



CERTIFIED NURSE AIDE

Course Information

What do nurse aides do?

- Nurse aides work in nursing homes and other long-term care facilities to give basic, daily care to residents.

What classes do I have to take?

- NURA1001 – Certified Nurse Aide Lecture & Lab (60-hour course)
- NURA1060 – Certified Nurse Aide Clinical (40-hour course)
- EMSP1019 - Cardiopulmonary Resuscitation (CPR) for Healthcare Provider*
*If you have a valid AHA CPR for Health Care Provider card, you will not be required to take EMSP1019.

When is it offered/when does it start?

- Generally, courses are offered with at least one start date per semester.
- See schedule for dates and times. Schedule may be viewed online at:
<http://www.elcentrocollege.edu/Admissions/schedule.php>

How much does it cost?

- Certified Nurse Aide Lecture & Lab tuition - \$300
- Certified Nurse Aide Clinical tuition - \$200
- CPR - \$60
- CPR Book - \$15
- State exam fee - \$83
- TB test - \$5 / Chest x-ray (if skin test is positive)- \$50
- Immunizations - \$0-139 (may vary by clinic, estimate below)
 - MMR – \$3 per dose at City of Dallas Public Health (2 doses may be required; 4 weeks apart)
 - Tetanus/diphtheria - \$3 per does at City of Dallas Public Health (1 dose required every 10 years)
 - Varicella/chickenpox - \$20 per dose at Garland Health Department (2 doses required; 4 weeks apart)
 - Hepatitis B - \$30 per dose at El Centro College Health Center (3 doses over a 6 month period)
- Liability insurance – Fall \$18.13 / Spring \$11 / Summer \$5
- Criminal Background Check - \$45
- Training Materials - \$7
- Textbook – approximately \$25
- **Total - \$745.00-\$942.13 (subject to change)**

How much will I earn?

- Entry-level wages are \$6 to \$9 per hour.

Am I certified when I finish the courses?

- You will take the State Skills and Written Exam at the end of the course. Upon passing this exam you will be listed on the Texas Certified Nurse Aide Registry.

Where are the classes held?

- Center for Allied Health and Nursing at El Centro College
301 Market Street
Dallas, TX 75202

Information Sessions

MANDATORY INFORMATION SESSION

All potential Continuing Education Health Careers applicants will be required to attend a mandatory information session where the course, application procedures, and acceptance policies are discussed in detail. Information sessions are held at the El Centro College downtown campus; no reservation is necessary to attend. The orientation schedule for the current semester is available in the Continuing Education Office (Room A260), from the Continuing Education advisor Alma Martell at (214) 860-2262.

Please bring this information packet with you to the information session. Information sessions begin promptly, therefore, please allow extra time for parking and locating the assigned room. Individuals who are more than 15 minutes late to an information session may not have the attendance recorded and may only receive handout materials (including application forms) at the discretion of the presenter.

A map of the El Centro College campus and parking suggestions are available online at:

http://www.elcentrocollege.edu/campus_info/location.php

For registration approval the following items are needed:

APPLICATION

- Completed Certified Nurse Aide application (given at the end of the Mandatory Information Session)

TESTING

- A reading score of 35 on the Test of Adult Basic Education (TABE)

The TABE is given free of charge in the El Centro College Assessment Center. In the case of an insufficient score, the student will be required to wait a minimum of six (6) months before taking the TABE again. You **MUST** come to the Continuing Education window to obtain a testing referral for the TABE. Exemption from the TABE test will be given to students who have received a grade of 'B' or better in a college-level ENGL or SPCH course. Copies of transcripts or grade reports are required to receive this exemption.

IDENTIFICATION

- Valid (non-expired) U.S. or state government-issued photo I.D. (i.e. passport, driver's license, state identification card)
- Social Security card.

YOU MUST PRESENT THE ACTUAL I.D. & S.S. CARD WHEN YOU TAKE THE STATE EXAM. Your **NAME MUST BE THE SAME ON ALL COPIES.** If your name has changed then you will need to bring two copies of a name change document (i.e. marriage license or court order).

