Quarter/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Check One: [ ] Mount Vernon AM Lab

The NAC program at SVC is offered on the Mount Vernon Campus fall, winter and spring. On the Whidbey Island Campus fall and spring. Please see the online schedule for lab times and mark your choice on the right.

[ ] Mount Vernon PM Lab

[ ] Whidbey Island AM Lab

[ ] Whidbey Island PM Lab

Nursing Assistant Certiﬁcation Registration Acknowledgement Form

Please read the statements below carefully, initial where indicated and sign the aﬃdavit at the bottom. To be eligible for enrollment, all students must meet the following requirements:

|  |  |
| --- | --- |
| **Initial** | **General Requirements** |
|  | **Minimum Age** - 16 years (permission required for those under 18 years of age). |
|  | **English Language Fluency** - Communication involving patient care in the clinical setting is critical to patient safety. All students shall be fluent in the English language, including verbal and written language. |
|  | **Background Check** - Students must complete and pass a Washington State Department of Social and Health Services (DSHS) background check to care for vulnerable residents and patients in the community. ***See list of disqualifying crimes***. Background forms will be completed the first day of class. Students may also be required to complete a drug screen. |
|  | **Attendance** – I understand that due to the WA State licensing requirement, I must attend all lectures, labs and clinicals as assigned. |
|  | **Computer Skills –** I understand I will need to access the internet and be efficient in navigating the internet. |
| **Health and Safety Documentation** | |
|  | **Health Insurance** - Recommended for participation in the program. |
|  | **\*I understand that the requirements listed below are *due* on or before *the first day of class*.** |
|  | **Immunizations** - Students must meet vaccination and program specific health requirements in compliance with the Center for Disease Control Healthcare Provider immunization guidelines, including the submission of lab results, x-ray reports and immunizations records. Proof of Tdap, Hepatitis B, MMR, Varicella vaccines or history of disease. Some immunization series can take up to 6 months to complete so please start now if you missing any. Titers are acceptable if you show immunity to any of the above. Please see the Requirement List for NAC students. |
|  | **\*Tuberculosis** (TB) - Current within one year and valid through length of course. (Two-step or chest x-ray with Dr. note stating no signs of TB present.) |
|  | **\*Inﬂuenza** (Flu) - Current year’s immunization. (Summer quarter excluded) |
|  | **\*CPR** - Basic Life Support (BLS) from **American Heart Association**. **Online classwork is OK but skill testing must be in person. No 100% on-line courses accepted.** |
| **Physical Attributes**  Student’s ability to perform the laboratory skills and clinical responsibilities related to becoming a Nursing Assistant: | |
|  | **Lifting** - Ability to lift a minimum of twenty-five (25) pounds independently and forty (40) pounds and with or without appropriate accommodations. Must be able to reach overhead, with or without accommodations. |
|  | **Mobility -** Ability to stand or walk for long periods with or without appropriate accommodations. If you are a student with a disability and require academic adjustments or accommodation, please contact Counseling and Advising on the Mount Vernon campus at (360) 416-7654 or on the Whidbey Island campus at (360) 679-5351. |
| **SIGNATURE:**   1. I have reviewed the information presented on this form and I understand the requirements as stated. 2. I request and authorize Skagit Valley College to obtain on my behalf the information needed for entry into the Nursing Assistant Certified Program, including Criminal Background Check. 3. I am aware and agree that information may be shared with the clinical sites that are a required part of this educational program.   Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SVC Student ctcLink ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Print)  Signature ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

3-26-19