

TCAT KNOXVILLE

Nursing Aide

1 Month Program
Offered at Knoxville Regional Health Science Education Center

About

The Nursing Aide/CNA course is approved by Tennessee Department of Health. This course will prepare the student to become a certified nursing assistant. Upon completion of the Nursing Aide course, the student is eligible to take the CNA test administered by Credentia for the Tennessee Department of Health. Passing the state certification test provides the student with the title of CNA (Certified Nursing Assistant).

Employment opportunities include:

- Assisted Living facilities
- Home Health
- Long-Term Care Facilities and Hospitals
- Physician's Office and Clinics

Completion Awards

120 Nursing Aide Certificate

Curriculum and Courses

- Workplace Characteristic
- Intro to Health Care
- Human Body Health & Disease
- Safety
- Patient and Resident Care
- Special Care Patients
- CNA Long Term Care Clinical

How To Apply

- ☐ Complete TCAT Knoxville Application for Enrollment online at **www.tcatknoxville.edu**.
- ☐ Complete the Free Application For Federal Student Aid (FAFSA) online at **www.studentaid.gov**. School code: 004025.
- ☐ Complete the Nursing Aide admission requirements below before the second week of classes.

Nursing Aide Admissions Checklist

- ☐ Applicants must be 16 years old by the first day of classes.
- ☐ Applicants must have a valid ID and a non-laminated Social Security card.
- ☐ A negative 10-panel drug screen from **Truescreen.** Keep reading for more details.
- ☐ A criminal background check from **Truescreen**. Keep reading for more details.
- ☐ Immunization records or proof of antibody titers from a health care provider.

Questions? Turn to the next page for Frequently Asked Questions about the admissions checklist.

9575 Sherrill Blvd, Knoxville, TN 37932 865-297-4140 AlliedHealth@tcatknoxville.edu

NURSING AIDE ADMISSIONS CHECKLIST FAQS

How do I reserve my seat in the class?

In order to reserve a seat in the Nursing Aide program, you must do the following:

- Complete a TCAT Knoxville application for the trimester you would like to begin classes.
- Complete a FAFSA application at www.studentaid.gov to see if you qualify for financial aid.
- Pay the tuition to reserve your seat in the program.

What if I am not 16 years old by the start of the class?

In the event that you have registered for a nursing class and are unable to enter the program because you are not yet sixteen years old, you can choose to be considered for a later class.

Where do I go to get a 10-panel drug screen?

10-panel urine drug screens for this program must be done by **Truescreen.**

Review pages 3 through 5 below for more information about **Truescreen**'s services and what must be done to complete your drug screen before the appointed deadline.

Where do I go to get a physical examination?

Physical examinations can be done by your regular physician or any doctor who can do a standard checkup. Provide them with the documentation included in this packet. TCAT Physical form MUST be used and signed by provider.

What are the health screening requirements?

Immunization record or proof of antibody titer from a health care provider including:

MANDATORY

- Measles, Mumps, Rubella (MMR) Booster or positive titer
- 2 Varicella vaccines or positive titer
- Two step Tuberculin test with negative results (Annual Requirement)
- Seasonal Flu vaccination (Annual Requirement each Fall)
- TDAP within the last 10 years
- Hepatitis B series that has been started, completed, or denied.
- COVID-19 vaccination are required by clinical facilities. Medical or religious exemptions should be provided, if applicable.

Where do I go to get a background check?

Background checks for this program must be done by **Truescreen**.

Review pages 3 through 5 below for more information about **Truescreen**'s services and what must be done to complete your background check before the appointed deadline.

When do these requirements need to be submitted by?

TCAT Knoxville's admissions department asks that all application requirements be uploaded to your application as soon as possible to ensure that your student file is accurate and up-to-date.

However, the absolute latest we can receive these requirements is two weeks after the start of the class. After this time, you will be dropped from the Nursing Aide program.

