



Nursing Assistant Student Candidate Checklist

Contact Information

Candidate's Name: _____, _____, _____
Last First Middle

Maiden Name: _____ Nickname: _____
(if applicable)

Cell Number: (____) _____ Other Number: (____) _____

Candidate's Email: _____ D.O.B: ____/____/____

Mailing Address: _____ City: _____

State: ____ Zip Code: _____ Prometric ID: _____ App #: _____

Candidate Demographics – for fingerprinting purposes

SFSC GID #: _____ DL/State ID: _____

Height: _____ ft. _____ in. Weight: _____ lbs. Race: Wht / Hsp / Blk

Hair color: _____ Eye color: _____ AsianPacific / NatAm/ Other

* Funding: Self-pay _____ CSH _____ PYP _____ FCDP: _____ Other: _____

Note: If something doesn't apply to you in any of the form, please answer with N/A to confirm field wasn't overlooked.

Tier 1 - Medical Requirement Forms – (All medical forms must be taken to and completed by a physician)

- **Form A - Student Essential Technical Standards Form (Front/Back)** ☐
 - Make sure all sections on page TWO are completed and signed by your physician.
 - Return to Tina Gottus (an incomplete form may delay entry into the program) ☐
- **Form B – Student Health History Form (Front/Back)** ☐
 - Make sure all sections of the page are completed and signed by the student.
 - Return to Tina Gottus (an incomplete form may delay entry into the program) ☐
- **Form C – Student FERPA Release Form**
Must be notarized and returned prior to the beginning of Tier 2 ☐
- **Form D – Physical Examination Form (One page)** ☐
 - Sections A, B, C, D and last question on this form must be answered.
 - Make sure all sections on page are completed and signed by your physician ☐
 - Return to Tina Gottus (an incomplete form may delay entry into the program)
- **Form E – Nursing Student Immunization/Titer Form (One page)** ☐
 - Form E - cannot be completed in one visit – It requires follow up visits.
(Student must hold on to form until completed, then return to Tina Gottus).
 - Make sure all sections on page are completed and signed by your physician. ☐

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Tier 1 - Medical Requirement Forms - CONTINUED

(All medical forms must be taken to and completed by a physician)

- **Section A – Tuberculosis Results Guide**
 - Results – Negative ☐
 - Results – Positive (must get chest x-ray)
 - Chest x-ray results: Pos. / Neg. Date: ____/____/____ ☐
- **Section B –**
 - **Hepatitis B – Results Guide**
 - REACTIVE ☐
 - NON-REACTIVE – student has option from the following:
 - Option 1 – Start new series of Hep. B shots w/out booster **OR** ☐
 - Option 2 – Get a Booster shot and repeat Titers ☐
 - Series **must** be started prior to clinical visits. Date: ____/____/____
- Return to Tina Gottus (an incomplete form may delay entry into the program) ☐
- **Form F – Hepatitis Acknowledgement and Waiver** ☐
 - After your medical documents are reviewed, SFSC will determine if you need to supply this form.
- **Flu Vaccination** – All students are required to get a flu shot prior to clinicals ☐
 - Student must be able to provide documentation. Bring to Tina Gottus.

Tier 2 - Background Check and Drug Screening

- **Fingerprinting/Background Check** ☐
 - Student **must** coordinate with Tina Gottus to set up fingerprint appointment.
 - Students are responsible for the background check fee of \$82.21.
 - Student must bring Government issued I.D. to fingerprinting appointment.
 - Fingerprint location: 6223 US Hwy 27 N, Sebring, FL 33870

Note: Previous fingerprints from same or different agency cannot be accepted regardless of how long ago they were taken. They must be done again for entry into the program. Remember to drink plenty of water prior to your appointment for a smoother fingerprinting process.

Any student that does not pass their background screening, drug screening or both will not be accepted into the CNA program. All fees paid at the time results are received are non-refundable.

