



## **Nurse Aide (CNA) Program**

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**Medical Director Practical Nursing and Allied Health  
Programs**

**Instructor: Yvonne Blair LPN**

***NURSE AIDE PROGRAM (CNA):*** *The Nurse Aide program prepares the student to become eligible to take the Nurse Aide Certification test and if successful in passing the state test, may practice in healthcare as a CNA. This program is approved for financial aid to applicants who have completed the FAFSA form and obtained approval for financial aid.*

Applicants must submit an online application and the following:

- ✓ Application for Enrollment
- ✓ Must be 18 years of age
- ✓ Immunization records for MMR and chickenpox (Varicella)
- ✓ Verification with TCAT Financial Aid Office that financial aid process has been initiated

As part of your Application process, you must show proof that you have initiated the financial aid process. Use the free site at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). TCAT's code is **004025**. If you have questions, contact Financial Aid in Student Services, 865-766-4002

Financial Aid completed prior to submission of application

Attendance to one of the **General Information Sessions (GIS)** is **optional** but is a great time to ask questions. You will receive detailed information about the nursing program from the Nursing Coordinator/Instructor.

**Once you apply and register for the program, a mandatory Background Check through TRUESCREEN must be completed. A negative result 10 Panel Drug Test is also required from a provider of your choosing. Once registered for the program, students will complete the Background Check and Drug Screen prior to first week of class of the Nurse Aide program. Cost may be as much as \$75.00 for both requirements.**

*NOTE: If you have pled guilty to a misdemeanor or any felony charges/convictions, you should request an interview with the Nursing Coordinator prior to completing an application for the Nurse Aide program. Linda Hafley MSN, RN, 865-766-4359, [Linda.Hafley@tcatknoxville.edu](mailto:Linda.Hafley@tcatknoxville.edu). Results from the background check are used by clinical site to determine eligibility to be at the clinical site. Students who do not have approval from the clinical site will not be able to complete the program.*

### **TN College of Applied Technology-Knoxville Certified Nursing Assistant/Aide Procedures**

- Your Required Background Check and Drug Screen results are due as instructed when you attend the first week of class,
- The Tuition is covered by FAFSA for qualified applicants. Other agencies may not cover these costs.
- Any questions should be answered by Linda Hafley, 865-766-4359, or student services staff.

**1. Immunizations** – Staple your proof from the health department or healthcare provider to the completed Immunization Record form. If you cannot find proof of your immunizations, you must retake the shots, or have a titer blood test that will indicate if you have the immunity. We must have proof. Once you submit the MMR and Varicella with your Initial Documentation, these records will remain in your permanent file in the Nursing Department.: Your Immunization Record must contain proof of six immunizations: **(1) MMR x2; (2) Varicella x2; (3) Tetanus; (4) current TB skin test; and (5) Hepatitis B series (6) Flu vaccine Annually** for clinical site rotation and will need to be on the TCAT-Knoxville form.

**2. Physical** – Your healthcare provider must complete the Physical Examination form on the TCAT-Knoxville's form in its entirety. Submit this completed and signed documentation as instructed on the first day of class.

**How Are You Going To Pay For Your Education?** Check with our financial aid staff to verify that your financial aid document is complete.

**Register and Pay Tuition** – You may apply online, but you must register on the TCAT Knoxville campus and pay the tuition before class starts to officially be registered. You must come to TCAT Knoxville front office in Building A and officially register for the program. You will pay your tuition and nursing fees at that time. Those receiving financial aid will verify tuition when registering for the program. There may be out-of-pocket expenses.

**Books and supplies:** The books are available in our campus bookstore or you may purchase these from any source you choose.

**Urine Drug Screening** – Your official **10 Panel drug screening** results must be completed by the date instructed on the first day of class.

**Background Check** – **must be received by the college during the first week of class.**

If you have pled guilty to a misdemeanor or any felony charges/convictions, you should request an interview with the Nursing Coordinator prior to doing your background check. *Results from the background check are used by the clinical site to determine eligibility to be at the clinical site. Students who do not have approval from the clinical site will not be able to complete the nursing program.*



## **Student Background Investigation & Drug Screen Instructions**

Student Name (printed): \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By my signature above, I acknowledge that I have received and read the information provided regarding the background check and drug screen. I am aware that if I have questions about the material herein, it is my responsibility to seek assistance from any NA Program faculty member or Program Director.*

A background investigation is a requirement of the clinical agencies for your program of study. Failure to complete these requirements will prevent you from completing clinical rotations.

