



Coastal Bend College

Beeville Alice Kingsville Pleasanton

Certified Nurse Aide Program

(C.N.A) Packet

Packet must be completed and turned in before the first day of class. Missing information will result in the student being dropped from the class.

Student Name: _____

Location: _____

Check list:

- ____ Completed Student Information Sheet
- ____ Signed Sanction Search Verification Form
- ____ Copy of Criminal History Search From - www.txdps.state.tx.us
- ____ Signed Criminal Background Statement
- ____ Course fees: \$449.40 (this price does not include books or supplies)
- ____ Proof Immunization to include:

Note: if you do not have a record – you will need a prescription to obtain vaccinations from a clinic (Walgreens, HEB, etc.)

- Hepatitis B Vaccines
- Tetanus/Diphtheria
- Measles/Mumps/Rubella
- Varicella
- TB skin Test

Student is responsible for scheduling certification exam and the Testing fees.



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Student Information Sheet

Applicant /Student Name:

Date: _____

Site/Location:

Mailing Address:

Email Address:

Contact Phone number:

Alternate Phone Number:

Students supplies needed on the first day of class:

_____ Study Guide Workbook for Hartman's Nursing Assistant Care 4th ed., (ISBN-13: 9781604250510)

_____ Hartman's Nursing Assistant Care 4th ed. (ISBN-13: 9781604250503)

_____ Stethoscope

_____ Blood pressure cuff

(B/P Kit and books are available to order online through the CBC bookstore)



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Sanctions Search Verification Form

Name of applicant /student: _____

Social Security: ____ / ____ / ____ for the Certified Nursing Aide training program has been entered into Texas Department of Aging and Disability.

Bottom of form will be completed by Program Director/Administrative Authority

Services Regulatory Services Credentialing Sanctions Database Search.

The results of the search:

____ The applicant/student was not sanctioned or revoked on _____ (date of search).

____ The applicant/student was sanctioned or revoked on _____ (date of search) and, therefore, the student was not allowed to enroll in the program.

Program Director /Administrative Authority

Date



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Criminal Background Statement

Applicant/Student (Print Name) _____

Social Security Number: _____ DOB: _____

Campus Site/High School: _____

Signature of Parent or guardian (if minor): _____ *By signing the parent or guardian is consenting to a background check of the minor listed above*

Signature: _____ Date: _____

I understand if I am guilty of any of the below crimes I will not be allowed to participate in the clinical component of the Certified Nursing Aide Program.

I have not been convicted of the following crimes:

- An offense under Chapter 19, Penal Code (criminal homicide),
- An offense under Chapter 20, Penal Code (kidnapping and unlawful restraint);
- An offense under Section 22.11, Penal Code (indecent with a Child);
- An offense under Section 22.011, Penal Code (sexual assault);
- An offense under Section 22.02., Penal Code (aggravated assault);
- An offense under Section 22.04, Penal Code, (injury to a child, elderly individual, or disabled individual),
- An offense under Section 22.041, Penal Code (abandoning and endangering Child);
- An offense under Section 22.08, Penal Code (aiding suicide);
- An offense under Section 25.031, Penal Code (agreement to abduct from custody):
- An offense under Section 25.08, Penal Code (sale or purchase of a child);
- An offense under Section 28.02, Penal Code (arson);
- An offense under Section 29.02, Penal Code (robbery);
- An offense under Section 29.03, Penal Code (aggravated robbery);
- A conviction under the laws of another state, federal law, or the Uniform code of Military Justice for an offense containing elements that are substantially similar the elements of an offense listed under Subdivision (1)(13).
 - a. A conviction of an offense under Section 30.02, Penal Code (burglary) or
 - b. A conviction under the laws of another state, federal law, or the Uniform code of Military Justice for an offense containing elements that are substantially similar the element of an offense under Section 30.03, Penal Code.

In addition, I have not been convicted of the following crimes within the last five years:

- An offense under Chapter 22.01, Penal Code (assault), that is punishable as a Class A misdemeanor or as a Felony;
- an offenses under Chapter 31, Penal Code (theft), that is punishable as a felony an offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution).that is punishable as a Class A misdemeanor or as a felony' or
- An offense under Section 32.46, Penal Code (securing execution of a document by deception). That is punishable as a Class A misdemeanor or as a Felony.

