

**Certified Nurse Aide Program (C.N.A)  
Packet**

**Please complete and submit packet one week prior to start of class.**

**Check list:**

\_\_\_ Completed Student Information Sheet

\_\_\_ Signed Sanction Search Verification Form

\_\_\_ Copy of Criminal History Search

\_\_\_ Signed Criminal Background Statement

\_\_\_ Proof Immunization to include:

Note: if you do not have a record – you will need a prescription to obtain vaccinations from a clinic (Walgreens, HEB, etc.)

Hepatitis B Vaccines

Tetanus/Diphtheria

Measles/Mumps/Rubella

Varicella/TB skin Test

## Student Information Sheet

Applicant /Student Name:

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Date: \_\_\_\_\_

Site/Location:

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Mailing Address:

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Email Address:

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Contact Phone number:

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Alternate Phone Number:

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### Students supplies needed on the first day of class:

\_\_\_\_\_ Study Guide Nursing Assistant Workbook Hartman, (ISBN: 9781604250152)

\_\_\_\_\_ The Nursing Assistant's Handbook 3rd ed. Hartman, (ISSN; 9781604250145)

\_\_\_\_\_ Stethoscope

\_\_\_\_\_ Blood pressure cuff

(B/P Kit and books are available to order online through the CBC bookstore)

**Sanctions Search Verification Form**

The name of applicant /student \_\_\_\_\_

Social Security \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ for the Certified Nursing Aide training program has been entered into Texas Department of Aging and Disability.

**Bottom of form will be completed by Program Director/Administrative Authority**

Services Regulatory Services Credentialing Sanctions Database Search.  
The results of the search:

\_\_\_\_\_ The applicant/student was not sanctioned or revoked on \_\_\_\_\_ (date of search).

\_\_\_\_\_ The applicant/student was sanctioned or revoked on \_\_\_\_\_ (date of search) and, therefore, the student was not allowed to enroll in the program.

\_\_\_\_\_  
Program Director/Administrative Authority

\_\_\_\_\_  
Date

**Criminal Background Statement**

Applicant/Student (Print Name) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Campus Site/High School: \_\_\_\_\_

Signature of Parent or guardian (if minor):  
(By signing the parent or guardian is consenting to a background check of the minor listed above)

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

I understand if I am guilty of any of the below crimes I will not be allowed to participate in the clinical component of the Certified Nursing Aide Program.

**I have not been convicted of the following crimes:**

- An offense under Chapter 19, Penal Code (criminal homicide),
  - An offense under Chapter 20, Penal Code (kidnapping and unlawful restraint);
  - An offense under Section 22.11, Penal Code (indecent with a Child);
  - An offense under Section 22.011, Penal Code (sexual assault);
  - An offense under Section 22.02., Penal Code (aggravated assault);
  - An offense under Section 22.,04, Penal Code, (injury to a child, elderly individual, or disabled individual),
  - An offense under Section 22.041, Penal Code (abandoning and endangering Child);
  - An offense under Section 22.08, Penal Code (aiding suicide);
  - An offense under Section 25.031, Penal Code (agreement to abduct from custody):
  - An offense under Section 25.08, Penal Code ( sale or purchase of a child);
  - An offense under Section 28.02, Penal Code ( arson);
  - An offense under Section 29.02, Penal Code ( robbery);
  - An offense under Section 29.03, Penal Code (aggravated robbery);
  - A conviction under the laws of another state, federal law, or the Uniform code of Military Justice for an offense containing elements that are substantially similar the elements of a offense listed under Subdivision (1)-(13).
    - a. A conviction of an offense under Section 30.02, Penal Code (burglary) or
    - b. A conviction under the laws of another state, federal law, or the Uniform code of Military Justice for an offense containing elements that are substantially similar the element of an offense under Section 30.03, Penal Code.
- In addition, I have not been convicted of the following crimes within the last five years:
- an offense under Chapter 22.01, Penal Code (assault), that is punishable as a Class A misdemeanor or as a Felony:
  - an offenses under Chapter 31, Penal Code (theft), that is punishable as a felony
  - an offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution ).that is punishable as a Class A misdemeanor or as a felony' or
  - an offense under Section 32.46, Penal Code ( securing execution of a document by deception). That is punishable as a Class A misdemeanor or as a Felony.

Proof of Criminal Background Must be obtained by the student.

The link to DPS is as follows: [www.txdps.state.tx.us](http://www.txdps.state.tx.us)

Coastal Bend College must receive a copy clearing the student of criminal offenses in the event that the student is not cleared he or she will not be eligible to participate in the clinical rotation.

I understand if I am guilty of any of the crimes listed, I will not be allowed to participate in the clinical rotation.

I certify that the information on this form contains no willful misrepresentation and that the information given is true and complete.

