### MiraCosta College (MCC) Certified Nursing Assistant (CNA) Program Information Flyer

#### PREREQUISITES

- (1) ACE 50, ESL 150, or equivalent
- (2) BLS Provider CPR Card by American Heart Association (AHA)

**BEFORE** Wau are eligible to enroll into NURS 60, You must apply to MiraCosta, clear the English requirement, **AND** bring your American Heart Association BLS Provider CPR Card **to the Admissions & Records Office, OC 3300.** NOTE: Prerequisites can take 24-48 hours to process.

### < Submit all following documents in pdf file or picture to canvas>

Applicants on the enrolled list have access to canvas. Applicants on the waitlist, ask for the add code to

mfore@miracosta.edu for the class/access to canvas.

- Assignment tabs are ready for you to upload
- No email, mail, in-person submission is acceptable
- ALL required documents must be submitted
   2 weeks prior to the first day of the course
   (Example: Due is 01/09/2023 for the class staring on 01/23/2023)
- Failure to comply will result in being dismissed
- 1) The one-page **CNA application** with contact information and signature
- 2) MiraCosta College nursing **physical form** completed **within 90 days** prior to the first day of class
- 3) Active American Heart Association BLS Provider CPR Card (See the picture on the right side)
- "Current" season Flu documentation Summer session applicants are not required flu vaccine. Fall quarter 1 applicants will be required as soon as the vaccine is available in the market
- 5) COVID-19 vaccination & booster documentation (If the applicant is not due for the second dose or booster shot yet, it is the applicant's responsibility to receive & inform the instructor with the proof of vaccination)
- 6) TB clearance **within 1 year** with one of three options:
  - 2 step PPD skin test (allow enough time)
  - Chest x-ray (if positive (+) with two step skin test)
  - QuantiFERON Gold

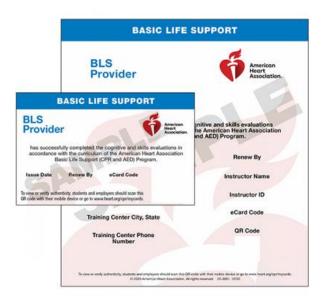
MiraCosta college is NOT responsible to share medical advice on the details of 2-step PPD test. For more details: Information - CDC website

- Government issued photo ID (No need to submit but required for state exam and background check on day 1)
- Valid Social Security Card (No need to submit but required for state exam)

#### **CPR CARD INFORMATION**

Please call the American Heart Association Customer Service Center at 1-877-AHA-4CPR or www.eLearning.heart.org for details.

Only AHA issued CPR card will be accepted for satisfying the prerequisite. A letter from the instructor will not suffice.



Students who successfully complete the Certified Nurse Assistant course will be eligible to take the state certifying exam which will be arranged each quarter.

Textbook and more class materials **will be provided by** MiraCosta College each quarter for Fall 2022, Spring 2023, by the grant received from Arthur N. Rupe Foundation.

#### **MCC Health Services Information**

Call (760) 795-6675 for an appointment. Hours of operation are posted on website at: www.miracosta.edu/StudentServices/HealthServices

The confirmation of required paperwork submission is 100% student's responsibility that there will be no confirmation notification to the candidates individually.

If you have any questions, please contact Administrative Support Assistant at (760) 757-2121 (Ext. 6466).