CPR CERTIFICATION

- American Heart Association CPR for Health Care Provider card. American Red Cross CPR certification must be approved by the Nurse Aide Program Coordinator or Dean.

IMMUNIZATIONS

- ❑ Provide proof of immunity from Measles, Mumps, Rubella, Tetanus/Diphtheria, Varicella/Chickenpox, and Hepatitis B (**all 3 shots of the 3-shot series**). Detailed information on immunizations is included in this packet.
- ❑ Provide results from a tuberculosis screening (negative skin test completed in the last 6 months or chest x-ray showing absence of active disease completed in the last 12 months).

RELEASE FORM

- ❑ Complete the El Centro College release form of information to the clinical site. Failure to sign this document will prevent you from attending the clinical portion of this program.

Once you have received registration approval, you will be responsible for the following items:

TUITION - \$500 (total over 4-5 weeks - \$300 for Nurse Aide Lecture & Lab and \$200 for Nurse Aide Clinical)
 Tuition must be paid in full at the time of registration. Financial Aid in the form of the Texas Public Education Grant (TPEG) is available to qualified students. TPEG applications are available from the Continuing Education window, but the El Centro College Financial Aid office (A034) determines eligibility. TPEG covers up to \$500 of tuition only.

LIABILITY INSURANCE – Fall - \$18.13 Spring - \$11.00 Summer - \$5.00
 Liability insurance will appear as a separate fee on the fee receipt that you will receive when you register. Please keep a copy for your records, as you may be asked to provide it prior to being allowed into the clinical course. No refunds are given for liability insurance.

Once you have registered, you will be responsible for the following items:

I.D. BADGE – free

Once you have a paid fee receipt from the Cashiers Office indicating payment has been made for your classes, you can obtain an El Centro College I.D. Badge from the SPAR office on the 2nd floor of the B Building in room B270. Hours are:

Monday-Thursday 8:30 am-6:00 pm
 Friday 8:30 am-4:30 pm

The I.D. Badge is to be worn at all times on campus and at the clinical training site.

CRIMINAL BACKGROUND CHECK - \$45

Background checks are required for all students entering into a health careers program with a clinical component involving patients. Background checks from other sources are not accepted. The results of the background check are only released to the program coordinator. The results of the background check will not be released to students. See Criminal Background Check instructions sheet included in this packet.

All background check and drug screening results become the property of the Health/Legal Studies Division and will not be released to the student or any other third party.

DO NOT SUBMIT ANY INFORMATION OR PAYMENT TO GROUP ONE UNTIL YOU HAVE BEEN GIVEN A DIRECTIVE TO DO SO BY YOUR INSTRUCTOR.

UNIFORMS

YOU MUST BE IN UNIFORM BY THE 5th DAY OF THE 1st WEEK OF CLASS. The uniform consists of navy blue scrubs, white nurse or white leather athletic shoes, a watch with a second hand, and your I.D. Badge. *Only navy blue scrubs and white nurse or white leather athletic shoes are acceptable.*

STATE EXAMINATION FEE - \$83

*Payable with cashier's check or money order **only** to NACES PLUS FOUNDATION.* This will be collected by your instructor on the first day of the 2nd week of class.

TRAINING MATERIALS

The course will be taught from the Procedure Manual for the State of Texas Certified Nurse Aide Department. The Procedure Manual may be accessed via the internet at the following address:

<http://www.dads.state.tx.us/providers/NF/credentialing/NATCEP/cna.pdf>

Print PDF file pages 59-193 for classroom use.

If you need a cost-effective method of printing, the Print Delivery System is available at El Centro College in the Library and Computer Labs. The approximate cost to print out these file pages is \$7.

