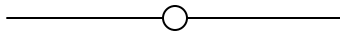


Harry S Truman College Continuing Education



CNA Program

Application
Instructions

TRUMAN COLLEGE
Department of Continuing Education
Certified Nurse Assistant (CNA) Training Program
Ofelia Miran, CNA Coordinator: 773-907-4458, omiran@ccc.edu
Continuing Education office: 773-907-4440, trconted@ccc.edu

Application Instructions

Applying for the CNA program

To apply for the CNA program, submit the following documents in Room 1442, Continuing Education:

- Compass ATB test results or college transcript*
- Completed registration form (available in Continuing Ed office)*

Take the Compass ATB test in the Testing Center, Room L912 (phone 907-4834) or obtain a copy of your college transcript showing completion of Math 110 and English 100.

After you have submitted your test results or transcript, the CNA coordinator will review your application file. She will call you to let you know if you have been admitted to the program.

Completing your registration

Follow these steps to complete your registration after being notified of acceptance into the program:

1. Pick up your registration paperwork in the Continuing Education office, Room 1442.
2. Take your paperwork to the Registrar's Office, Room 1220. They will input the classes into the computer.
3. Make your payment of \$1,010 at the cashier's window, Room 2400, with a check, cash, money order, Visa, or MasterCard.

A payment plan is available online at cepaymentplan.trumancollege.cc.

If you receive public assistance and have a medical card that *does not* begin with 9, you pay \$324.

Note—Fees are subject to change without notice.

Important—Out-of-district fees may be assessed for Illinois residents who live outside of Chicago. The current out-of-district fee is approximately \$1300 in addition to the \$1,010 course fee for the CNA program.

TRUMAN COLLEGE
Department of Continuing Education
Certified Nurse Assistant (CNA) Training Program

Begin a career in one of the fastest growing health careers as a Certified Nurse Assistant (CNA). The CNA training program at Truman College provides you with comprehensive theory and clinical training that prepares you to take the state certification examination required to work in a licensed state facility or hospital. Our experienced instructors will guide you through classroom lectures and activities and will provide you hands-on clinical experience that will allow you to enter the CNA field. We've structured the program so that you may attend daytime, evening, or weekend classes in just 8 or 14 weeks.

Placement Test. Before you can register for the CNA program, you must pass the Compass ATB placement test. This requirement is waived if you have an Associate's degree or higher or you have successfully completed English 100 or Math 110 or above. To take the test, visit the Assessment Center in Room L912 or call 773-907-4834 for more information.

Prerequisites. A high-school diploma or GED certificate is strongly recommended to enhance your success in the CNA program and to increase your employability. You must have a Social Security Number to register for CNA classes.

Choose one of the following CNA programs

Daytime Program—8 weeks

Theory training—Monday and Wednesday, 8:30 a.m. to 5:00 p.m.

Clinical training—Friday, 7:00 a.m. to 3:30 p.m.

Evening Program—8 weeks

Theory training—Monday through Thursday, 5:30 to 9:45 p.m.

Clinical training—Saturday, 7:00 a.m. to 3:30 p.m.

Weekend Program—14 weeks

Theory training—Saturdays and Sundays, 8:00 a.m. to 4:00 p.m.

Clinical training—Last half of 14 weeks on Sundays

Tuition and fees are listed on the next page.

Tuition and Fees. A total of \$1,010 must be paid in full on the day of registration unless you have set up a payment plan through the online system. Public Aid recipients whose medical card *does not* begin with 9 pay \$324 on approval of the director. *Fees are subject to change without notice.*

Payment plans are available online at cepaymentplan.trumancollege.cc. You must be registered in classes before you can set up a payment plan.

Loans are available to creditworthy students through the TERI loan program, 1-800-255-8374 or www.teri.org. If you are unemployed or underemployed, you may qualify for a WIA voucher through your local IETC. Call Robert Evans at 773-907-4737 for more information. TERI loan or WIA applications must be completed at least 6 to 8 weeks before registration to allow for processing time.

Important—Out-of-district fees may be assessed for Illinois residents who live outside of Chicago. The current out-of-district fee is approximately \$1300 in addition to the \$929 course fee for the CNA program.

Other expenses may include the following. Costs listed are approximate, and are subject to change.

- Physical examination fees
- White uniform
- Textbook (available at Beck's Bookstore, 773-784-7963)
- Thermometer
- Criminal background check (\$15 money order payable to SIUC due at orientation)
- Competency exam (\$50 money order payable to SIUC due the last week of training)

*Note—*We recommend attending orientation before purchasing supplies.

