or QuantiFERON blood test **REQUIRED**
 - _____ Hep B (recommended)
 - _____ Tetanus (recommended)
 - _____ Meningitis Vaccination or Waiver Form
- _____ CPR Certification **MUST BE American Heart Association**
 - Class Available through CNCC prior to start of CNA class- Contact Sasha Nelson 970-824-1118
- _____ Packet
 - _____ Student Badge Agreement
 - _____ Nurse Aide Application Form
 - _____ Information Release Form
 - _____ Record Release Form
 - _____ Confidentiality Form
 - _____ Student Attestation of Understanding for Clinicals
 - _____ Media Release

ONLY TURN IN WHAT REQUIRES SIGNATURES

SUBMIT APPLICATION PAPERWORK TO

NURSING PROGRAM COORDINATOR, AUBREY WILKEY

Questions, please call or email Aubrey.wilkey@cncc.edu or 970-824-1104



Nurse Aide Program Application Forms

PERSONAL INFORMATION SHEET

Date: _____ Anticipated year of admission: _____

Student S# _____ Full Social Security Number: _____

Legal Name: _____

Birthdate (MM/DD/YYYY): _____ Gender: _____

Name you prefer to be called or nickname: _____

Mailing Address: _____

Physical Address: _____

Phone Numbers: Home _____ Cell: _____

Street	City	State	Zip Code
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Email Address Personal: _____

Email Address School: _____

Ethnicity: White Black American Indian, Eskimo Asian, Pacific Islander Hispanic

U.S. Citizen: Yes No If No, Please Explain: _____

Person to Notify in case of Emergency:

Name: _____

Relationship: _____

Phone Number: _____



The screenshot shows the CastleBranch website interface. At the top is the CastleBranch logo. Below it, a blue banner reads "Colorado Northwestern Community College - CNA" and "How to Place Order". The main content area says "Welcome to myCB" and provides instructions on how to place an order. It includes a URL, a package name, and a three-step process: PLACE ORDER, SELECT PROGRAM, and SELECT PACKAGE. A list of capabilities is provided with green checkmarks, and a note about personal identifying information is included. The footer contains contact information.

CB CastleBranch

Colorado Northwestern Community College - CNA

How to Place Order

Welcome to **myCB**

To place your order go to:

<https://portal.castlebranch.com/OC84>

Package Name (if applicable):
OC88: Background Check ONLY \$34.20

PLACE ORDER → **SELECT PROGRAM** → **SELECT PACKAGE**

To place your initial order, you will be prompted to create your secure myCB account. From within myCB, you will be able to:

- ✓ View order results
- ✓ Upload documents
- ✓ Manage requirements
- ✓ Place additional orders
- ✓ Complete tasks

Please have ready personal identifying information needed for security purposes.

The email address you provide will become your username.

Contact Us: 888.914.7279 or servicedesk.cu@castlebranch.com

KEEP THIS PAPER! YOU WILL NEED IT TO GET YOUR BACKGROUND CHECK PROCESSED. DO THIS BEFORE MOVING ON TO THE REST OF THE APPLICATION



Date: _____

Year: _____ Term: Summer Fall Spring

Student Name: _____ Student ID: S _____

COURSE CRN (Course Reference Number)	Course Subject & Number OR Course Title	Credit Hours	Registration Request (Add, Drop, *Withdraw)	Special Approval Instructor Signature	Special Approval Reason (Time Conflict, Credit Overload, Overrides, etc.)
	NUA 1001	4	add		
	NUA 1070	1	add		

*Use "withdrawal" after the last day to drop, no tuition refund

Student Signature: _____ **Date:** _____

By the act of registration, a student automatically incurs a financial obligation to CNCC. I understand and agree to the tuition payment/refund policy of CNCC (copy will be provided upon request). I also understand that to drop, add, or withdraw from a class, I must either go through Crossroads or complete a Course Registration form and file it with the Admissions & Records Office. Your signature releases all applicable funds from the Colorado Opportunity Fund (COF)* for you to receive the tuition discount if you are an eligible in-state resident; unless otherwise noted below.

