

NURSE AIDE PROGRAM APPLICATION

What do I need to do to apply?

- 1. Submitted Admission Application to Pueblo Community College (online)
- 2. Accuplacer score for Sentence Skills: 50+ or Next Gen 220+, Elementary Algebra: 30+ or Arithmetic 40+ or Next Gen 210+, and Reading Comprehension: 40+ Next Gen 210+. **OR**
- 3. High School Diploma **OR** GED

Developmental (preparatory) course work is required prior to program entry. If Accuplacer scores are low, successful completion of CCR 092 is required.

Reviews and practice tests can be found on the [PrepStep](http://www.pueblocc.edu/PrepSTEP/) webpage.

<http://www.pueblocc.edu/PrepSTEP/>

Application Deadlines:

Community Sessions:

Two (2) weeks prior to the first day of class at Mancos and Bayfield.

Early College (Concurrent enrollment):

Fall semester – May 31

Spring Semester – December 1 of previous year.

To the best of my knowledge and belief, the information I have given on this form is correct and can be verified. I have not withheld information that would affect my acceptance into the nurse aide program. I have read and understand the instructions and process for admissions into the nurse aide program. I understand that only **complete** applications with copies of College Transcripts and/or assessment scores, successful completion of background and drug screens, completed and verified immunization forms attached will be considered.

Return Completed Application to:

Pueblo Community College
Mancos Campus
33057 US-160
Mancos, CO 81328

Pueblo Community College
Bayfield Site
110 East South Street
Bayfield, CO 81122

Pueblo Community College
Durango Site
2320 Main Ave
Durango, Co 81301

APPLICANT'S PRINTED NAME: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

Completion of this form does not constitute admission to the program. Students will be notified if they are accepted or denied acceptance into the program.

Applicant Check List

The following items must be completed before submitting application. **Check each box** indicating your compliance with each step.



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- 1. Completed PCC admission application and have received email with Student number from college.
- 2. Completed and signed Nurse Aide application
- 3. Completion of criminal background check and drug screen (Castle Branch)
- 4. Completion of immunization records. Immunizations are required for clinical placement in this program
- 5. Current Health Provider or BLS CPR card (CPR course is offered at PCC)
- 6. Meet or surpass course prerequisites or Accuplacer scores
- 7. **Qualified** applicants will be admitted on a first come, first served basis, contingent upon seat availability.
- 8. IT IS THE **APPLICANT'S RESPONSIBILITY** TO ASSURE THAT **THEIR PHONE NUMBER IS CURRENT**. If unable to contact by phone and/or student does not respond to phone contacts, the next applicant will be contacted.
- 9. In addition to academic requirements, all student's acceptance is conditional pending results of mandatory background checks and drug screen.
- 10. Student must electronically sign "Student Payment Agreement" (Instructions included)
- 11. Attendance the first day of class is **mandatory**. Students absent the first day of class will be dropped from all program classes.
- 12. I understand that this program requires time outside of class to complete clinical requirements for certificate.

APPLICANT'S PRINTED NAME: _____

APPLICANT'S SIGNATURE: _____ DATE: _____



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Nurse Aide Application

Completion of this form does not constitute admission to the program. Students will be notified by phone and/or letter if they are accepted, placed on alternate list or denied for the program.

Applicant's Name

Last Name: _____ First Name: _____ MI: _____

Date: _____ Student Number: _____

Personal Email Address: _____

Student Email Address: _____

Cell/Home Phone Number: _____

Emergency Phone Number: _____

Mailing Address

Street Address: _____ City: _____ State: _____ Zip _____

Please check mark the semester and enter the year you wish to apply for.

