Green River
COMMUNITY COLLEGE

Nurse Assistant
Application

A nurse assistant is one who completes an educational program and can be eligible to take an exam. Once the exam is passed the nurse assistant becomes a Certified Nurse Assistant (CNA). The CNA will provide activities of daily living such as, teeth and mouth care, eating, bathing, dressing, walking, and assisting someone out of bed and into a chair for the healthcare client. The CNA will assist the healthcare client with memory/physical exercises to maintain their level of ability. They may seek and receive employment in assisted living facilities, long term care facilities, home care, and adult care centers.

Applications will be accepted on a first-come-first-serve basis. Once the program is full, there will be a waitlist for that quarter. Students on the waitlist that are not admitted into the program will need to reapply for the following quarter. The program cost follows regular GRCC tuition and fees for a 12 credit load. For funding assistance, visit www.go2collegefree.com.

Requirements to Apply:
Take care of these before you turn in your application

18 Years of Age or Older

Please include a photocopy of valid photo ID. Valid photo ID includes driver's license or any state-issued photo ID.

Background Checks:

A criminal record may possibly prohibit a student from participation in the required Community Lab/clinical courses. The form needed is included in this application packet on pages 4 and 5.

Nelson Denny Reading Assessment:

It can be taken at the Assessment and Testing Center for $10. Applicants are required to achieve a grade equivalent of 8 as scored by the Nelson Denny Reading Test; scores must be included with the application. Individuals who do not achieve the appropriate score will be required to take an additional reading course prior to being allowed to retake the Nelson Denny. The reading portion of the COMPASS TEST is not used to satisfy this requirement. Students scoring a 7 will be admitted, but will also be enrolled in Read 83.1 concurrently with the program.

Apply to Green River Community College:

Go to www.greenriver.edu/admissions for more information.

What you need by the Mandatory Orientation

Approximately 2 weeks before class, you will go to an orientation where you will meet the faculty and staff and submit any remaining paperwork. You will be automatically enrolled in your classes shortly after the orientation if you have submitted all of your paperwork.

Immunizations

At the orientation bring proof from your healthcare provider you have received the following immunizations and test
- Current Tuberculosis Test (TB): 2 step method, 2 different injections, 2 - 3 weeks apart
- MMR and Tdap (within 7 years)
- Hepatitis B (first 2 in series must be finished)
- Varicella series or titer showing immunity
- Flu shot for the current year

Students who fail to come with the required paperwork will not be enrolled or receive funding

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The 2-Step TB Test Process and Timeline Explained:

1. **First Visit:**
   Get the TB shot (make sure you get documentation for this – date and signature)

2. **Second Visit:**
   2 days after visit #1 you go back to get the TB Test Reading (results) – this should be given in millimeters (mm), which will determine whether the test is positive or negative.

3. **Third Visit:**
   No sooner than 1 week after visit #1 (1st TB shot), no later than 2 weeks after visit #1. You will get the whole process done over again. This visit you get your 2nd TB shot.

4. **Fourth (Final) Visit:**
   2 days after visit #3 you will get the 2nd TB shot reading. Again, you need documentation stating the results in millimeters (mm) and whether the result is positive or negative.

Note of Caution: Don't make the mistake of thinking that because a normal TB Test has 2 components (TB shot and TB reading) that it will fulfill the 2-Step TB Test requirement. You must actually have 2 separate TB Tests.

What you need for class

Take care of these <u>before</u> the first day of class

Liability Insurance

Liability Insurance can be purchased at the Green River Cashier's Office. It costs approximately $21.

Uniforms, Books, and Supplies

Uniforms, books, and supplies (with the exception of white shoes)cost approx. $200 and can be purchased from the GRCC Paper Tree Bookstore:
- Hunter Green tops and bottoms
- Name Badge (bookstore) - $8.00
- Stethoscope
- B/P cuff – adult
- Metal clasp gait belt
- White leather duty shoes (no clogs)
- Watch: Continuous digital readout with seconds indicator or with a sweeping second hand

Nurse Assistant Application

STEP 1 – Fill out the following information

Name _____   Student Number _____

Email _____   Phone Number _____

By signing below, I verify that this application packet for the Nursing Assistant Program is accurate and has been completed to the best of my knowledge. I hereby authorize GRCC to perform criminal background checks, maintain the record(s) until I graduate or withdraw from the program, and share the information as requested by clinical sites. I understand that I may request reasonable accommodation in order to meet the standards.