Other Information

- Failure to submit a completed physical or a criminal background check will disqualify you for training.
- Students must go to the Security Office to get a photo ID.
- CNA candidates must complete orientation before beginning classes.
- The SIUC competency exam will be given after classes are completed. More information will be given during the last week of classes

*Important—*If you are currently pregnant, you must meet with the CNA coordinator before registering for the CNA program. Call Ofelia Miran at 773-907-4458 or e-mail omiran@ccc.edu

**Harry S Truman College
Department of Continuing Education
Certified Nursing Assistant Program**

Orientation Information

Important—Read this information carefully for instructions about preparing for orientation!

The information and forms you need to begin your classes for Certified Nursing Assistant (CNA) are listed below. Please read each item completely and follow the directions.

- Criminal disqualification information
- Medical examination form
- Neighborhood health centers

Bring the following items and documents to the orientation:

- Completed medical examination form (included in this packet)
- \$15 money order payable to SIUC for criminal background check (background check forms to be distributed and completed at orientation)

Criminal Conviction Information

Dear CNA Student:

Illinois law states that you cannot work as a nurse's aide for a hospital, nursing home, or home health agency if you have certain criminal convictions. The list of crimes that will keep you from working as a CNA is listed on the next page. While this is not meant to discourage you, it is strongly recommended that if you have a conviction for one or more of these crimes, you should not continue in this class until you apply for and receive a waiver from the department.

A waiver does not change your criminal record. A waiver allows an employer to "legally" hire you, even though you have a criminal record.

A waiver is not granted to everyone who applies. Fewer than half of the waiver applicants receive a waiver. You may send in all the information requested and still not be granted a waiver. Each waiver application is reviewed completely. There are no hard and fast rules, but the following may be used as a guide:

You will probably not be granted a waiver if any of the following is true

- You are still on probation, parole, or are incarcerated.
- Your victim was an elderly or disabled person.
- You have several (more than two) similar crimes in the last five years.
- You have violent crimes in the last five years.
- Your crime is any type of murder, sexual assault, aggravated battery, armed robbery, exploitation of a child, child pornography, or kidnapping.
- You have less than two years clean and sober.

You may be granted a waiver if the following are true:

- You have paid all your court fines and have satisfactorily completed probation or conditional discharge.
- You only had a few (less than two) misdemeanor convictions more than five years ago.
- You have a single non-violent crime in the last five years.
- You have more than two years clean and sober.

Again, this is not meant to discourage you. There is a need for responsible, hard working, and caring nurse's aides. However, it would be a shame if you invested your time, work, and money in a nurse's assistant class and then were unable to get a job.

It is strongly recommended that you apply for and receive a waiver before you sign up for class. It usually takes an average of 8 to 12 weeks to receive a waiver determination.

If you have a conviction, you should discuss the issue privately with your instructor before the next class meeting.

You may request a waiver application by calling 1-217-782-2913.

Crimes that Disqualify You from Working as a Nurse's Assistant

You cannot work in a direct care position such as a CNA with these convictions, which include both felonies and misdemeanors:

- Battery, domestic battery, aggravated battery
- Assault
- Forgery
- Receiving or using a debit or credit card of another person without permission
- Financial identity theft
- Theft, retail theft
- Robbery, armed robbery, aggravated robbery
- Burglary, residential burglary
- Armed violence
- Criminal trespass to a residence
- Financial exploitation of an elderly or disabled person
- Murder, homicide, manslaughter
- Kidnapping, child abduction
- Unlawful restraint, forcible detention
- Indecent solicitation of a child, sexual exploitation of a child
- Tampering with food, drugs, or cosmetics
- Aggravated stalking
- Home invasion
- Sexual assault, sexual abuse
- Endangering the life or health of a child
- Abuse or gross neglect of a long-term care facility resident
- Criminal neglect of an elderly person
- Ritual mutilation, ritualized abuse of a child
- Vehicular hijacking, aggravated vehicular hijacking
- Arson, aggravated arson, or residential arson
- Unlawful use of a weapon
- Manufacture and delivery of controlled substances (drugs) or cannabis (marijuana)
- Possession with intent to deliver (either drugs or marijuana)
- Illegally receiving, selling, or using credit or debit cards

Please Note—You may have been convicted and not sent to jail. Often, people are fined or given probation or conditional discharge, but these are still convictions. If you are uncertain whether an arrest ended up as a conviction, contact the county in which you were arrested and speak with the Circuit Clerk or State Attorney's office, or contact your own attorney.