Summer _____ Fall _____ Spring _____

Please check mark the location you will be attending:

Mancos Bayfield

If there is a change in address or phone number, please give written notice to campus coordinator:

Mancos Campus: Cheri Johnson 970-564-6207

Bayfield Campus: Bethany Powell 970-385-2098

Essential Functions for Nurse Aide

Essential Function Criteria	Definition of Essential Function
Gross Motor Skills	Ability to move with confined spaces, sit and maintain balance, stand and maintain balance, reach above shoulders, reach below waist (e.g., plug electrical appliance into wall outlets)
Fine Motor Skills	Be able to pick up objects with hands, grasp small objects with hands, write with pen or pencil, key/type (e.g., use a computer), pinch/pick or otherwise work with fingers, twist (e.g., turn objects/knobs using hands), squeeze with finger
Physical Endurance	Be able to stand, sustain repetitive movements (e.g., CPR), maintain physical tolerance (e.g., work entire shift)
Physical Strength	Ability to push and pull 25 pounds (e.g., position clients), support 25 pounds of weight (e.g., ambulate client), lift 25 pounds (e.g., pick up a child, transfer client), move light objects weighing up to 10 pounds, move heavy objects weighing from 11 to 50 pounds, defend self against combative client, carry equipment/supplies, use upper body strength (e.g., performs CPR, physically restrain a client), squeeze with hands (e.g., operate fire extinguisher)
Mobility	Ability to twist, bend, stoop/squat, move quickly (e.g., response to an emergency), climb (e.g., ladders/stools/stairs), walk
Hearing	Ability to hear normal speaking level sounds (e.g., person-to-person report), faint voices, faint body sounds (e.g., blood pressure sounds), hear in situations when not able to see lips (e.g., when masks are used), and auditory alarms (e.g., fire alarms, call bells)
Visual	Ability to see objects up to 20 inches away (e.g., information on a computer screen, skin conditions), objects up to 20 feet away (e.g., client in a room), objects more than 20 feet away (e.g., client at end of hall), use depth perception, use peripheral vision, distinguish color (e.g., color codes on supplies, charts, bed), distinguish color intensity (e.g., flushed skin, skin paleness)
Tactile	Ability to feel vibrations (e.g., palpate pulses), detect temperature (e.g., skin, solutions), feel differences in surface characteristics (e.g., rashes), feel differences in sizes, shapes, detect environmental temperature (e.g., check for drafts)
Smell	Ability to detect odors from client (e.g., foul smelling drainage, alcohol breath, etc.), detect smoke, detect gases or noxious smells
Reading	Ability to read and understand written documents (e.g., policies, protocols)
Arithmetic Competence	Ability to read digital displays, read graphs (e.g., vital sign sheets), tell time, count rates (e.g., pulse), use measuring tools (e.g. thermometer), read measurement marks (e.g., scales), add, subtract, multiply, and/or divide whole numbers, use a calculator, write numbers in records
Emotional Stability	Be able to establish therapeutic boundaries, provide client with emotional support, adapt to changing environment/stress, deal with the unexpected (e.g., client going bad, crisis), focus attention on task, monitor own emotions, perform multiple responsibilities concurrently, handle strong emotions (e.g., grief)
Analytical Thinking	Ability to transfer knowledge from one situation to another, process information, problem solve, prioritize tasks, use long term memory, use short term memory
Critical Thinking	Ability to synthesize knowledge and skills
Interpersonal Skills	Ability to negotiate interpersonal conflict, respect differences in clients, establish rapport with clients, establish rapport with co-workers.
Communication Skills	Ability to explain procedures, give oral reports (e.g., report on client's condition to others), interact with others (e.g., health care workers), speak on the telephone, influence people, convey information through writing (e.g., charting)

I have read the above and understand the performance standards (Functional Abilities) specific to the occupation of Nurse Aide

I have the ability to meet the Physical Performance Standards as specified.

Print Name: _____

Signature: _____ Date: _____



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American Disabilities Act

The Americans with Disabilities Act bans discrimination of persons with disabilities and in keeping with this law, PCC makes every effort to insure quality education for all students. It is our obligation to inform the students of the essential functions demanded by this program and occupation. Students requiring accommodations or special services to meet physical performance standards of the Nurse Aide program should contact the Disability Resources Center.

- I require accommodations to meet the physical performance Standard as specified.
- I will meet with PCC Disabilities Resources concerning accommodations and will provide paperwork for accommodations.
- I do not require accommodations.

Signature: _____ Date _____

PCC is an Affirmative Action/Equal Opportunity Institution and complies will all requirements of the Americans with Disabilities Act.
Accommodations for students with handicaps are made through the Disability Resources Center. This department works with the program faculty to provide appropriate accommodations for students with disabilities.