Coastal Bend College does not discriminate on the basis of race, creed, national origin, gender, age, or disability.



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Proof of Criminal Background Must be obtained by the student.

The link to DPS is as follows: www.txdps.state.tx.us

Coastal Bend College must receive a copy clearing the student of criminal offenses in the event that the student is not cleared he or she will not be eligible to participate in the clinical rotation.

I understand if I am guilty of any of the crimes listed, I will not be allowed to participate in clinical rotations.

I certify that the information on this form contains no willful misrepresentation and that the information given is true and complete.

Applicant/Student signature

Date

For office use only:

As Director/Administrative Authority of Coastal Bend College, I certify a criminal background check has been completed on the above named individual (copy attached).

_____The report showed that this person has not been convicted of any of the offenses listed on page 4 and therefore, is cleared to enroll in the course for which application has been made.

_____The report showed that the person has been convicted of one or more of the offenses on page 4 and; therefore, is not cleared to enroll in the course for which application has been made.

CBC Coordinator Signature

Date

Student Information:

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Student Name: _____

(Please keep for your records)

Rule 97.62

Exclusion from compliance are allowable on an individual bases for medical contraindications, reasons of conscience, including a religious belief, and active duty with the armed forces of the United States, children and students in these categories must submit evidence for exclusions from compliance as specified in the Health and Safety Code, 161.004(b), Health and Safety Code, 161.0041, Education Code, Chapter 38, Education Code, Chapter 51, and the Human Resource Code, Chapter 42.

1. To Claim an exclusion for medical reasons, the child or student must present a statement signed by the child's physician (MD or DO) duly registered and licensed to practice medicine in the United States who has examined the child, in which it is stated that, in the physicians opinion, the vaccination required is medically contraindicated or poses a significant risk to the health and well-being of the child or any member of the child's household. Unless it is written in the statement that a lifelong condition exists, this exemption statement is valid for only one year from the date signed by the physician.
- 2.
3. To claim exclusion for reasons of conscience, including a religious belief, a signed affidavit must be presented by the child's parent or legal guardian, stating that the child's parent or legal guardian declines vaccinations for reasons of conscience, including because of the person's religious beliefs. The affidavit will be valid for a two year period. The child, who has not received the required immunizations for reasons of conscience, including religious beliefs, may be excluded from school in times of emergency or epidemic declared by the commissioner of public health,
 - A. A person claiming exclusion for reasons of conscience, including a religious belief, from a required immunization may only obtain the affidavit form by submitting a written request to the department. The request must include the following:
 - I. Full name of child; and
 - II. Child's date of birth (month/day/year)
 - B. Requests for affidavit forms must be submitted to the department through one of the following methods:
 - I. Written request through the United States Postal Service (or other commercial carrier) to the department at DHS Immunization Branch, Mail code 1946, P.O. Box 149347, Austin, TX. 78714-7544
 - II. By facsimile at (512)458-7544;
 - III. By Hand-Delivery at the Departments Physical Address at 100 W. 49th St., Austin<TX. 78756 or



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- IV. Via the department Immunization program Internet website go to (www.ImmunizeTexas.org)
- V.

- C. Upon request, one affidavit form per child will be mailed unless otherwise specified (shall not exceed a maximum of five forms per child)
- D. The department shall not maintain a record of the names of individuals who request an affidavit and shall return the original request (where applicable) with the forms requested.
- E. To claim exclusion for armed forces, persons who can provide that they are serving on active duty with the armed forces of the United States are exempted from the requirements in these sections.