### MIRACOSTA COLLEGE CERTIFIED NURSING ASSISTANT (CNA) Program (NURS 60)

| NAME               |             |                 |                 | STUDENT ID NO |
|--------------------|-------------|-----------------|-----------------|---------------|
| LAST               |             | FIRST           | MIDDLE          |               |
| PLEASE COMPLE      | TE FOR S    |                 | PURPOSES ONI    | LY:           |
| American Indi      | an or Alas  | kan Native      |                 |               |
| African-Ameri      | can         |                 |                 |               |
| Asian or Pacif     | ic Islande  | r               |                 |               |
| Hispanic           |             |                 |                 |               |
| Filipino           |             |                 |                 |               |
| White              |             |                 |                 |               |
| Other              |             |                 |                 |               |
| Check the language | e(s) in whi | ch you are flue | nt:             |               |
| American Sigr      |             |                 |                 |               |
| Spanish            |             |                 |                 |               |
| Tagalog            |             |                 |                 |               |
| Arabic             |             |                 |                 |               |
| Chinese            |             |                 |                 |               |
| Farsi              |             |                 |                 |               |
| Russian            |             |                 |                 |               |
| Various langu      | ages of In  | dian Subcontin  | ent and Southea | ast Asia      |
|                    |             |                 |                 |               |
|                    | ,           |                 |                 |               |
| GENDER             | Male _      | Female          |                 |               |
| SOCIAL SECURITY    | Y NUMBE     | R               |                 |               |
|                    |             |                 |                 |               |
| PHONE NUMBER:      |             |                 |                 |               |
| HOME ADDRESS:      |             |                 |                 |               |
| (Make it readable) |             |                 |                 |               |
|                    |             |                 |                 |               |
| EMAIL ADDRESS:     |             |                 |                 |               |

# < Submit the following documents in pdf file or picture to canvas>

Applicants on the enrolled list have access to canvas course.

Applicants on the waitlist, ask for add code to mfore@miracosta.edu for the class/access to canvas.

- Assignment tabs are ready for you to upload
- No email, mail, in-person submission is acceptable
- ALL required documents must be submitted 2 weeks prior to the first day of the course
- Failure to comply will result in being dismissed
- Table below is to help your preparation. You are not required to fill out this table.
- •
- 1) The one-page CNA application with contact information and signature
- 2) MiraCosta College physical form completed within 90 days prior to the first day of class
- 3) Active American Heart Association BLS Provider CPR Card (See the picture on the right side)
- 4) "Current" season Flu documentation

Summer session applicants are not required flu vaccine.

Fall quarter 1 applicants will be required as soon as the vaccine is available in the market.

#### 5) COVID-19 vaccination & booster documentation accordingly to CDC guidance

If the applicant is not due for the second dose or booster shot yet, it is the applicant's responsibility to receive & inform the instructor with the proof of vaccination.

| COVID-19 vaccination series                         | Dose #1 | Dose #2 | Booster #1 | Booster #2 |
|---|---------|---------|------------|------------|
| Name of vaccine<br>(Ex: Pfizer/Moderna/J&J/Novavax) |         |         |            |            |
| LOT number  |         |         |            |            |
| Date received                                       |         |         |            |            |

6) TB clearance **within 1 year** with one of three options:

MiraCosta College is NOT responsible to share medical advice on the details of 2-step PPD test. For more details: Information - CDC website

• Two step PPD skin test (allow enough time)

|   | Test #1 | Test #2 |
|---|---------|---------|
| Date test received                          |         |         |
| Site test received (Ex. left arm)           |         |         |
| Date test read                              |         |         |
| Test result / Initial (Ex. Negative / C.M.) |         |         |

• Chest x-ray (if positive (+) with two step skin test)

| Date x-ray taken |                            |                              |
|------------------|----------------------------|------------------------------|
| Impression       | <ul> <li>normal</li> </ul> | <ul> <li>abnormal</li> </ul> |

#### QuantiFERON Gold

| Blood sample taken (=test date) |                              |                              |
|---------------------------------|------------------------------|------------------------------|
| Result                          | <ul> <li>negative</li> </ul> | <ul> <li>positive</li> </ul> |

- Government issued photo ID (No need to submit but required for state exam and background check on day one)
- Valid Social Security Card (No need to submit but required for state exam)

#### MiraCosta College Physical Evaluation

| Student's/Patient's name: | - | Date of birth: |
|---------------------------|---|----------------|
| Legally assigned name:    |   |                |
|                           |   |                |

Date of this physical examination:

### Medical History

Do you have or have had in the past:

| Condition  | Yes | No | If yes, please explain |
|--|-----|----|------------------------|
| Seizures or neurological disorder(s)             |     |    |                        |
| Eye, ear, nose or throat disorder(s)             |     |    |                        |
| Diabetes, thyroid or other endocrine disorder(s) |     |    |                        |
| Muscle, bone or joint disorder(s)                |     |    |                        |
| Asthma or respiratory disorder(s)                |     |    |                        |
| Heart or circulation disorder(s)                 |     |    |                        |
| Skin disorder                                    |     |    |                        |
| Gastrointestinal disorder(s)                     |     |    |                        |
| Psychiatric disorder(s)                          |     |    |                        |

### Previous Hospitalizations or Surgical History (date and reason):

#### **Current Medications:**

| Negative T.   | .B. is required. Ple       | ease submit lat | o results.  |                  |                              |
|---------------|----------------------------|-----------------|-------------|------------------|------------------------------|
| Is patient c  | urrently pregnant          | ? 泣 Yes         | □ No        | )                |                              |
| Allergies:    |                            |                 |             |                  |                              |
|               |                            |                 |             |                  | tic medical examination. The |
| Height:       | Weight:                    | B/P             | P           | HR               | temp                         |
| Ears, nose,   | and throat:                |                 |             |                  |                              |
| Neck:         |                            |                 | _Lymph Node | s:               |                              |
| Skin:         |                            |                 |             |                  |                              |
|               |                            |                 |             |                  |                              |
| Abdomen:      |                            |                 |             |                  |                              |
|               |                            |                 |             |                  |                              |
|               |                            |                 |             |                  |                              |
| required of r | ident perform the enderts? |                 | □ No If no  | , please explain | on reverse side.             |
| Physician's   | Name:                      |                 |             |                  |                              |
| Physician's   | Signature:                 |                 |             |                  |                              |
| Address:      |                            |                 |             |                  |                              |

# ESSENTIAL FUNCTIONS REQUIRED OF NURSING STUDENTS

# **MOTOR CAPABILITY:**

- 1. Move from room to room and maneuver in small places.
- 2. Transfer patients who may require physical assistance.
- 3. Guard and assist patients with ambulation.
- 4. Lift and carry up to 35 pounds.
- 5. Squat, bend/stoop, reach above shoulder level, kneel, use standing balance, and climb stairs.
- 6. Use hands repetitively; use manual dexterity.
- 7. Adjust, apply, and clean therapeutic equipment.
- 8. Perform CPR
- 9. Travel to and from academic and clinical sites.
- 10. In the average clinical day, students sit 1-2 hours; stand 6-7 hours, travel 1-2 hours.

# SENSORY CAPABILITY:

- 1. Coordinate verbal and manual instruction.
- 2. Assess a patient 10 feet away to observe patients posture and response to treatment.
- 3. Respond to a timer, alarm, or cries for help.
- 4. Monitor vital signs.
- 5. Auditory, visual, and tactile ability sufficient to assess patient status and perform treatments (Example: color changes in skin, hear heart and lung sounds).

### **COMMUNICATION ABILITY:**

- 1. Communicate effectively in English with patients, families, and other health care providers, both verbally and in writing (Example: explain treatment procedures, teach patient and families, document in charts).
- 2. Effectively adapt communication for intended audience.
- 3. Interact and establish rapport with individuals, families, and groups from a variety of social, emotional, cultural and intellectual backgrounds.
- 4. Assume the role of a health care team member.
- 5. Function effectively under supervision.

# **PROBLEM SOLVING ABILITY:**

- 1. Function effectively under stress.
- 2. Respond effectively to emergencies.
- 3. Adhere to infection control procedures.
- 4. Demonstrate problem-solving skill in patient care (measure, calculate, reason, prioritize, synthesize data).
- 5. Use sound judgment and safety precautions.
- 6. Address problems or questions to the appropriate person at the appropriate time.
- 7. Organize and prioritize tasks.
- 8. Follow policies and procedures required by clinical and academic settings.