### **STEP 1: What to do if you need a Background Investigation?**

Below are step-by-step instructions for accessing Application Station: Student Edition to authorize and pay for a background investigation.

1. Click the link below or paste it into your browser: <http://applicationstation.truescreen.com>
2. Click the "SIGN UP NOW" button to create an account.
3. Enter the Code: **TCATKNOXCNA263-CBC** in the Application Station Code field.
4. Follow the instructions on the Application Station web site.

*Note – please store the username and password created for Application Station in a secure location. This information is needed to enter Application Station in the future which includes obtaining a copy of your background investigation report.*

If you encounter issues with the Application Station: Student Edition or have questions regarding the site, please contact Truescreen's Help Desk at 888-276-8518, ext. 2006 or [itsupport@truescreen.com](mailto:itsupport@truescreen.com).

Background Investigations are completed, on average, within 3 to 5 business days. Once completed, you will receive an email from Truescreen, [studentedition@truescreen.com](mailto:studentedition@truescreen.com). Follow the link in the email to access Application Station: Student Edition to view the report. To access the site use the same username and password created at the time you submitted your background check. Application Station includes instructions for disputing information included in the background check should you feel anything is incorrect.

The initial background investigation consists of the search components listed below. All records are searched by primary name and all AKAs, a student's primary address, and all addresses lived within the past seven years.

- Social Security Number Validation and Verification
- County Criminal Records Search – all counties of residence lived in the past 7 years
- National Sexual Offender Registry Search
- SanctionsBase Search - includes TN Abuse Registry
- OIG/SAM

The cost of the Background Investigation is \$24.50. Truescreen accepts credit cards and PayPal. Payment is collected within ApplicationStation: Student Edition.

**Background Checks for students accepted in the Nursing Aide program must be through Truescreen.**

## **STEP 2: What to do if you need a Drug Screen?**

**(Drug Screens may be done at Truescreen or your Primary Care Physician or at any accredited Lab)**

Below are step-by-step instructions for accessing Application Station: Student Edition to authorize and pay for a drug screen.

1. Click the link below or paste it into your browser: <http://applicationstation.truescreen.com>
2. Enter the Code: **TCATKNOXCNA263-DS** in the Application Station Code field.
3. Click the "SIGN UP NOW!" button to create an account.
4. Follow the instructions on the Application Station web site.

***Note –Please store the username and password created for Application Station in a secure location. This information is needed to enter Application Station in the future which includes obtaining a copy of your drug screen report.***

If you encounter issues with the Application Station: Student Edition or have questions regarding the site, please contact Truescreen's Help Desk at 888-276-8518, ext. 2006 or [itsupport@truescreen.com](mailto:itsupport@truescreen.com).

***If none of the collection sites listed are convenient (within 30 minute drive), please contact Truescreen's Occupational Health Screening Department (i.e. TrfTrack and Scheduling Hotline) for assistance with locating an alternate location; phone number 800-803-7859.***

If the initial drug screen is reported as positive/non-negative, you will receive a call from Truescreen's Medical Review Officer (MRO). The MRO will obtain medical proof as to why you test positive. If you are taking any form of prescription medicine, it is wise to proactively proof from your physician to be provided to the MRO when contacted. This will speed up the process of reporting drug test results.

All drug screens conducted for TCAT Knoxville are 10-panel and tests for:

- Amphetamines
- Cocaine Metabolites
- Marijuana Metabolites
- Opiates
- Phencyclidine
- Barbiturates
- Benzodiazepines
- Methadone
- Propoxyphene
- Methaqualone

You will receive an email from Truescreen, [studentedition@truescreen.com](mailto:studentedition@truescreen.com), once drug test results are available. Follow the link in the email to access Application Station: Student Edition to view the report.