TEXTBOOK

As of Summer 2007, there is a REQUIRED textbook for this course:

TITLE:	The Nursing Assistant's Handbook
AUTHOR:	Fuzy
PUBLISHER:	Hartman Publishing
ISBN:	1888343915

IT IS THE STUDENT'S RESPONSIBILITY TO OBTAIN AND PROVIDE ALL REQUIRED DOCUMENTATION TO RECEIVE REGISTRATION APPROVAL. ONCE A STUDENT IS APPROVED TO REGISTER IT IS THE STUDENT'S RESPONSIBILITY TO REGISTER AND MEET ALL FINANCIAL OBLIGATIONS INCURRED BY REGISTRATION IN THE COURSE. (IF THE STUDENT HAS APPLIED FOR FINANCIAL AID, IT IS THE STUDENT'S RESPONSIBILITY TO FOLLOW UP WITH THE FINANCIAL AID OFFICE TO ENSURE TIMELY PROCESSING OF HIS/HER FINANCIAL AID APPLICATION.) ONCE A STUDENT IS REGISTERED IN THE COURSE IT IS THE STUDENT'S RESPONSIBILITY TO MEET ALL CLASSROOM, LAB, AND CLINICAL REQUIREMENTS OF THE PROGRAM IN ORDER TO SUCCESSFULLY COMPLETE THE COURSE.

To speak with an academic advisor, please contact Alma Martell at 214-860-2262.

For any further questions, please contact the Continuing Education office at 214-860-2696 or 214-860-2260.



Immunizations for CE Health Careers Students

In order to comply with the Texas Administrative Code (Title 25 Health Services, Rules 97.61-97.72) regarding immunization records for students enrolled in health-related courses, the following guidelines are now in force for students in El Centro College Continuing Education Health Careers courses and programs. Health Careers students must present the following documentation with their application:

I. Immunization Record Form

An immunization record form is included with this information sheet. The completed form verified by a physician or nurse practitioner will document dates of all required immunizations and/or date of a positive titer result for each.

NOTE: If immunization records have been recorded on separate documentation such as a hospital printout, health department card, office call invoice, etc., a clear photocopy of that documentation may be attached to the Physical Examination and Immunization Record form.

A. Tuberculosis Screening

An intradermal PPD (Mantoux) "skin" test is required for all applicants. The PPD must be current within six (6) months of the applicant's anticipated entry into a Health Careers course, course sequence, or program. When accepted to a Health Careers course, course sequence, or program, a student must repeat the PPD every twelve (12) months for the duration of his/her enrollment in the program.

If the PPD indicates a positive reaction, the applicant must also obtain a chest x-ray verifying the absence of active disease. Chest x-rays are valid for two (2) years. Individuals with a history of tuberculosis or positive PPD results should obtain a chest x-ray rather than the PPD.

B. Immunizations

An applicant must have completed the following immunizations according to the indicated guidelines and time constraints:

1. **Measles** – Two (2) doses of measles vaccine is required either in a separate injection or in combination with mumps and rubella ("MMR"). Both measles immunizations must have been received after January 1, 1968. A titer (blood test) is also accepted if the results indicate the presence of measles antibodies. Individuals who were born prior to 01/01/57 are exempt from the measles immunization requirements.
2. **Mumps** – One (1) dose of mumps vaccine is required either in a separate injection or in combination with measles and rubella ("MMR"). A titer (blood test) is also accepted if the results indicate the presence of mumps antibodies. Individuals who were born prior to 01/01/57 are exempt from the mumps immunization requirement.
3. **Rubella** – One (1) dose of rubella vaccine is required either in a separate injection or in combination with measles and mumps ("MMR"). A titer (blood test) is also accepted if the results indicate the presence of rubella antibodies. Individuals born prior to 01/01/57 **are not** exempt from the rubella immunization requirement.
4. **Tetanus/diphtheria** – One (1) dose of T/D is required within the past ten (10) years.
5. **Varicella (chickenpox)** – Two (2) doses of varicella vaccine are required. However, if one dose was received before the age of 13, only one dose is required. A titer (blood test) is also accepted if the results indicate the presence of varicella antibodies.

Individuals who have a history of varicella disease may present a notarized statement signed by his/her parent, guardian, physician, or school nurse as verification of varicella immunity.