_____   _____

Signature **(required)**   ***Date***

STEP 2 – In a *9X12 ENVELOPE*, include the following

- ☐ Nursing Assistant Application Form (this page)
- ☐ Photocopy of valid photo ID
- ☐ Both Background Checks (Page 4 and 5)
- ☐ Nelson Denny results
- ☐ Documentation of immunizations *(Optional at this step but recommended)*

STEP 3 – Turn in your application package (9x12 envelope) to:

GRCC Enrollment Services
C/O Nursing Assistant Application
12401 SE 320th St
Auburn, WA 98092

*Hand-delivered applications **still must be in a 9X12 envelope.** Submitted applications become the property of Green River Community College and materials will not be returned to the applicant.*

STEP 4 – Regularly check your email for your application status

You will receive an email within two weeks. Make sure to also check your junk mail folder in case the email is blocked. If you do not get an email from Green River after two weeks, call Career and Advising at 253-833-9111 ext 2641

STEP 5 – Orientation (if admitted)

Approximately 2 weeks before class, you will go to an orientation where you will meet the faculty and staff and submit any remaining immunization paperwork (see Page 2). Dates and times TBD.

WASHINGTON STATE PATROL
REQUEST FOR CRIMINAL HISTORY INFORMATION
CHILD/ADULT ABUSE INFORMATION ACT
RCW 43.43.830 THROUGH 43.43.842

All students who will be placed in practicum education sites for Green River Community College's health occupation programs are requested to complete the below Washington State Patrol Abuse Clearance section. The purpose of this abuse clearance is to assure the safety and well-being of patients, clients and children who come into contact with students. Practicum education sites are expecting that GRCC students will not pose undue risks to the safety of patients/children.

The Washington State Patrol abuse clearance request is for the following: "Child/Adult Abuse Information: Response limited to convictions against children or other persons, dependency proceedings, abuse of vulnerable adults, and DOL disciplinary board final decisions and any subsequent criminal charges associated with the conduct that is the subject of the disciplinary board final decision". Please be aware that information on other felony and misdemeanor convictions may be reported from the state patrol office. This abuse clearance is used only for the purpose of practicum education placement determination and further dissemination or use of the record is prohibited.

As stated earlier, all students are **required** to complete this form. Any student choosing not to complete this process must be aware that the ability of faculty to arrange practicum education experiences will be severely restricted and in some instances impossible. A large number of facilities (all of them for nursing) require proof of this clearance before students are allowed to participate in any practicum activities.

I have read and understand this information about the Washington State Patrol Abuse Clearance.

Please attach a copy of your driver's license for identification verification.

_____
Student's Signature and Date *(required)*

PLEASE PRINT

Student's Name: _____

   (Last, First, Middle)

Alias/Maiden Name: _____

Social Security Number: _____ Date of Birth: ___/___/*19*___

Background Authorization

Read the attached instructions before completing this form.

Washington State
Department of Social
& Health Services

SECTION 1. ENTITY INFORMATION (COMPLETED BY DSHS STAFF, PROVIDER, APPLICANT, LICENSEE, AND/OR CONTRACTOR)

1A. GIVE NAME OF PERSON OR ENTITY REQUESTING THIS BACKGROUND CHECK	1B. **SEE INSTRUCTIONS**: GIVE ENTIRE ADDRESS OF PERSON OR ENTITY REQUESTING THE CHECK	1C. **REQUIRED BY CHILDREN'S ADMINISTRATION ONLY**: GIVE NAME OF FACILITY/FOSTER HOME

2. NAME AND SIGNATURE OF PERSON REQUESTING THE BACKGROUND CHECK

PRINTED NAME: SIGNATURE:

3. **A. REQUIRED ONLY FOR ECONOMIC SERVICES ADMINISTRATION:**
☐ WorkFirst contract ☐ Protective Payee ☐ In-home relative ☐ In loco parentis

B. REQUIRED ONLY FOR CHILDREN'S ADMINISTRATION:
☐ State foster care ☐ Private agency foster care ☐ Adoption ☐ DCFS relative placement ☐ Contracts
☐ Subject of (or related to) CPS investigation ☐ Residential facility or child placing agency employee

C. REQUIRED ONLY FOR ADULT PROTECTIVE SERVICES:
☐ Subject involved in (or related to) APS investigation per RCW 74.34

D. REQUIRED ONLY FOR DSHS STATE EMPLOYMENT:

DSHS POSITION NUMBER _____ **(WRITE NONE IF NONE)** DSHS JOB CLASSIFICATION: _____ PERSONNEL IDENTIFICATION NUMBER: _____
☐ Permanent appointment ☐ Non-permanent appointment ☐ Work study ☐ Volunteer ☐ Student internship ☐ Layoff ☐ On-Call