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Confidentiality Statement

As a student of a health care program at Pueblo Community College and while observing or completing clinical rotations in any of our health care agencies, I understand that all resident care and records are to be kept confidential. This verifies that any resident information will be discussed only with my clinical instructor and, that under no circumstances, will identifiable information leave or be communicated outside the clinic sites. Any use of social media, cameras, cell phone video devices, or other recording of clinical activities in reference to any clinical activities is prohibited. Any dissemination of clinical activities outside of the classroom is prohibited. All clinical activities are to be held in the strictest confidence and any violation of this policy may result in corrective action up to and including termination from the nurse aide program.

I understand that I am not allowed to photocopy any information regarding the assigned resident(s) for my clinical experience. Any pertinent information needed for my assignment will be hand-written and without reference to a resident's identity.

I understand that the Health program in which I am accepted reserves the right to terminate my clinical rotation as a result of any breach of confidentiality. I understand that if there are any issues, I am to contact my clinical instructor immediately.

I have read and understand the above confidentiality statement and I will abide by these guidelines.

Applicant please read the following statements. Please check box provided to indicate that you have **read and understand** each of the following statements:

Student Printed Name: _____

Student Signature: _____

Date: _____

Castle Branch Directions

1. Go to [Castle Branch](https://cccs.CastleBranch.com) portal URL cccs.CastleBranch.com to place order
2. Please select your college - Pueblo Community College
3. Please select you program – Nurse Aide
4. Answer question “Are you a member or affiliated with the Ute Mountain Tribe – Yes or No
5. If No, please select your campus – Pueblo, Fremont or Southwest
6. Please select the appropriate statement from the next dialog box.
7. Read the next page and click the box – I have read, understand and agree to the Terms and Conditions of Use.
8. Please complete the following pages to register and pay for background check and drug screen.
9. Once you have paid for the background/drug screens, you will receive an email from Castle Branch with an attached form to be printed and taken to the lab for the drug screen. A suggested lab location will also be provided in the email.
10. Both Background and Drug Screens must be successfully completed to be registered for Nurse Aide courses by Nursing admin. Castle Branch Phone: 888-723-4263

Sign Student Payment agreement

1. Go to [Pueblo Community College](http://pueblocc.edu) webpage pueblocc.edu
2. Click my PCC portal (upper right side of page) using your S number and Portal password
3. Click “Look up classes” on the dashboard
4. Choose the current term, click submit
5. The next page will be a box with the Financial Agreement – please read and click “I accept” at the bottom of the box.
6. Clicking ‘I accept’ indicates you agree to pay PCC your tuition and fees.
7. You must electronically sign the “Student Payment Agreement” to be registered for Nurse Aid courses.

Complete Graduation Planning Online Form.

[Graduation Planning Form](http://pueblocc.formstack.com/forms/arr_21) (http://pueblocc.formstack.com/forms/arr_21)



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Registration Form

Indicate year of registration: Year: _____ Indicate semester of registration: Summer Fall Spring

First Name: _____ M.I. _____ Last Name: _____ S #: _____

Phone # (primary): _____ Email Address (student): _____

Street Address: _____ City: _____ State: _____ Zip _____

Example: (approval signature only if required)

CRN: _____ Course ID: _____ Section: _____ Credit: _____ *Approval Signature: _____

CRN: _____ Course ID: _____ Section: _____ Credit: _____ *Approval Signature: _____

CRN: _____ Course ID: _____ Section: _____ Credit: _____ *Approval Signature: _____

CRN: _____ Course ID: _____ Section: _____ Credit: _____ *Approval Signature: _____

CRN: _____ Course ID: _____ Section: _____ Credit: _____ *Approval Signature: _____

CRN: _____ Course ID: _____ Section: _____ Credit: _____ *Approval Signature: _____

CRN: _____ Course ID: _____ Section: _____ Credit: _____ *Approval Signature: _____

CRN: _____ Course ID: _____ Section: _____ Credit: _____ *Approval Signature: _____

CRN: _____ Course ID: _____ Section: _____ Credit: _____ *Approval Signature: _____

Total Number of Credits: _____ Overload Approval: _____

***SIGNATURES REQUIRED:**

Unmet Prerequisites: Department Chair

Time Conflicts: Both Instructors

Registrations in excess of 18 credit hours: Division Dean

_____ Initial to Audit. By auditing a class, you are NOT eligible to receive the COF Stipend; therefore, you will be charged both the tuition and the established stipend amount. Grades and credits are not assigned for audited courses.