Please bring all materials to your Class Instructor.

Student Background Investigation & Drug Screen Instructions

Step 1: Completing A Background Investigation

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

Truescreen accepts credit cards and PayPal. Payment is collected within Application Station: Student Edition.

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

1. Click the link or past 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 or have questions regarding the site, please contact Truescreen's Help Desk at 888-276-8518, ext. 2006 or 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. 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

Please remember that background checks for students accepted in the Nursing Aide program must be through Truescreen.

The next step can be accomplished through Truescreen.

Step 2: Completing A Drug Screen

Truescreen accepts credit cards and PayPal. Payment is collected within Application Station: Student Edition.

Drug screens can also be done through 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 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 or have questions regarding the site, please contact Truescreen's Help Desk at 888-276-8518, ext. 2006 or itsupport@truescreen.com.

If the initial drug screen is reported as positive/non-reactive, 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, once drug test results are available. Follow the link in the email to access Application Station: Student Edition to view the report.

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 Delivery Manager.

Closing Information about the Report Delivery Manager from TrueScreen Background Check and Drug Screen

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 student for 36 months. If reports are needed beyond 36 months, student must print a copy to be distributed as needed.

1. Click the link below or past 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 NewDelivery"
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 email 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 email, locate "Other Delivery Options, Option 2" and click "here to send an email."

9. Provide and confirm the recipient's email address, and then select either Option 1 or Option 2, which determines what information is sent to the recipient via email.

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

Step 3: Confirm that I have read and understood the program requirements listed above.

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.

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 contracting one of these blood borne 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 acre 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 shows 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.

Student Name _____ Date _____

Witness Name _____ Date _____

TENNESSEE COLLEGE OF APPLIED TECHNOLOGY
KNOXVILLE

Nursing Program Health Questionnaire

Student Name			
Date of birth			
Address			
Street or PO box	City	State	Zip Code
Email address			
Cell Phone Number	Home Number:		

Health History

Allergies (Please include medication and food allergies)
1. 2. 3. 4. 5. 6. 7. 8.

Surgical History

Please list any surgeries you have had in the past.
1. 2. 3. 4. 5. 6.

TENNESSEE COLLEGE OF APPLIED TECHNOLOGY
KNOXVILLE

Medication Reconciliation

Please complete the following chart for all medications INCLUDING ALL OVER THE COUNTER AND PRESCRIPTION MEDICATIONS

Medication Name	Dosage (mg/ mcg)	Frequency taken (how many times a day)	Indication
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

If you are prescribed more than 8 medications, please attached a printed sheet of all current medications from your physician at this time.

TENNESSEE COLLEGE OF APPLIED TECHNOLOGY KNOXVILLE

Place a check mark in the box if you have/had any issues related to the listed illness/ conditions.

☐ Asthma *Use of inhaler?*	☐ Emphysema
☐ Chronic bronchitis	☐ Seasonal allergies
☐ Cold sores	☐ Cancer
☐ Diabetes	☐ High blood pressure *Medication required?*
☐ Kidney Disease	☐ Anxiety/ Depression
☐ Vision impairments	☐ Hearing impairments
☐ Endometriosis	☐ PMOS
☐ Hepatitis	☐ HIV
☐ Hernia *Hernia location:*	☐ Irritable Bowel Syndrome
☐ Chron's Disease	☐ Ulcerative Colitis
☐ Diverticulitis	☐ Stomach Ulcers
☐ GERD	☐ Rheumatoid Arthritis
☐ Arthritis	☐ Muscular Dystrophy
☐ Musculoskeletal weakness	☐ Lupus
☐ Thyroid disease	☐ Tuberculosis
☐ Mononucleosis (Mono)	☐ Migraines
☐ Mumps	☐ Seizure disorders (past or current) *Medication prescribed?*
☐ Measles	☐ Heart murmur
☐ Rubella	☐ Eating Disorder
☐ Chicken Pox (varicella)	☐ Tumors (malignant or nonmalignant) *If yes, please describe:*
☐ Anemia	

List any limitations or obstacles related to surgeries, illnesses, or medications. Specify which illness, medication, or surgery causes this obstacle.