6. Hepatitis B series – Three (3) doses of Hepatitis B vaccine are required per the timetable

Initial dose
2nd dose one month after the initial dose
3rd dose five months after the second dose

A titer (blood test) indicating the presence of Hepatitis B antibodies is also acceptable.

II. Exceptions

Exceptions from meeting certain immunizations requirements are allowed for such circumstances as medical conditions (i.e. pregnancy), religious beliefs, etc. Applicants must present documentation as indicated below. Requests for exceptions are reviewed on an individual basis.

A. Medical Exceptions

The applicant must present a statement signed by their physician with personal knowledge of the applicant's medical history. The statement must indicate in detail that a specific vaccine poses a significant health risk to the individual. If the statement requests exemption from the Hepatitis B series, the applicant must also complete a separate waiver form (available in the EI Centro College Continuing Education Office) to accompany the physician's statement.

Unless the statement specifies that a lifelong condition exists, the exemption is valid for one year only from the date of the signed statement. The signed statement must be submitted with the applicant's Physical Examination and Immunization Record form.

B. Exceptions Based on Religious Belief/Reasons of Conscience

The applicant must obtain an Exclusion Affidavit from the Texas Department of Health by submitting a written request and including the applicant's full name and date of birth. The written request must be mailed to the following agency:

Texas Department of Health
Bureau of Immunization and Pharmacy Support
1100 West 49th Street
Austin Texas 78756

The affidavit form will be mailed to the applicant who must complete and sign the form which must include the basis for the exception. The affidavit will be valid for a two-year period. The signed affidavit must be submitted with the applicant's Physical Examination and Immunization Record form.

III. EI Centro College Health Center Services

The EI Centro College Health Center offers the PPD tuberculosis screening and many of the required immunizations at a reduced cost. Please call 214-860-2113 to make an appointment for immunizations. Chest x-rays are not provided at the EI Centro College Health Center.

Applicants are responsible for retaining a photocopy of all immunization documentation for their personal records. Once this documentation is submitted and an applicant is accepted to a Health Careers course, course sequence, or program, the documentation will not be returned to nor photocopied for the applicant.



Continuing Education Health Careers

IMMUNIZATION RECORD FORM

Once submitted, this document and any immunization or lab result attachments are considered official student records and will not be returned or photocopied for the student's use.

SOCIAL SECURITY NO. / / DATE

NAME Last First Middle I. BIRTHDATE Month/Day/Year

ADDRESS Street City and State ZIP

TELEPHONE () Home () Business/Mobile

I am applying for

HEALTH QUESTIONNAIRE - (To be completed by the applicant)

Do you have any physical limitations which would affect your ability to lift, turn, or transfer patients? Yes ___ No ___
Do you have any limitations in use of your senses, such as in sight or hearing, which would limit your ability to practice a health profession? Yes ___ No ___
Do you have any other condition which might interfere with your ability to practice a health profession? Yes ___ No ___

If you have answered "yes" to any of the above, please explain your limitations in detail on a separate sheet of paper.

TUBERCULOSIS SCREENING

Documentation requires a physician's signature or verification from the Health Center.

Intradermal PPD (Mantoux) - within six (6) months unless previously positive

Date Results Physician's Signature

Chest x-ray - within one (1) year if PPD positive (Must also include positive PPD verification above.)

Date Results Physician's Signature

IMMUNIZATIONS REQUIRED*

Dates of immunizations or dates of lab results indicating positive titer (seropositivity) required. Each line requires a doctor's signature or verification from the Health Center. *

	Date of Immunization	If Seropositive, Date of Positive Titer	Doctor's Signature or Health Center Signature
1. Measles – 2 doses since 01/01/68 if born on or after 01/01/57; or positive Titer	#1		
	#2		
2. Mumps – 1 dose if born on or after 01/01/57; or positive Titer			
3. Rubella – 1 dose; or positive Titer			
4. Tetanus/diphtheria – 1 dose within past 10 yrs.			
5. Varicella (chickenpox) - 2 doses (only 1 if taken before age 13); or positive Titer	#1		
	#2		
6. Hepatitis B series ➤ 1 st initial dose ➤ 2 nd dose after 1 month ➤ 3 rd dose after 5 months			

**See attached appendix for details of immunization requirements.*

NOTE: Form will not be accepted without doctor's signature or health center verification for each immunization and TB screening. The PPD screening, MMR, T/D, and Hepatitis B immunizations are available at the El Centro College Health Center by **appointment** at a reduced cost. The El Centro College Health Center can be reached at (214) 860-2113.