_____ Initial HERE if you do NOT authorize use of COF funds for courses this term at this institution

*The College Opportunity Trust Fund (COTF), created by the Colorado Legislature, provides a stipend to eligible undergraduate students. The stipend pays a portion of your total in-state tuition when you attend a Colorado public institution or a participating private institution. Qualifying students may use the stipend for eligible undergraduate classes. The stipend is paid on a per credit hour basis to the institution at which the student is enrolled. The credit hour amount will be sent annually by the Colorado General Assembly.

IF YOU HAVE NOT ALREADY APPLIED FOR COTF, YOU SHOULD DO SO IMMEDIATELY FOR YOUR STIPEND COURSE SELECTIONS TO BE HONORED. You may apply to the College Opportunity Trust Fund (COTF) via the website at <https://www.CollegeinColorado.org>

Special Approvals

Time Conflict - Any time over 15 minutes must have approval of Vice President and of Instruction and Student Affairs.

Occurs between CRN _____ and CRN _____
How will your contact hours be met? _____
VP of Instruction and Student Affairs Signature: _____

OVERLOAD (18 credits are maximum a student can take without special approval)

Hours currently enrolled _____ Overload Hours _____ Total Hours Approved _____
Justification of overload: _____
Academic VP, Division Chair, Academic Dean, or Advisor Signature: _____

Pre-requisite Override

Justification of override: _____

Dear Student:

The following is the Agreement between us (Colorado Community College System) and you, regarding our delivery of educational services for which you agree to pay in the future in accordance with this Agreement. The Colorado Community College System includes Arapahoe Community College, Community College of Aurora, Community College of Denver, Colorado Northwestern Community College, Front Range Community College, Lamar Community College, Morgan Community College, Northeastern Junior College, Otero Junior College, Pueblo Community College, Pikes Peak Community College, Red Rocks Community College, Trinidad State Junior College, and the System Office hereinafter collectively referred to as the "College". By signing or clicking below, or by registering and/or attending classes, you show your agreement with, and see legally bound by this Agreement.

STUDENT FINANCIAL RESPONSIBILITY AGREEMENT

This Agreement is made by and between you and the Colorado Community College System, including Arapahoe Community College, Community College of Aurora, Community College of Denver, Colorado Northwestern Community College, Front Range Community College, Lamar Community College, Morgan Community College, Northeastern Junior College, Otero Junior College, Pueblo Community College, Pikes Peak Community College, Red Rocks Community College, Trinidad State Junior College, and the System Office, hereinafter collectively referred to as the "College".

I agree that at registration, all tuition, fees, and other associated costs will be added to my account and I accept full responsibility to pay my account by the payment deadline (more) The College is able to accept payment on your student account by check, money order, and most major credit cards. Deferred payment plans and third party payer authorizations may also be available upon checking with the College. The College reserves the right to terminate a payment plan at any time and demand immediate payment. Payments made to your student account through the Office of Financial Aid will be applied by the State government, the Federal government, or the organization providing the funds. Any excess amount paid to your student account through the Office of Financial Aid will be automatically refunded to you.

I agree that my registration and acceptance of these terms constitutes a financial obligation agreement under federal law (more) My acceptance of the Student Financial Responsibility Agreement constitutes a promissory note agreement (i.e., a financial obligation in the form of an educational loan as defined by the U.S. Bankruptcy Code at 11 U.S.C. 523 (a) (8)) in which the College is providing me educational services and deferring some or all of my payment obligations for those services. All outstanding tuition account balances are also considered qualified educational loans subject to future repayment per United States Internal Revenue Code 221, and as such, my student account balance is exempt from discharge under the federal bankruptcy code, 11 USC (USC) § 523(a)(8). I understand this means my obligations are not dischargeable in Bankruptcy.

I agree to regularly monitor my online student account for billing statements and keep my contact information up to date (more) I am responsible for keeping the College records up to date with my current physical address, email addresses, and phone numbers by notifying my College's Registrar's Office in writing. Upon leaving the College for any reason, it is my responsibility to provide the College with updated contact information for purposes of continued communication regarding any amounts that remain due and owing to the College.

I give the College or its agents permission to contact me on any phone number or at any address I provide to the College regarding my student account(s)/loan(s) (more) I understand that I may withdraw my consent to call my cellular phone by submitting my request in writing to the College or to the applicable contractor or agent contacting me on behalf of the College.

I agree that technical billing mistakes do not affect my responsibility to pay any amount due (more) I understand that if I believe there are errors or questions about my student account or I think my student account is inaccurate, I must notify the College immediately.