List any physical, learning disabilities, or assistive devices needed for daily life (hearing aids, glasses)

List any chemical or substance abuse issues either past or present.

Rehabilitation services required? If so where and when?

Student signature: Date:

TENNESSEE COLLEGE OF APPLIED TECHNOLOGY
KNOXVILLE

Student Name: Date:

Physical Examination

This must be completed by a licensed healthcare provider i.e. Physician, physician assistant, or nurse practitioner

Each section must be completed to be submitted.

Height: (inches)	Blood pressure:	Respiratory rate:
Weight: (lbs.)	Pulse:	O2 saturation: %

General Appearance

Cardiac Health

Respiratory

Abdomen

Does the patient have a hernia?

If so, hernia location?

Skin assessment

Extremities and Back

Able to lift 50 lbs. with no issue?

Neurological Function

Remarks regarding physical examination

TENNESSEE COLLEGE OF APPLIED TECHNOLOGY
KNOXVILLE

Health care provider MUST mark one option listed below:

- ☐ The student is fit for duties including fine motor, gross motor, tactile, audible, and visual requirements. The student is also fit to care for individuals from diverse backgrounds with various needs.
- ☐ The student is NOT fit for the duties listed above.
- ☐ The student is fit for all of the above with the listed accommodations:

M.D, D.O, P.A, N.P

Healthcare Provider Signature (Please Print) **Please circle one**

Healthcare Provider Signature

Address:

Street City State Zip Code

Phone Number ( ) - Date:

- TST Testing: If this is the first initial test for TB, the student must have a TST performed once. This includes interpretation of the results (results recorded in millimeters), as well as a negative or positive result. **(Only positive or negative is not permitted, interpretation in millimeters is required.)**

- **Results MUST be read within 48-72 hours. If results are not read during this time, results are invalid and test must be readministered.**

- **Any student with a history of a positive TB test (TST or IGRA) will have this performed. If a chest x ray was performed following a positive result, the student must attach a copy of the chest xray report, as well as positive result of TST or IGRA. An annual assessment from a medical provider will be completed including symptom assessment and risk factors. A repeat chest X-Ray will be required each year following each positive result.**

- **IGRA testing is recommended in there has been a positive TB test in the past or BCG vaccine has been given.**

- **If a TB skin test has been performed by a student's employer within the last 30 days, this is admissible. Please specify if this is through an employer in the comments when uploading to student portal.**

- **Any further questions regarding positive screening or protocol for testing are to be directed to**

    - Morgan.strunk@tcatknoxville.edu

TENNESSEE COLLEGE OF APPLIED TECHNOLOGY KNOXVILLE

Record of Tuberculosis Screening :Two Step

Student Name:		
Date of Birth:		
Country of Birth:		
Date Arrived in US (if applicable)		
Type of Tuberculosis test performed:	IGRA	Tuberculin Skin Test (TST))

Step 1:

Date/Time Administered:
Testing Site:
Date/ Time Read:
Results in mm:
Signature of Administering:
Read by Signature:
Interpretation:

Step 2: (repeated in 1-3 weeks)

Date/ Time Administered:
Testing Site:
Date and Time Read”
Results in mm:
Signature of Administering:
Read by Signature:
Interpretation:

TENNESSEE COLLEGE OF APPLIED TECHNOLOGY KNOXVILLE

Record of Tuberculosis Screening : IGRA testing

Student Name:		
Date of Birth:		
Country of Birth:		
Date Arrived in US (if applicable)		
Type of Tuberculosis test performed:	IGRA	Tuberculin Skin Test (TST))

Results:

****If IGRA is required, please attach a copy of the lab form to this document****