ALL IMMUNIZATIONS INDICATED ABOVE ARE REQUIRED PRIOR TO SUBMITTING AN APPLICATION PACKET.

EXCEPTIONS:

MEDICAL INTERPRETATION STUDENTS ARE REQUIRED TO HAVE THE 1ST AND 2ND SHOTS OF THE 3-SHOT HEPATITIS B SERIES BEFORE SUBMITTING AN APPLICATION PACKET FOR MEDICAL INTERPRETATION COURSES. THE 3RD SHOT OF THE 3-SHOT HEPATITIS B SERIES IS REQUIRED BEFORE REGISTRATION APPROVAL FOR THE MEDICAL INTERPRETATION PRACTICUM WILL BE GRANTED.

PHLEBOTOMY STUDENTS ARE REQUIRED TO HAVE THE 1ST AND 2ND SHOTS OF THE 3-SHOT HEPATITIS B SERIES BEFORE SUBMITTING AN APPLICATION PACKET FOR PHLEBOTOMY. THE 3RD SHOT OF THE 3-SHOT HEPATITIS B SERIES IS REQUIRED BEFORE REGISTRATION APPROVAL FOR PHLEBOTOMY CLINICAL WILL BE GRANTED.

RN/LVN REFRESHER STUDENTS ARE REQUIRED TO HAVE THE 1ST AND 2ND SHOTS OF THE 3-SHOT HEPATITIS B SERIES BEFORE SUBMITTING AN APPLICATION PACKET FOR RN/LVN REFRESHER. THE 3RD SHOT OF THE 3-SHOT HEPATITIS B SERIES IS REQUIRED BEFORE REGISTRATION APPROVAL FOR RN/LVN CLINICAL WILL BE GRANTED.



CRIMINAL BACKGROUND CHECK

DO NOT START GROUP ONE'S BACKGROUND CHECK PROCESS UNTIL YOU ARE GIVEN A DIRECTIVE BY YOUR INSTRUCTOR TO DO SO

Background check requests are now processed online. You must have access to a printer when you input your information in order to print a confirmation page as your receipt.

The cost of the background check is \$45.00. Payment is made via credit card or money order. Instructions for either payment method are found below.

Information you will need to have at hand before you begin this process:

- Valid Mastercard or Visa credit card (no other credit cards or debit cards are accepted)
- FULL legal name (first, middle, last)
- Maiden names and/or former names
- Date of birth
- Home phone number
- Social Security Number
- Current address (complete address; not necessarily what is printed on your drivers license)
- Zip codes where you have lived during the past seven (7) years (There is a U.S. Postal Service zip code lookup link on GroupOne's homepage below to help you with this.)

PROCEDURE IF PAYING BY CREDIT CARD

Go to the following website: www.gp1.com/students and make the following sequenced menu selections:

1. Read the information on the main page, scroll down and click on the arrow by "Continue".
2. **On the pull-down menus, select the following:**
 - i. "Texas"
 - ii. "El Centro College"
 - iii. On the Discipline pull-down menu, select your health careers program, course, or course sequence.
3. Click on "Add" then click "Continue" (click on the arrow).
4. The next page will indicate the charges for the background check. To accept the charges and continue to the payment procedure, "Continue". To exit the menu without paying, click "Back".
5. Read the agreement information and make your selection at the bottom to agree or not agree to the terms. To continue, type your full name where indicated and "Continue".
6. On the next page, fill out the information completely in the format indicated and "Continue".
7. Fill out the next page (additional names/addresses) if applicable and "Continue".
8. Verify that the information is correct (go "Back" to correct as necessary) and "Continue".
9. On the next page, fill in your credit card information. (Ignore the Payment Code field.)