Rule 97.64

Required Vaccinations for Students Enrolled in Health- Related Courses in Institutions of Higher Education

- (a.) This section applies to all students enrolled in health- related courses, which will involve direct patient contact in medical or dental care facilities. This includes all medical interns, residents, fellows, nursing students, and others who are being trained in a medical schools, hospitals, and health science centers listed in the Texas Higher Education Coordinating Board's list of higher education in Texas; and regardless of the number of courses taken, number of hours taken, and the classification of the student.
- (b) Students may be provisionally enrolled for up to one semester or one quarter to allow students to attend classes while obtaining the required vaccines and acceptable evidence of vaccination.
- (c) Students cannot be provisionally enrolled without at least one dose of measles, mumps, and rubella vaccine if direct patient contact will occur during the provisional enrollment period.
- (d) Polio vaccine is not required. Students enrolled in health-related courses are encouraged to ascertain that they are immune to poliomyelitis.
- (e) One dose of tetanus-diphtheria toxoid (Td) is required within the last ten years.
- (f) Students who were born on or after January 1, 1957, must show, prior to patient contact, acceptable evidence of vaccination of two doses of measles-containing vaccine administered since January 1, 1968.
- (g) Students must show, prior to patient contact, acceptable evidence of vaccination of one dose of rubella vaccine.
- (h) Students born on or January 1, 1957, must show prior to patient contact, acceptable evidence of vaccination of one dose of mumps vaccine
- (i) Students shall receive a complete series of hepatitis B vaccine prior to the start of direct patient care or show serologic confirmation of immunity to hepatitis B virus.
- (j) Students shall receive two doses of varicella vaccine unless the first dose was received prior to thirteen years of age.



Coastal Bend COLLEGE

Office of Admissions/Registrar
3800 Charco Road Beeville TX 78102
361-354-2245 Phone 361-354-2254 Fax

For Office Use Only	
Date reviewed: _____	Qualified: Yes ___ No ___
Reason not awarded: _____	
Site: ___ Bee ___ Alice ___ King ___ Pleas ___ Other _____	
Date award mailed: _____	

Completion Application

I, _____, expect to complete the requirements for the following award
(Print name as desired on award)

during _____:

Date to Date

Check only one (complete a separate application for each award)

- | | | |
|--|--|--|
| <input type="checkbox"/> Credit | <input type="checkbox"/> CEU | <input type="checkbox"/> Marketable Skills Award |
| <input type="checkbox"/> Level I Certificate | <input type="checkbox"/> Institution Award | <input type="checkbox"/> Certificate of Completion |

The name of my award is: _____
(Name of award program taken at CBC)

Total Credit/CEU: _____

My Program Representative at CBC is: _____

Have you completed courses at another college? ___ YES ___ NO (Continuing Education)

Names of colleges: _____

Award Plan: Please see your program representative to review your award plan.
Both you and your program representative must sign and date it.

RETURN THE AWARD PACKET TO: Coastal Bend College
Admissions/Registrar's Office
3800 Charco Road
Beeville TX 78102

I give CBC permission to print my name in news releases. ___ YES ___ NO
(Failure to indicate will be taken as implied permission)

MAIL MY AWARD TO THIS ADDRESS

Address _____ City _____ State _____ Zip _____

Social Security Number _____ CBC ID _____

Phone Number () _____ Alternate Number () _____

Student Signature _____

Steps for Completion Application Process

Student Name _____

_____Step 1 **See program representative**

Review award plan with program representative to see if all requirements for completion have been met.

Primary site ___ Alice ___ Bee ___ King ___ Pleas ___ Other _____

Date _____

_____ Program Representative Signature
(Signature implies that student has met all requirements for completion and award)

_____ Student Signature

_____Step 2 Obtain signature of CBC Official in each of the four lines below.

Offices	Signature	Yes	No
Business			
Financial Aid			
Library			
Student Success Center Equipment			

_____Step 4 Return award packet to: Coastal Bend College
 Admissions/Registrar's Office
 3800 Charco Road
 Beeville TX 78102

Packet includes:	Completion Application	Signed Award Plan
	A copy of this completed checklist with signatures	Substitution forms, if applicable

_____Step 5 Diplomas will be ready within four weeks of the completion of the award.
 Time frame may vary due to holidays, school closing, or the short summer semesters.

Include a mailing address on the application so that your award can be mailed. It is your responsibility to report an address change.

IMPORTANT: You will be required to apply/reapply for the next completion if: (1) you do not meet the completion requirements during the completion term indicated on the completion award application