I agree to drop from a class by the College's deadline or be responsible for all costs associated with the class (more) I understand that if I do not officially drop from registered courses during the 100 percent tuition refund/credit period as established by my College, I will be responsible for paying the full tuition amount and any other applicable College fees, including, but not limited to room and board, based on the date that I officially withdraw.

I agree to pay any late fees, finance charges, internal/external collection fees, attorneys' fees, returned check fees or other late charges associated with any late payments or returned checks (more)

If I fail to pay my student account balance each month by the scheduled due dates, the College will assess a late payment fee until the balance is paid in full.

If a payment made to my student account is returned by the bank for any reason, I agree to repay the original amount of the payment plus the applicable returned check fee and other late charges. I understand that multiple returned payments and/or failure to comply with the terms of any payment plan or agreement I sign with the College may result in financial holds and/or financial suspension, which would prevent me from registering for future classes at the College.

I agree that failure to pay amounts due will result in a hold on my student account and prevent me from registering for classes, obtaining transcripts/grades, etc. (more)

I understand and accept that if I fail to pay my student account bill or any money due and owed to the College by the

scheduled due date, the following penalties apply at the discretion of the College:

1. Registration for future classes at the Colorado Community College System will not be allowed.
2. No transcripts, diplomas, or certification materials will be issued to me by any College in the System until the outstanding debt to the College is paid in full.
3. My grades will be withheld.
4. My past due account may be referred to the College for collection and the College may assess internal collection fees of up to 40% of the unpaid balance.
5. My past due account may be referred to a private collection agency and the delinquency may be reported to national credit bureaus.
6. If my account is referred to a private collection agency, I will be responsible for reimbursing the College for any and all collection agency costs, expenses, and fees, including reasonable attorney's fees, incurred in such collection efforts. I understand that any collections costs are charged in addition to the principal, fees and interest due on my student account.

I understand that the College, as a State agency, has the authority to intercept State income tax refunds due to me from the State of Colorado for debts owed to the State.

I agree to be bound by any changes to these payment terms as communicated to my student account (more) I understand that the College will provide notice of such change to me via my student portal and that I will have the opportunity to pay my account in full if I dispute any changes. I further understand that it is my responsibility to ensure that I am aware of any changes, including changes to any and all tuition and fees.

FINANCIAL DISCLAIMER FOR THE 2020-21 SCHOOL YEAR: During the 2020-21 academic year, some or all of the instructional formats may change due to an emergency situation affecting college operations, public safety, or public health, including the COVID-19 pandemic. Tuition and fees are charged at the beginning of the semester and will remain in place regardless of any changes in instructional format. Tuition and fees will not be refunded in the event the curriculum delivery format changes for any part of the 2020-21 academic year.

By clicking accept, I hereby acknowledge that I have read and consent to the Student Financial Responsibility Agreement. I agree that I have carefully read this statement, fully understand it, and agree to be legally bound by it.

Students under the age of 18 must complete this Student Financial Responsibility Agreement in paper form with the student and parent signature.

In order to register for classes, Students under the age of 18 must complete this Agreement in paper form with the student and parent's signatures. Contact your college's student services office to obtain the signature form.

Printed Name _____

Student Signature _____

Date _____

Parent/Guardian Signature _____

Date _____



Nurse Aide Program Application Forms

CNA PROGRAM STUDENT INFORMATION SHEET

Program Description: The CNA program is a 5-credit hour course requiring classroom activity, lab time and clinical experience. Upon completion of the course the student will be eligible to take the Colorado Board of Nursing Certification Exam.

NUA 101: Certified Nurse Aide Health Care Skills

4 Credit Hours

67.5 Contact Hours (45 Lecture hours and 22.5 Lab hours)

This course prepares the student to perform the fundamental skills of the nurse aide. Basic nursing skills, restorative services, personal care skills, safety and emergency care issues are cover in theory and lab. The student will learn skills that address mental health needs as well as patient resident client rights.

NUA 170: Nurse Assistant Clinical Experience

1 Credit Hour

22.5 Contact Hours

This course applies knowledge gained from NUA 101 in a clinical setting.