10. Sign your name “electronically” and after the credit card payment is confirmed, you will be prompted to print the page as your receipt.

- OVER -

PROCEDURE IF PAYING BY MONEY ORDER

Obtain a Money Order payable to GroupOne Services for \$45.00. On a sheet of paper, provide the following information:

FULL Legal Name (first, middle, last)
Your Email address
Telephone Number

Mail the Money Order and the above information to the address below (You may also deliver the Money Order and information sheet to GroupOne offices in person):

GroupOne Services
250 Decker Drive
Irving, TX 75062

Within 2-4 business days after money order payment has been processed, you will receive an email from GroupOne with a payment code to use when you enter your data on-line. Follow the instructions below to proceed.

Go to the following website: www.gp1.com/students and make the following sequenced menu selections:

1. Read the information on the main page, scroll down and click on the arrow by “Continue”.
2. **On the pull-down menus, select the following:**
 - i. “Texas”
 - ii. “El Centro College”
 - iii. On the Discipline pull-down menu, select your CE health careers program, course, or course, sequence.
3. Click on “Add” then click “Continue” (click on the arrow).
4. The next page will indicate the charges for the background check. To accept the charges and continue to the payment procedure, “Continue”. To exit the menu without paying, click “Back”.
5. Read the agreement information and make your selection at the bottom to agree or not agree to the terms. To continue, type your full name where indicated and “Continue”.
6. On the next page, fill out the information completely in the format indicated and “Continue”.
7. Fill out the next page (additional names/addresses) if applicable and “Continue”.
8. Verify that the information is correct (go “Back” to correct as necessary) and “Continue”.
9. On the next page, fill in the Payment Code field with the information emailed to you from GroupOne. and click on the “Continue” arrow. Do not fill in any other information.
10. You will be prompted to print the page as your receipt.

GROUP ONE SERVICES

www.GP1.com

250 Decker Dr. Irving, TX 75062

Telephone: 972-719-4208 FAX: 469-648-5088

CERTIFIED NURSE AIDE

Background Check Requirements

For Nurse Aide Training, the following backgrounds will make the student ineligible for clinical training:

(a) A person for whom the facility is entitled to obtain criminal history record information **may not be employed in a facility if the person has been convicted of an offense listed in this subsection:**

- (1) an offense under Chapter 19, Penal Code (**criminal homicide**);
- (2) an offense under Chapter 20, Penal Code (**kidnapping and unlawful restraint**);
- (3) an offense under Section 21.08, Penal Code (**indecent exposure**);
- (4) an offense under Section 21.11, Penal Code (**indecent with a child**);
- (5) an offense under Section 21.12, Penal Code (**improper relationship between educator and student**);
- (6) an offense under Section 21.15, Penal Code (**improper photography or visual recording**);
- (7) an offense under Section 22.011, Penal Code (**sexual assault**);
- (8) an offense under Section 22.02, Penal Code (**aggravated assault**);
- (9) an offense under Section 22.021, Penal Code (**aggravated sexual assault**);
- (10) an offense under Section 22.04, Penal Code (**injury to a child, elderly individual, or disabled individual**);
- (11) an offense under Section 22.041, Penal Code (**abandoning or endangering child**);
- (12) an offense under Section 22.05, Penal Code (**deadly conduct**);
- (13) an offense under Section 22.07, Penal Code (**terroristic threat**);
- (14) an offense under Section 22.08, Penal Code (**aiding suicide**);
- (15) an offense under Section 25.031, Penal Code (**agreement to abduct from custody**);
- (16) an offense under Section 25.08, Penal Code (**sale or purchase of a child**);
- (17) an offense under Section 28.02, Penal Code (**arson**);
- (18) an offense under Section 29.02, Penal Code (**robbery**);
- (19) an offense under Section 29.03, Penal Code (**aggravated robbery**); or
- (20) an offense under Section 33.021, Penal Code (**online solicitation of a minor**);
- (21) an offense under Section 34.02, Penal Code (**money laundering**);
- (22) an offense under Section 35A.02, Penal Code (**Medicaid fraud**), and
- (23) an offense under Section 42.09, Penal Code (**cruelty to animals**);
- (24) 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 to the elements of an offense listed under Subdivisions (1)-(13).