\_\_\_\_\_  
Applicant/Student signature

\_\_\_\_\_  
Date

**For office use only**

As Director/Administrative Authority of Coastal Bend College, I certify a criminal background check has been completed on the above named individual (copy attached).

\_\_\_\_\_ The report showed that this person **has not been convicted** of any of the offenses listed on page 4 and therefore, is cleared to enroll in the course for which application has been made.

\_\_\_\_\_ The report showed that the person **has been convicted** of one or more of the offenses on page 4 and; therefor, is not cleared to enroll in the course for which application has been made.

\_\_\_\_\_  
CBC Coordinator Signature

\_\_\_\_\_  
Date

## Student Information

Student Name: \_\_\_\_\_

(Please keep for your records)

### Rule 97.62

Exclusion from compliance are allowable on an individual bases for medical contraindications, reasons of conscience, including a religious belief, and active duty with the armed forces of the United States, children and students in these categories must submit evidence for exclusions from compliance as specified in the Health and Safety Code, 161.004(b), Health and Safety Code, 161.0041, Education Code, Chapter 38, Education Code, Chapter 51, and the Human Resource Code, Chapter 42.

- (1) To claim an exclusion for medical reasons, the child or student must present a statement signed by the child's physician (MD or DO) duly registered and licensed to practice medicine in the United States who has examined the child, in which it is stated that, in the physician's opinion, the vaccination required is medically contraindicated or poses a significant risk to the health and well-being of the child or any member of child's household. Unless it is written in the statement that a lifelong condition exists, *this exemption statement is valid for only one year from the date signed by the physician.*
- (2) To claim exclusion for reasons of conscience, including a religious belief, a signed affidavit must be presented by the child's parent or legal guardian, stating that the child's parent or legal guardian declines vaccinations for reasons of conscience, including because of the person's religious beliefs. The affidavit will be valid for a two- year period. The child, who has not received the required immunizations for reasons of conscience, including religious beliefs, may be excluded from school in times of emergency or epidemic declared by the commissioner of public health.
  - (A) A person claiming exclusion for reasons of conscience, including a religious belief, from a required immunization may only obtain the affidavit form by submitting a written request to the department. The request must include the following:
    - (I) Full name of child; and
    - (II) Child's date of birth (month/day/year)
  - (B) Requests for affidavit forms must be submitted to the department through one of the following methods:
    - (i) written request through the United States Postal Service (or other commercial carrier) to the department at DHS Immunization Branch, Mail code 1946, PO Box 149347, Austin, TX. 78714-7544
    - (ii) by facsimile at (512) 458-7544;
    - (iii) BY HAND-DELIVERY AT THE DEPARTMENT,S PHYSICAL ADDRESS AT 1100 West 49<sup>th</sup> St., Austin TX., 78756 or
    - (iv) via the department's Immunization program Internet website (go to [www.ImmunizeTexas.org](http://www.ImmunizeTexas.org)).
  - (C) Upon request, one affidavit form per each child will be mailed unless otherwise specified (shall not exceed a maximum of five forms per child)

- (D) The department shall not maintain a record of the names of individuals who request an affidavit and shall return the original request (where applicable) with the forms requested.
- (E) To claim exclusion for armed forces, persons who can prove that they are serving on active duty with the armed forces of the United States are exempted from the requirements

#### **Rule 97.64**

#### **Required Vaccinations for Students Enrolled in Health-Related Courses in Institutions of Higher Education**

- (a) This section applies to all students enrolled in health-related courses, which will involve direct patient contact in medical or dental care facilities. This includes all medical interns, residents, fellows, nursing students, and other who are being trained in medical schools, hospitals, and health science centers listed in the Texas Higher Education Coordinating Board's list of higher education in Texas; and regardless of the number of courses taken, number of hours taken, and the classification of the student.
- (b) Students may be provisionally enrolled for up to one semester or one quarter to allow students to attend classes while obtaining the required vaccines and acceptable evidence of vaccination.
- (c) Students cannot be provisionally enrolled without at least one dose of measles, mumps, and rubella vaccine if direct patient contact will occur during the provisional enrollment period.
- (d) Polio vaccine is not required. Students enrolled in health-related courses are encouraged to ascertain that they are immune to poliomyelitis.
- (e) One dose of tetanus-diphtheria toxoid (Td) is required within the last ten years.
- (f) Students who were born on or after January 1, 1957, must show, prior to patient contact, acceptable evidence of vaccination of two doses of measles-containing vaccine administered since January 1, 1968.
- (g) Students must show, prior to patient contact, acceptable evidence of vaccination of one dose of rubella vaccine.
- (h) Students born on or January 1, 1957, must show prior to patient contact, acceptable evidence of vaccination of one dose of mumps vaccine
- (i) Students shall receive a complete series of hepatitis B vaccine prior to the start of direct patient care or show serologic confirmation of immunity to hepatitis B virus.
- (j) Students shall receive two doses of varicella vaccine unless the first dose was received prior to thirteen years of age.