Estimated Costs: ((These fees are subject to change without notice))

Tuition:

5 credit hours for NUA 101 and NUA 170

In-state (resident with COF)	\$156.40 per credit hour
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In-state (resident without COF)	\$260.40 per credit hour
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Registration and Fees:	\$15.10
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Pass Thru Fee	\$17.00
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Textbook & Workbook	\$92.00 approximately
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Hartman's Nursing Assisting: A Foundation in Caregiving, 5th Edition, Textbook Paperback

ISBN-13:978-1904251210 ISBN-10: 1604251212, AND Workbook ISBN-13:978-1-604251227 ISBN-10:1-60425-1220

Criminal Background Check	\$60.00 Minimum
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Certification Exam Fee	\$135.00
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Malpractice Insurance (Required)	\$14.50
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Lab Fees	\$6.00
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Clinical ID	\$5.00 Must be Cash
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Uniforms/Shoes	Varies
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Immunizations	Varies
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Total	\$1126.50- \$1646.60 Approximately
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POLICIES FOR ADMISSION, DISMISSAL AND COMPLETION

ADMISSION

To be accepted in the CNA program the student **MUST**:

- Be at least 16 years old
- Successfully complete the Criminal Background Check process **BEFORE NUA 170**
- Have a desire to work with and care of all types of patients and people
- Show proof of immunity to Measles, Mumps, Rubella and Tetanus
- Show proof of Hepatitis B vaccination (series of 3) or sign a waiver declining immunization
- Show proof of a negative PPD (Tuberculosis Test) or Chest x-ray in the past 12 months
- Show proof of Covid vaccinations and booster **BEFORE NUA 170**
- Be physical able to perform the duties of a student nurse aide i.e. lifting, bending, moving, stooping, etc.
- Have a current CPR for Healthcare Professionals by American Heart Association (**MUST BE AHA** only)
- Be approved by the Program Director

DISMISSAL

A student will be Dismissed from the CNA program for **ANY** of the following reasons:

- Anyone found guilty by a court of law of abusing, neglecting, or mistreating individuals in a health care related setting
- ANY unexcused absence
- Excessive tardiness
- Academic score of less than 70% on any quiz, test or final exam (both written or practical). Students may retake a quiz once.
- Failure to comply with the Student Dress Code
- Failure to respect the Rights and Feelings of others, including the use of inappropriate language
- Dishonesty, including cheating, plagiarism, or knowingly furnishing false information to the school
- Forgery or alteration of documents, records or identification with intent to defraud
- Intentional disruption of school, lab or clinical activities
- Physical abuse or sexual harassment of any person at school or in a clinical setting
- Threatening or endangering the health or safety of any person at school or in a clinical setting
- Theft or intentional damage to school or clinical setting property
- Violation of civil or criminal law or school policies prohibiting the use of alcohol or drugs at school or a clinical setting
- **PLEASE REFER TO THE CNCC STUDENT HANDBOOK'S "CODE OF CONDUCT."**

COMPLETION

Successful completion of the CNA class is accomplished by meeting the following criteria:

- 100% Attendance for all classes and clinical experiences
- A test score pass rate of 70%
- Successful demonstration of all skills and terminal competencies

A Certificate of Completion will be given to each student at the end of the course. Completion of this course IS NOT a state license. You will need to test for that in order to become a LEGAL CERTIFIED NURSE AIDE in the State of Colorado



**Colorado
Northwestern
Community College**
Nurse Aide Program Application Forms

FINANCIAL AID

There may be assistance available through the College (contact your local CNCC Campus for more information), the Colorado Workforce Center or through a potential employer. A nurse aide who pays for the certification exam and becomes employed by a facility with 12 months of date of certification must be reimbursed by the facility, prorated for the portion of the 12-month-period that the individual was employed at the facility.

CRIMINAL BACKGROUND CHECK

The State of Colorado **requires** that anyone who wants to be a nurse aide **MUST** have a criminal background check (CBC). Your application for admission must include a completed CBC Request Form, Behaviors (convictions or crimes) that may make you ineligible to participate in Long-Term care facilities including, but not limited to, physical abuse, theft, illegal use of weapons, or illegal use or possession of control substances. **See Aubrey for specific instructions regarding your Background Check.**

DRESS CODE

The Students in the CNA program will be **REQUIRED** to wear scrubs, white shoes (clean tennis shoes are allowed), a watch with a second hand and a CNCC student name tag that **MUST** be worn at all times while in a clinical facility. **NO jewelry** will be permitted other than a simple wedding band. Long nails, fake nails, excessive make-up, or perfumes are **NOT PERMITTED**.