Convictions that are Not Disqualifying

You can work as a CNA if these are your only convictions:

- Prostitution
- Possession of cannabis (marijuana) or a controlled substance
- DUI
- Deceptive practices (writing "bad" checks on your own account)
- Trespass to property

Medical Examination Form Certified Nurse Assistant

**This page of the form is to be completed by the applicant before visiting the physician.
The physician will complete the other pages of this form.**

Date _____

Name _____
(Last name)
(First name)
(Middle name)

Address _____

Social Security number _____ Date of Birth _____

Person to be notified in case of emergency:
 Name _____ Relationship _____

Address _____ Telephone number _____

Medical History (Have you ever had a problem with any of the following illnesses or conditions?)

Y	N		Y	N		Y	N		Y	N	
		Rheumatic fever			Stomach pain			Epilepsy			Shortness of breath
		Pneumonia			Liver trouble			Joint trouble			Chronic infection
		Tuberculosis			Gall bladder			Cancer or tumors			Sore throat
		Venereal disease			Swelling of ankles			Asthma			Chronic diarrhea
		Malaria			Severe headaches			Goiter			Measles
		Kidney trouble			Fainting or dizziness			Eye trouble			Mumps
		Heart trouble			Diabetes			Skin problem			Rubella
		High blood pressure			Convulsions			Ear trouble			
		Hepatitis			Jaundice			Back pains			

If you answered yes to any of the above, give a date and a brief explanation in the space provided below:

Operations? Yes ___ No ___ Date(s) _____

Injuries? Yes ___ No ___ Date(s) _____

Neurological seizures? Yes ___ No ___ Date(s) _____

Have you been rejected on a medical examination for any position, insurance, or military service?

Do you take any medication frequently or regularly?

What do you take the medication for?

Are you currently under the care of a doctor?

Have you been denied employment because of your health?

I certify these statements to be true to the best of my knowledge.

Signature of Applicant _____

Harry S Truman College
Department of Continuing Education
Certified Nursing Assistant Program

Dear Health Care Provider,

_____ has been or will be enrolled in our Certified Assistant Program. Our program involves caring for patients in hospitals and nursing homes where health issues and social or psychiatric problems exist. Our policy, in conjunction with state and federal guidelines, requires a health statement for the protection of both patients and students. Please complete the following statement including a review of the personal information section filled out by the student.

Note—Students who are not immune by both blood titers **must receive the appropriate immunizations.**

I authorize the release of the following information to Truman College.

Student signature _____

Printed name _____

To be completed by health care provider

Temp. _____ Pulse _____ Resp. _____ B/P _____

Height _____ Weight _____ Allergies _____

1. Date of last tetanus booster: ____/____/____.

Must be within the last 10 years or booster required date: ____/____/____

2. Subcutaneous PPD or Mantoux test date: ____/____/____.

(Negative within the past 6 months)

Note—A chest x-ray **must** be done and a copy of the report must be enclosed with this report if the patient has a positive PPD result and/or history of tuberculosis.

3. Immunity to BOTH measles and German measles must be verified by the following:

Rubella and Rubeola titer drawn on ____/____/____

Note—Titer results must be forwarded as soon as available.

Important—**MMR must be given** if blood results show **NOT IMMUNE** or record of two (2) MMR's if done as a child or record of one (1) MMR as an adult. date:

____/____/____

4. Hepatitis vaccine (recommended, but not required).

Date: #1 ____/____/____ Date: #2 ____/____/____ Date: #3 ____/____/____.

5. Are there any psychological or mental limitations/restrictions on the above named person? Yes____ No____

If yes, explain _____

6. Is this person physically able to perform his/her duties? Yes____ No____

If no, explain _____

7. Is the above person free from TB or other communicable disease which might present a hazard to co-workers or patients? Yes ____ No____

If no, explain _____

Other comments or considerations:

Physician or clinician signature _____

Date _____

Address _____

Phone _____ Fax _____

Harry S Truman College
Department of Continuing Education
Certified Nursing Assistant Program

Neighborhood Health Centers
(Chicago Residency Required)

You may obtain your physical examination from your private physician or from one of the neighborhood health centers listed below. To make an appointment for all physicals, ask for the Adult Clinic. All clinics providing physicals require an appointment, and the fee is based on income and family size. Fees start at \$10.

Location	Telephone
Komed-Homan Health Clinic 4259 S. Berkeley	(773) 268-7600
Englewood Health Clinic 641 W. 63 rd St.	(312) 747-7831
Lower Westside Health Center 1713 S. Ashland	(312) 746-5157
Lakeview Health Clinic 2849 N. Clark St.	(773) 528-1188
Uptown Clinic 845 W. Wilson Ave.	(312) 744-1938
Mile Square Clinic 2045 W. Washington	(312) 996-2000
Roseland Clinic 200 E. 115 th	(312) 747-9500
West Town Clinic 2418 W. Division	(312) 744-0943
Armitage Family Health Center 2957 W. Armitage	(773) 772-4319