The cost of the Drug Screen is \$31.00. Truescreen accepts credit cards and PayPal. Payment is collected within ApplicationStation: Student Edition.



If the student receives a "REVIEW" (red X) on the background investigation, the Program Director will communicate this information to the Clinical Education Director at the respective clinical facility. The Clinical Education Director will then determine if the student can enter clinical rotations. The student is to schedule an appointment with the Clinical Education Director at the appropriate facility. During the scheduled appointment, the student will provide the original background check documentation to the Director of Clinical Education for verification and review. The Director of Clinical Education will review the conviction record and determine "clearing/not clearing" of the student based on approved criteria.

If permitted, an electronic copy of the background investigation can be forwarded to the Director of Clinical Education via Report Deliver Manager.

### **Report Delivery Manager**

Report Delivery Manager (RDM) allows students to distribute an electronic copy of your background check and drug screen results to a third party for clinical rotations. RDM can be found in Application Station: Student Edition. Reports are available to students for 36 months. If reports are needed beyond 36 months, students must print a copy to be distributed as needed.

1. Click the link below or paste it into your browser: <http://applicationstation.truescreen.com>
2. To access the Report Delivery Manager, choose the "Returning user login" option on the right side of the home page and click "Log in."
3. Enter the username and password created at the time of submitting your background investigation and/or drug screen.
4. Click "View Report Delivery Manager" at the bottom of the ApplicationStation code for the program/application you need to deliver. This can be found after you completely log in and provide your ApplicationStation code.
5. A new screen will appear. To authorize a new third party to view a background check, click "Create a New Delivery."
6. Read the "Important Notice", type your name and click "Agree."
7. Supply the third party's contact information: Last Name, First Name and Organization. Report Access Keys are generated, including an ApplicationStation Code and Access PIN.

***Truescreen recommends that the student contact the third party and provide the ApplicationStation website address, code and PIN to their contact verbally. This method provides the highest level of security. However, the student can also authorize that an e-mail containing this information be sent to the contact at the clinical facility. If you wish to have an email containing the Access Keys to be sent directly to the clinical facility, follow steps 8 and 9.***

8. To authorize an e-mail, locate "Other Delivery Options, Option 2" and click "[here to send an email.](#)"
9. Provide and confirm the recipient's e-mail address, and then select either Option 1 or Option 2, which determines what information is sent to the recipient via e-mail.

The system provides confirmation that an e-mail has been sent, along with the ApplicationStation Code and Access PIN for future reference.

# Nurse Aide

## Tuition, Fees, and Approximate Costs Associated With the Program

### Tuition and Fees

Tuition and Technology Access Fee-----	\$444.00	
Liability Insurance -----	\$15.00	
Student Activity Fee-----	<u>\$10.00</u>	
<b>Total:</b>	<b>\$469.00</b>	<b>\$469.00</b>

### Books, Estimated ----- **\$72.00**

Nursing Assistant Care: Long-Term Care 4th Ed. By Susan Alvare  
Hedman and Jetta Fuzy ISBN 978-1-60425-075-6  
Workbook for Nursing Assistant Care by Susan Alvare Hedman and Je ISBN 978-1-60425-074-9

### Off-Campus Expenses, Estimated

White scrubs (must be worn first day)	\$30.00	
Pair of white rubber soled shoes (must be worn first day)	\$30.00	
Stethoscope & blood pressure cuff	\$35.00	
Criminal Background Check (Truescreen)	\$24.50	
10 Panel Urine Drug Screen	\$31.00	
TB Skin Test -----	\$10.00	
Physical examination (forms provided by the school) -----	<u>Price will vary</u>	
<b>Total:</b>	<b>\$160.50</b>	<b>\$160.50</b>

### State Board Examination ----- **\$98.00**

### Total Estimated\* Cost of Program ----- **\$799.50**

*\*Tuition and fees are subject to change without notice; off campus costs are estimated and will vary.  
Lamberts offers a discount to TCATK students; they have a packaged deal on Blood pressure cuffs,  
stethoscopes, and watches. You will need to present your school issued student ID to receive the discount.*

## **EPIDEMIOLOGY AND MODES OF TRANSMISSION OF HBV AND HIV**

Certain pathogens microorganisms found in the blood of infected individuals can be transmitted to other individuals by blood or other body fluids. Health-care workers, whose occupational duties expose them to blood and other potentially infectious materials are at risk of contacting one of these bloodborne pathogens. Hepatitis B and HIV are two of the most significant of these diseases. Hepatitis C, Delta Hepatitis, Syphilis and Malaria are the others.