IMMUNIZATIONS

These immunizations can be obtained from your private health care provider or your local public health office (Call **Northwest Colorado Health** for an appointment 970.824.8233 or 970.879.1632).

Measles, Mumps and Rubella: You **MUST** have proof of immunity, or vaccination (2 doses)

Tetanus (TD or Tetanus-Diphtheria): You **MUST** have a vaccination within the past 10 years.

Beginning January 1, 2010; a 2-step TB screening will be completed, documented prior to clinical/client contact.

Hepatitis B: This is Highly recommended for healthcare workers and is in a series of 3 shots

Meningococcal Vaccine or waiver

Seasonal Flu

Beginning in 2020 healthcare facilities that provide clinical experiences for our CNA program are **REQUIRING** the Covid-19 vaccination and booster immunizations. **CNCC does NOT require** the Covid Vaccine however, to perform and be accepted into a clinical rotation you must show proof of vaccination at this time.

NATCEP

- A nurse aide who pays for a Nurse Aide Training and Competency Evaluation Program (**NATCEP**) and becomes employed by a facility (that receives Medicare/Medicaid funds) within 12 months of date of certification **MUST** be reimbursed by the facility, prorated for the portion of the 12-month period that the individual was employed by the facility.
- Pursuant to Section 483.152© of the Federal Rules and Regulations related to Nurse Aide Training and Competency Evaluation Programs (**NATCEP**), a long-term care facility ("facility") that receives Medicare or Medicaid funds **MUST** reimburse a Nurse Aide who pays for a NATCEP and becomes employed by the facility within 12 months of date of certification, prorated for the portion of the 12-month period that the individual was employed by the facility.

Meningococcal Disease Information and Vaccine Waiver

Colorado law, Section 23-5-128, C.R.S., requires all public or nonpublic postsecondary education institutions in Colorado to provide information about meningococcal disease to new students. 'New students' means any incoming freshman student residing in student housing, as defined by the institution, or any student the institution requires to complete and return a standard immunization record indicating the vaccines received by the student, as a requirement for residing in student housing. *If the student is under 18 years of age, the student's parent/guardian must be given this information.*

- Meningococcal disease is a serious disease caused by a bacteria.
- Meningococcal disease is a contagious, but largely preventable, infection of the spinal cord fluid and the fluid that surrounds the brain. Meningococcal disease can also cause blood infections.
- Even when treated, meningococcal disease kills 10 to 15 infected people out of 100. Of those who live, about 10 to 20 will suffer disabilities such as hearing loss, brain damage, kidney damage, amputations, nervous system problems and scarring from skin grafts.
- Anyone can get meningococcal disease, but it is most common in infants less than one year of age and in people with certain medical conditions. Scientific evidence suggests college/university students living in residence hall facilities are at a modestly increased risk of contracting meningococcal disease.
- Immunization against meningococcal disease decreases the risk of contracting the disease. Meningococcal vaccine (MenACWY) can prevent four types of meningococcal disease; these include two of the most common in the United States. MenACWY does not prevent all types of the disease, but it does help to protect many people who might become sick if they do not get the vaccine.
 - A vaccine, like any medicine, can cause side effects that can be as severe as allergic reactions. The risk of the meningococcal vaccine causing serious harm, or death, is extremely small. **Getting a meningococcal vaccine is much safer than getting the disease.**
 - More information can be obtained from the Vaccine Information Statement available at <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html>. Students and their parents should discuss benefits and risks of vaccination with their health care provider.

To receive the MenACWY vaccine against meningococcal disease, students should check with their health care provider or local public health agency (LPHA). A list of LPHAs in Colorado can be found at <https://www.colorado.gov/pacific/cdphe/lpha>. Your institution may also offer the vaccine through its student health services. In addition to the MenACWY vaccine, it is recommended that students receive the meningococcal B vaccine: <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.html>.

New students who have not received a MenACWY vaccine against meningococcal disease within the last 5 years or their parents/guardians (if under 18 years of age) must check the box and sign below to indicate they have reviewed this information and decided the student will not obtain a vaccine against meningococcal disease.

Meningococcal Vaccine (MenACWY) Waiver

- Check to indicate you have reviewed the information on meningococcal disease and have decided the student will not obtain the MenACWY vaccine that protects against meningococcal disease.

