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 AsianPacific / NatAm/ Other

Hair color: _____ Eye color: _____

*** 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 CCE dept. (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 CCE dept. (an incomplete form may delay entry into the program) ☐

- **Form C – Student FERPA Release Form**
  Must be notarized and returned to CCE dept. 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 CCE staff (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 CCE dept.)
  - Make sure all sections on page are completed and signed by your physician. ☐

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 CCE dept. (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 CCE dept.

Tier 2 - Background Check and Drug Screening

- **Fingerprinting/Background Check** ☐
  - Student must coordinate with CCE staff to set up fingerprint appointment.
  - Students are responsible for the background check fee of $54.07.
  - Student must bring Government issued I.D. to fingerprinting appointment.
  - Fingerprint location: 6223 US Hwy 27 N, Sebring, FL 33870
- **Complete Applicant Notification and Acknowledgement form (first time prints only)** ☐

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 Nursing Assistant program. All fees paid at the time results are received are non-refundable. If you have been arrested, please inform your advisor before getting medical vaccinations or clearance for the program. This does not mean you will not be accepted, we just want to discuss it so that we can assist you effectively and help you avoid unnecessary expenses.

Tier 2 - Background Check and Drug Screening - CONTINUED

- **Drug Screening** ☐
  - Student must register through Castlebranch with CCE staff. ____/_____/_____ _____ (Completion date / initials)
  - Student is responsible for the drug screening fee.
    - Payable to Castlebranch **Date of Results:** _____ **Results:** Pass / Fail
    - Amount: $42.99 *(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 and Walgreens (near Walmart in Sebring) perform the 10 panel drug screening.

Tier 3 – Prior to first day of class

- **Textbook Information – (there are THREE books)**
  - **One book is required and provided, the other two are optional.**

- **Provided: Textbook #1 – Introduction to Health Care,** 6th Edition / ☐
- ISBN-9780357936498 Publisher: Cengage Learning/ Haroun and Mitchell

- ***OPTIONAL* - Textbook #2 – Nursing Assisting: A Foundation in Caregiving,** 5th Edition, by D. Dugan, RN / ISBN: 978-1-60425-121-0 ☐

- ***OPTIONAL* - 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 CCE dept.

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Tier 4 – First day of class Date: ___/___/___

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

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

These fees are included in your tuition, however, in the event that scheduled appointment is missed, you will be responsible for the rescheduling and payment of fingerprints.

- Schedule second background/ fingerprint check for BON-Prometric CNA Only ☐
  (on-line with CCE staff through IndentoGO/IDEMIA, paid for with SFSC Escrow)
  Scheduled date: _____/ _____/ _____
- Student email CCE staff 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: _____

• 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:**

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• Miscellaneous Notes:

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