_____ Initial to Decline COF Stipend

STUDENT SIGNATURE authorizes

- The COF stipend to be applied to your In-State Tuition unless otherwise stated above, and
- Holds you financially responsible for all the above registered courses.

Student Signature: _____ Date: _____

Processed by: _____ Date: _____

Nurse Aid Curriculum

The Nurse Aide (NUA) program teaches students the basic skills and methods needed to help hospital clients. Students will also learn skills to help long-term care residents, and home health care clients with their daily living activities.

Course	Program Course Titles	Credits
NUA 101	Certified Nurse Aide Health Care Skills	4
NUA 170	Nursing Assistant Clinical Skills	1
NUA 171	Advanced Nurse Aide Clinical	1
NUA 102	Nurse Aide Certification Exam Prep	0.5

Estimated Cost

*Tuition/Fees (6 ½ Credits) (with COF)	\$1,108.25
Books	\$56.99
Uniform	\$25.00 to \$40.00
Shoes	\$25.00 to \$75.00
Gait Belt	\$10.00-\$20.00
Watch with sweep second hand	\$20.00
CPR Certification	\$40.00 – \$45.00
Background /Drug Screen Check	\$47.75 or \$71.60 (depends on length of Colorado residency)
Immunizations	\$75.00 to \$150.00
State Board of Nursing written and practical test	\$135.00
Total	\$1,554.10 to \$1,704.44

*Tuition estimate is the Colorado Resident tuition rate; those designated as non-residents will pay a substantially greater tuition.

These costs are estimates and are subject to change without notice.



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PCC IMMUNIZATION CERTIFICATION

Legal Name: _____ Student ID _____ Birthdate: _____ Phone: _____
 Address: _____ City/State: _____ Zip: _____ Cell: _____

Instructions: Immunizations are required for clinical placement in this program. Immunizations to be transcribed by PCC Health Clinic MT building, room 118. Complete the immunization and signature sections on this form as well as the Essential Functions page specific to your program. All information/test results must be complete before you submit this form. **Questions may be directed to the PCC Health Clinic @ (719) 549-3315.** You **MUST** make a copy of your completed health form and retain it. **You may need to provide it to a clinical agency. DO NOT RETURN THIS FORM TO THE CLINICAL COORDINATOR UNTIL ALL RESULTS AND SIGNATURES ARE COMPLETE.**

Immunizations:

Date	Types of Test/Vaccine	Results	Authorized Signature/Medical Title
	PPD/TB 1 (Tuberculin Skin Test) You are required to show proof of 2 consecutive, annual TB skin tests (one in the last 12 months). If you've never had a TB skin test or haven't had one within the last 2 years, you must complete a two- step TB Skin Test		
	PPD/TB 2 (Tuberculin Skin Test)		
	OR Quantiferon TB Gold (QFT-G) blood test		
	OR Chest xray		
	Tetanus – Must provide proof of one (1) Tdap vaccination in lifetime and Td booster with 10 year of program entry: Tdap may substitute for Td (Dtap will not be accepted)		
	MMR 1		
	MMR 2 Proof of two (2) MMR (Measles, Mumps, Rubella) vaccinations in lifetime OR lab evidence of immunity with MMR titer		
	OR MMR Titer		
	MMR Booster		
	Hepatitis B 1		
	Hepatitis B 2		
	Hepatitis B 3 Proof of 3-dose Hepatitis B series in lifetime OR lab evidence of immunity with Hepatitis B Titer (Hep B Wavier form maybe signed)		
	OR Hepatitis B Titer		
	Varicella 1 OR lab evidence of immunity Varicella Titer		
	OR Varicella titer		
	Influenza Required annually for hospital based clinic sites. May also be required for other clinical sites (please check with your instructor. <i>If allergic, you must provide physician explanation. If allergic or refuse influenza vaccination, you will be required to wear a mask, at all times, during clinical studies (if allowed by facility)</i>		

I give permission to release information on this health form to the professional college and clinical affiliate staff if it's deemed necessary for the benefit and/or safety of myself and others.

Signature of Immunization Recipient _____ Date _____

Date Due _____ Program Name _____ Semester Start _____