Date: _____

Parent/guardian/student (emancipated or 18+ years of age) signature: _____

Print name of student: _____

Date of Birth: _____



Craig Campus Student ID Agreement

I, _____ acknowledge that a CNCC Student ID has been entrusted to me.

I also understand that this Student ID **MUST** be surrendered upon request, termination or expulsion.

I understand that replacement of this card, for any reason other than a defective card will result in a fee of \$5.00 per replacement.

Signature _____ Date _____

S. Number: _____

ConnectEd Alert System Contact Information (Optional) Phone: _____
Email: _____

Current Contact Information

Full Legal Name _____

Mailing Address _____

City/State/Zip _____

Physical Address (if different) _____

Preferred Phone Home Work Cell _____

Email Address _____

<i>For Administrative Use only</i>	
ID Number: _____	Barcode: <u>404 0000</u> _____
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Charge: _____	If yes, Cashier Signature: _____
Admission Signature: _____	Date: _____
Student Rep Signature: _____	Date: _____



Nurse Aide Program Application Forms

Application for: Nurse Aide Training Program

Start Date of Class: _____

Full Legal Name: _____

Mailing Address: _____

Phone Number: Cell _____ Home: _____

School Email Address: _____

Personal Email Address: _____

Please Attach the following required documents to your application:

_____ Current Certificate for CPR for Healthcare Professionals ONLY American Heart Association Accepted

_____ Immunization Record

Write a paragraph in the space provided below explaining why you want to take this CNA Course:

I understand that this course is physically strenuous and involves heavy lifting and I attest that I am able to perform the duties required as a Student Nurse Aide.

Signature of Student: _____ Date: _____



Nurse Aide Program Application Forms

INFORMATION RELEASE FORM

I _____ student: at CNCC, authorize the Release of my criminal background check, immunization records and or CPR card to any or all clinical sites that may require it.

Signature: _____

Date: _____



Nurse Aide Program Application Forms

RECORD RELEASE FORM

Student consent for disclosure of educational records.

STUDENT ID or SS # _____ Birth Date: _____

I, _____, am providing this written consent for CNCC to disclose to the person (s) listed below information from my educational records at CNCC, including.

Check all that apply;

- My academic standing at CNCC
- The status of my financial account and obligations to CNCC
- The status of my financial aid
- Other _____
(Please Specify)

I consent to release my information to; 1. _____

2. _____

3. _____

This consent shall remain in effect until it is revoked in writing by me, or three (3) years from the date this consent form is signed, whichever occurs first.

Student Signature: _____

Date: _____



Nurse Aide Program Application Forms

Confidentiality Agreement --- HIPAA FORM

It is important to remember that all patients/client information is confidential. This includes not only patient/client, school/medical information, and financial data, but also information that the person is a patient/client at the specific school and/or healthcare setting. NO information about the patient/client, family, parent, or guardian should be discussed outside the assigned clinical setting, each student is entrusted with a large amount of information and numerous records that require confidential handling and that trust must NOT be betrayed. These confidentiality requirements are Rights accorded to patients/clients by the **Health Insurance Portability and Accountability Act (HIPAA)** and Colorado State Law.

Each student is charged with ensuring that the assigned clinical setting is a facility where the confidentiality of every patient/client is respected and upheld. Each student understands his or her responsibility to adhere to the confidentiality policy and actively support the policy. Violation of patient/client confidentiality is a serious matter and may be cause for disciplinary action including termination from the RN Nursing Program, LPN program or Nurse Aide program.

I, the undersigned, have read this confidentiality agreement and understand my responsibility to support and uphold this agreement.

Printed Name: _____

Signature: _____ Date: _____



Nurse Aide Program Application Forms

CNCC & COLORADO NURSING CLINICAL PLACEMENT LETTER OF UNDERSTANDING, NURSE AIDE STUDENT REQUIREMENTS

Prior to entry into the clinical practice situation, the clinical agency requires the nurse aide student to meet specific patient safety and agency accreditation standards. Compliance with these requirements is mandatory. Noncompliance with these standards may hinder a student's ability to complete the required clinical hours for program completion.