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Tier 2 - Background Check and Drug Screening - CONTINUED

- **Drug Screening** ☐
 - Student must take *Chain of Custody Form* to their appointment. ____/____/____
(Date given / initials)
 - Student must return one of the carbon copies to Tina Gottus once completed. ☐
 - Student is responsible for the drug screening fee.
 - Payable to LabCorp **Date of Results:** ____ **Results:** Pass / Fail
 - Amount: \$40.00 (Circle one)
 - Location: LabCorp (inside Walgreens 3619 US Hwy 27 N, Sebring or
Labcorp, 227 US Hwy 27 S, Lake Placid)

Note: The LabCorp site in South Sebring doesn't perform the 10 panel drug screening.

Tier 3 – Prior to first day of class

- **Textbook Information – (there are THREE required books)**
 - Option 1 - Purchase from the SFSC Bookstore –
 - (note: CSH/VocRehab recipients must purchase from SFSC bookstore – other stores or online retailers are not an option)
 - OR
 - Option 2 - Rent/purchase from AMAZON or other online retailer
- **Textbook #1 – Introduction to Health Care, 5th Edition / ISBN-13 978-0357123072** ☐
Publisher: Cengage Learning/ Copyright January 1, 2020 / by Haroun and Mitchell
- **Textbook #2 – Nursing Assisting: A Foundation in Caregiving, 5th Edition,** ☐
by D. Dugan, RN / ISBN: 978-1-60425-121-0
- **Workbook #3 – Nursing Assisting: A Foundation in Caregiving, 5th Edition,** ☐
By D. Dugan, RN / ISBN: 978-1-60425-122-7
- **College ID (available at the Hardee, DeSoto and Avon Park Campuses)** ☐
 - Student is required to get TWO ID's
 - Standard SFSC college ID
 - Clinical ID (Same as above – only has student's first name)
- **Parking Decal (available Avon Park Campus)** ☐
 - Student must have an SFSC parking decal on their vehicle. (Bring your tag number to cashier's office.)
- **Current BLS Card – provide copy of card** (Expiration Date: ____/____/____) ☐
 - It is the student's responsibility to become certified prior to clinicals.
 - BLS – Basic Life Support is required (CPR HeartSaver cards will not be accepted)
 - Visit www.southflorida.edu/corporatetraining and view the Health and Public Safety catalog for upcoming BLS/CPR classes **OR** check with Tina Gottus.

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Tier 4 – First day of class

Date: / /

- AdventHealth Confidentiality Agreement - completed ☐
- PROMETRIC Application – completed (on-line with Tina Gottus) ☐
 - **Selected test code:** _____
 - Location: _____
- PROMETRIC Application – completed ☐
- Student intake form - completed ☐
- Student handbook received by student ☐

Tier 5 – Board of Nursing (BON) Background Check/Fingerprint – IndentoGo

- Schedule second background/ fingerprint check for BON-Prometric CNA Only ☐
(on-line with Tina Gottus through IndentoGO/IDEMIA, paid for with SFSC Escrow)
Scheduled date: ____/____/____
- Student email Tina Gottus to confirm attendance to appointment/completed ☐
- Results: Pass ____ Fail: ____ ☐
 - Comments: (if applicable) _____
- Board of Nursing (BON) account created ☐

SFSC approved staff use only:

- **All requirements have been met. Student cleared for clinicals.** ☐
Date: ____/____/____
- **Clinical location** ☐
Start date: ____/____/____ Location: _____
- **PROMETRIC Board Exam Results** ☐
Date: ____/____/____ Pass ____ Fail: ____
- **Completion of Nursing Assistant course** ☐
End date: ____/____/____ CRN: _____
- **Comments:**

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- **Employment Information:**

- Who reported information: _____ Date reported: _____
- Start date: _____ Phone: _____
- Name of employer: _____
- Job title: _____
- Supervisor name: _____
- Full time: _____ Part-time: _____ Pay per hour: _____

- **Comments:**

- **Miscellaneous Notes:**

- **CCE Director/Coordinator Signature:** _____ **Date:** ____/____/____