Blood borne pathogens are spread via several routes: parenteral, mucous membranes, sexual, and perinatal, with sexual transmission (both homosexual and heterosexual) being by far the most prevalent means of transmission. In health care settings, the most commonly reported methods of transmission are cuts or sticks from contaminated sharps and needles, contacts between blood and pre-existing skin lesions, and infectious body fluid contamination of the eyes, nose and mouth.

### **HEPATITIS B**

Hepatitis B is the major infectious occupational health hazard in the health care industry. The CDC believes that as many as 18,000 health care workers per year may be infected by HBV. Nearly 10% of these become long-term carriers of the virus and may have to give up their profession. Several hundred health care workers will become actively ill or jaundiced from Hepatitis B. Approximately 300 workers may die annually as a result (directly or indirectly) of Hepatitis B.

Health care workers are at a much higher risk for HBV infection than the general public due to their frequent occupational exposure to blood and other body fluids. Studies have shown that approximately 30% of health care workers show evidence of past or present HBV infection. Strong concentrations of HBV in body fluids and feces make it highly contagious and easily spread. Thus, unsanitary water supplies can easily allow the spread of HBV. Infected persons should be isolated or follow careful infection prevention procedures, especially during home care. Infected individuals should use disposable eating utensils and not share food or drink with family members. These precautionary measures should be followed until the person tests negative for HbsAg and show the appearance of anti-HBs.

Some HBV infections are asymptomatic, especially in children. Symptoms of HBV may include: jaundice, anorexia, nausea, arthritis, rash, and fever. Chronic carriers of HBV, who may be asymptomatic but still infectious to others, are at risk of chronic liver disease and liver cancer later in life.



**EMPLOYEE REFUSAL TO ACCEPT HEPATITIS B  
STATEMENT**

**I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the information on the hazards of blood borne pathogens and it is my decision to elect not to receive this vaccination at this time.**

\_\_\_\_\_

**Name**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Witness**

\_\_\_\_\_

**Date**

## HEALTH EVALUATION FOR NA STUDENTS

**ALL APPLICANTS MUST SUBMIT A HEALTH STATEMENT FROM THEIR PHYSICIAN BEFORE THEIR CLINICALS. ALL STUDENTS AND INSTRUCTORS WILL MEET ALL HEALTH REQUIREMENTS OF THE LONG TERM CARE FACILITIES WHERE THEY ARE ENGAGED IN CLINICAL FIELD PRACTICUMS.**

**If you have had a physical and a TB Test within the last 12 months, we need only a copy of your physical and TB test results from your physician.**

**The above statement is the Health Policy of Tennessee College of Applied Technology Knoxville.**

**TO BE FILLED OUT BY STUDENT:**

1. Are you presently in good health? \_\_\_\_\_ If not, explain  
\_\_\_\_\_
  
2. Have you had any serious illness or injury during the past year? \_\_\_\_\_ If yes, please explain \_\_\_\_\_
  
3. Are you currently taking any medications? \_\_\_\_\_ What and for what reason?  
\_\_\_\_\_
  
4. Have you ever had a back injury? \_\_\_\_\_ What happened and when?  
\_\_\_\_\_

I certify that the above statements are true and correct.

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Date                              Signature of Student/Applicant                      Printed Name of Student

**TO BE FILLED OUT BY PHYSICIAN: INDICATING THEY ARE IN GOOD HEALTH AND ABLE TO SAFELY ENGAGE IN WORK THAT WILL INVOLVE LIFTING. ALL STUDENTS MUST HAVE A NEGATIVE TB TEST OR CHEST X-RAY.**

Temperature	
Blood Pressure	
Height	
Weight	

TB Test Result		Date	
Chest X-ray only if TB test is positive		Date	

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Date                              Signature of Physician                      Printed Name of Physician