4. **SEE INSTRUCTIONS**: BCCU ACCOUNT NUMBER **11003789**	5A. **SEE INSTRUCTIONS**: DSHS ID NUMBER OR NAME	5B. **FOR WEB SERVICE FINGERPRINT CHECK**: BCCU INQUIRY ID NUMBER

SECTION 2. THIS SECTION IS FOR APPLICANT INFORMATION ONLY (THE PERSON TO BE CHECKED IS THE APPLICANT)

6. **SEE INSTRUCTIONS:** SOCIAL SECURITY NUMBER	7. PRINT YOUR DATE OF BIRTH (MM/DD/YYYY)

8A. SEE EXAMPLE IN INSTRUCTIONS: PRINT YOUR LAST NAME AS IT IS NOW **(WRITE NONE IF NONE)**	SEE EXAMPLE IN INSTRUCTIONS: PRINT YOUR FIRST NAME AS IT IS NOW **(WRITE NONE IF NONE)**	SEE EXAMPLE IN INSTRUCTIONS: PRINT YOUR MIDDLE NAME AS IT IS NOW **(WRITE NONE IF NONE)**
8B. PRINT YOUR LAST NAME AT BIRTH **(WRITE NONE IF NONE)**	PRINT YOUR FIRST NAME AT BIRTH **(WRITE NONE IF NONE)**	PRINT YOUR MIDDLE NAME AT BIRTH **(WRITE NONE IF NONE)**

9. PRINT OTHER LAST NAMES YOU HAVE USED AND LAST NAMES YOU HAVE BEEN KNOWN BY **(WRITE NONE IF NONE)**

10. PRINT YOUR NICKNAMES AND ALL OTHER FIRST NAMES YOU HAVE USED AND HAVE BEEN KNOWN BY **(WRITE NONE IF NONE)**

11A. Have you been convicted of any crime? If yes, fill in the blanks below. Add a page if you need more room. .... ☐ Yes ☐ No

Felony and gross misdemeanor crimes: _____ Degree:_____ State:_____ Conviction date: _____

11B. Do you have charges (pending) against you for any crime?
If yes, fill in the blanks below. Add a page if you need more room. .... ☐ Yes ☐ No

Felony and gross misdemeanor crimes: _____ Degree:_____ State:_____

12. Have you ever received a notice from a court or state agency stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or adult?.. ☐ Yes ☐ No

13. Has a court or state agency ever denied you a contract or license; terminated, revoked or suspended your contract or license; or have you ever given up your contract or license because a court or agency was taking action against you? .... ☐ Yes ☐ No

14. Has a court ever written an order of protection or a restraining order lasting more than 30 days against you for abuse, neglect, financial exploitation, domestic violence, or abandonment of a vulnerable adult, juvenile, or child?........................ ☐ Yes ☐ No

15. PRINT YOUR DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER **(WRITE NONE IF NONE)**	PRINT THE NAME OF THE STATE ON YOUR LICENSE OR ID

16. How many years have you lived in Washington State without living in another state? _____ Years / _____ Months

17. A . PRINT THE STREET ADDRESS WHERE YOU LIVE NOW CITY STATE ZIP CODE COUNTY

B. SEE INSTRUCTIONS: PRINT THE STREET ADDRESS WHERE YOU LIVED BEFORE YOUR CURRENT ADDRESS
CITY STATE ZIP CODE COUNTY

C. SEE INSTRUCTIONS: GIVE THE DAYTIME AREA CODE AND TELEPHONE NUMBER WHERE YOU CAN BE REACHED

18. I am the person named above. If I do not tell the whole truth on this form, I understand I can be charged with perjury and I may not be allowed to work with vulnerable adults, juveniles or children. My signature in box number 19 means:
- I give DSHS permission to check my background with any governmental entity and law enforcement agency.
- If a founded finding is identified, I give DSHS permission to give only my name and that a founded finding was identified to any persons or entities in Section 1.
- I give DSHS permission to give all my other background information to the persons or entities named in Section 1.
- This permission is good for 90 days from the date signed. I can change my mind about this permission in writing at any time.

19. **REQUIRED:** YOUR SIGNATURE. YOUR PARENT OR GUARDIAN'S SIGNATURE IF YOU ARE UNDER 18.	20. **REQUIRED:** TODAY'S DATE (MM/DD/YYYY)

FOR USE BY CHILDREN'S ADMINISTRATION STAFF ONLY

CAMIS files checked by on date ☐ No information found ☐ Information available

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