(b) A person may not be employed in a position the duties of which involve direct contact with a consumer in a facility **before the fifth anniversary of the date the person is convicted of:**

- (1) an offense under Section 22.01, Penal Code (**assault**), that is punishable as a Class A misdemeanor or as a felony;
- (2) an offense under Section 30.02, Penal Code (**burglary**);
- (3) an offense under Chapter 31, Penal Code (**theft**), that is punishable as a felony;
- (4) 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 a felony; or
- (5) an offense under Section 32.46, Penal Code (**securing execution of a document by deception**), that is punishable as a Class A misdemeanor or a felony.
- (6) Of an offense under Section 37.12, Penal Code (**false identification as a peace officer**) and
- (7) An offense under Section 42.01(a) (7), (8), or (9), Penal Code (**disorderly conduct**).

(c) In addition to the prohibitions on employment prescribed by Subsections (a) and (b), a person for whom a facility licensed under Chapter 242 or 247 is entitled to obtain criminal history record information may not be employed in a facility licensed under Chapter 242 or 247 if the person has been **convicted:**

- (1) of an offense under Section 30.02, Penal Code (**burglary**); or
- (2) under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense under Section 30.02, Penal Code.

(d) A person who is placed on deferred adjudication community supervision for an offense listed in Section 250.006 is not considered convicted of the offense.



El Centro College

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

NURSE AIDE

Application Packet Information

This is not a competitive or ranked application. Registration approval for NURSE AIDE is given to students with complete application (incomplete packets will not be considered) packets on a first-come first-serve basis. You will also need to obtain an application form by attending an orientation, if you are unable to attend an orientation please call me directly, 214-860-2262.

Applicants must submit a complete application packet to the El Centro College Continuing Education Office either in person or by mail on or before the application deadline date for a course, course sequence, or program. The application deadline date is ten (10) business days (i.e. not counting Saturday, Sunday, and official school closure days) prior to the start of class. An application packet is considered to be complete when the application form is accompanied by clear and legible photocopies of all required documentation. **Complete** application packets will be honored in the order in which they are received. Space is limited and a spot is not promised to students, if class fills you will be given notice of the next available course.

Application packets will be processed within five (5) business days of receipt in the El Centro College Continuing Education Office. Applicants accepted into a course, course sequence, or program will be required to return a confirmation form within a specified timeframe to verify their space in the class.

In the case of a full class, students with complete application packets will be put on a waiting list and notified via telephone when/if space becomes available.

When submitting your application by mail, address your envelope containing complete application materials to:

Alma Martell
CE Health Careers Applications
NURSE AIDE
Continuing/Workforce Education
El Centro College
801 Main Street, Room A260
Dallas, Texas 75202



El Centro College

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

I _____ am a student in the El Centro College Nurse Aide program

I give Elizabeth Guerra, Assistant Dean, permission to submit my personal information (listed below) to any of the facilities in which I will be doing clinical practicum while I am a student at El Centro College.

This information includes the following:

- Criminal background check results
- Negative 10 panel drug screen results
- Completion of BLS course

Proof of Immunizations:

- TB skin test
- Hepatitis B
- Varicella
- Measles, Mumps, Rubella
- Tetanus, Diphtheria

I understand all physical examination forms, immunizations records, etc. submitted with my application packet becomes the property of the El Centro Continuing Education and will not be returned nor photocopied for me. Therefore, I take full responsibility for keeping photocopies of these documents for my own personal files before I submit them with program application packet materials.

_____ ID# _____
Student Signature

_____-_____-_____
Date