The following items are reviewed by the School of Nursing and are on file at the school to comply with Joint Commission Standard HR.1.20; FERPA (Federal Law- 20 U.S.S.C. 1232g, 34 C.F.R. Part 99) and the Affiliation Agreement prior to patient care in the clinical setting:

- Evidence of **Completed Background Check** in compliance with the affiliation agreement for the clinical agency and community standard for disqualifying offenses.
- **Tuberculin skin Test**- Negative PPD/OR/ Negative Chest x-ray in compliance with affiliation agreement
- Current American Heart Association **BLS CPR for Healthcare Providers**.
- Evidence of **Influenza vaccination**- if in a clinical setting Oct 1- March 31
- Evidence of **Covid Vaccination**- if in a clinical setting. (Not required per CNCC but clinical facilities require this)
- **Verification of Lawful Presence in the United States**, if required by clinical affiliation agreement
- **Proof of Liability & Malpractice Insurance** (through CNCC)
- **Proficiency in Written and Oral English** *on-going assessment related to proficiency in the clinical setting will be done during clinical courses
- **Evidence of Worker's Compensation coverage per Colorado Law** (through CNCC)
- *Doak Walker Care Center recommends but does not require immunity protection to Hepatitis B series, Measles, Mumps Rubella and Varicella.*

THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

- Federal Law- 20 U.S.C. 1232g, 34 C.F.R. Part 99
- Applies to all schools that receive funds from the U.S. Department of Education
- **Provides students with certain rights.**
 1. **The right to inspect and review their educational records.**
 2. **The right to amend or correct errors in their educational records; and**
 3. **The right to limit disclosure of their educational records**

Student signatures on the "**Student Attestation of Understanding**" form **represents written consent** to ensure compliance with FERPA regulations as they relate to disclosing information to Clinical Agencies prior to the start of a clinical course.



Nurse Aide Program Application Forms

STUDENT ATTESTATION OF UNDERSTANDING FOR CLINICALS

All nurse aide students in Colorado are expected to comply with Colorado Standards for professional practice during their clinical practicum. Upon completion of an approved nurse aid program, the student will then be eligible for certification by the state. *Additional requirements may be required by the state.* Eligibility for certification will be determined after a completed application and all supporting documentation has been received and reviewed.

Student Attestation Statement:

I have read the information provided above and understand I will be required to comply with the clinical requirements listed. Non-compliance with these requirements may hinder my ability to complete the nurse aide program and or impact my eligibility for future certification.

I attest that I am physically and mentally able to perform nurse aid duties with reasonable skill and safety to avoid endangering the health and safety of persons under my care.

My signature provides the School of Nursing with written consent to share the above requirements with my assigned clinical agencies prior to the start of my clinical course.

My signature provides written consent for my name to be used during the posting go clinical assignments within the clinical agency,

I understand that I must have a valid Social Security Number to take the licensing examination or become certified upon completion of this training program.

If at any time I wish to withdraw my written consent in the School of Nursing, I must provide them with written notification at least 60 days prior to a clinical course.

Signature _____

Date: _____

Printed Name _____

If Student is a minor

Parent/Legal Guardian Signature _____ Date _____

Printed Name of Parent/Legal Guardian _____



Nurse Aide Program Application Forms

MEDIA RELEASE FORM

I hereby grant Colorado Northwestern Community College permission to use my likeness in photography or other digital reproduction in and and/or all of its publications, including videos, websites, and print materials.

I understand and agree that these materials will become the property of Colorado Northwestern Community College and will not be returned. I authorize Colorado Northwestern Community College to edit, alter, copy, exhibit, publish or distribute this likeness for purposes of publicizing CNCC's programs.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears, additionally, I waive any right to royalties or other compensation arising or related to the use of the image(s). I hereby hold harmless and release and forever discharge Colorado Northwestern Community College from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contract in my own name, I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Signature)

(Date)

(Printed Name)

If the person signing is under age 18, there must be consent by a parent or guardian, below:

I certify that I am the parent or guardian of _____, named above, and hereby give my consent on behalf of this person.

(Parent/ Guardian's Signature)

(Date)

(Parent/Guardian's Printed Name)

Student Information:

Local Address

Street _____

City, State, Zip _____

Phone Number _____

Email Address _____

High School _____

Graduation Year _____

Permanent (Home) Address

Street _____

City, State, Zip _____

Phone Number _____

Email Address _____

High School _____

Graduation Year _____