



Washtenaw Community College

Nurse Aide Training Program

In this Nurse Aide Training Program students will learn about and experience caring for another human being, including bathing, showering, oral and denture care, feeding a person that cannot feed themselves, catheter care, assessing vital signs, appropriate responses to emergency situations, safe transfer and wheelchair safety points, assisting someone to the toilet, dressing and undressing, as well as learning how to care for residents with dementia, Alzheimer's Disease and developmental disabilities. We spend the last portion of the course in a Long Term Care Facility, with the students caring for their own residents.

After successful completion of this program, students will earn 6 college credits and the ability to take the state CNA exam. The CNA certification is a prerequisite for the Nursing Program and many other health programs at Washtenaw Community College. This program meets Monday – Friday 8:15 am – 10:20 am at Ypsilanti High School.

Semester 1

CPR/AED for the Professional Rescuer and First Aid [HSC 131 – 1 credit]

The American Red Cross CPR/AED first aid program prepares students to respond to injuries and sudden illness. This course provides students with the knowledge to prevent injuries and skills necessary to recognize and provide basic care for injuries and sudden illness. This course includes adult CPR/AED, child and infant CPR and first aid. Upon successful completion of this 1 week course, the student will receive CPR Certification.

Healthcare Terminology [HSC 101 – 1 credit]

This class is an introduction into the language of healthcare terminology. Words and terms learned will be extremely helpful as the student travels the educational pathway and careers in the healthcare.

Basic Nursing Assistant Skills [HSC 100 – 4 credits]

Nurse Aide Training is a wonderful introduction into the foundations of excellent care giving. This course will benefit the student interested in nursing, physical therapy, medicine, or the student that is just curious about what it means to provide care for another person. This course runs an entire semester and includes classroom, lab and clinical experiences with Residents in a Long Term Care facility. Upon completion of this course the student is qualified to take the State examination and become a Certified Nurse Aide.



Washtenaw Community College

High School Dual Enrollment WCC Certified Nurse Assistant Program Fall 2018

- Apply online at www.wccnet.edu** → The WCC student ID @ number (@xx-xx-xxxx) will be emailed to the email address provided on the application. You will also receive a letter in the mail with this information.
- Create a WCC Gateway account** → Use your student ID @ number to create your WCC Gateway account. This will give you access to your MyWCC, Blackboard, student email, etc.
- Log into WCC Gateway and click on MyWCC** → Click on the “My Checklist” link. These are the admission requirements that must be fulfilled prior to admission and being eligible to register for classes at WCC.
- Orientations** → Follow the steps below to schedule and complete both orientations:
 - **Online** → Click on the “online orientation” link that is embedded in the paragraph below the “My Checklist.” Once complete, schedule an In-Person Orientation.
 - **In Person** → After the Online Orientation is complete, a drop down box will be available under the “My Checklist” to schedule an In-Person Orientation. Arrive early with a government issued ID.
- Complete Consent Forms** → Included in this packet.
 - Minor Student Enrollment – Parental Consent Form
 - Dual Enrollment Student – Principal Consent Form
- Assessment Testing** → Submit a copy of an ACT, SAT, or ACCUPLACER Test. Students need to have a minimum of a Level 3 in Reading and a Level 3 in Writing.
- Student Statement (250 Words)** → Included in this packet. Submit a statement from student on reason(s) for wanting to complete the certified nurse assistant program.
- Two Letters of Recommendation** → Included in this packet. Submit one letter from the student’s high school counselor and one letter from a teacher.
- Driver’s License or State Issued I.D. (Proof of Age)** → Submit a Driver’s License or State ID card. You can do this by coming to the Admissions Counter on the second floor of the Student Center building or scan the front and back and email the image to studrec@wccnet.edu from your WCC student email account. **For the Winter 2018 class, the student’s birth date must be on or before December 1, 2001.**
- Information Release Authorization Form*** (Criminal Background Check) → Included in this packet.
- Student Interview with the Certified Nurse Assistant Program Instructional Personnel** → Interviews will be held at Ypsilanti High School. Email Colleen Smyth at mcsmyth@wccnet.edu to schedule your interview.

Once all of the Admissions requirements in the “My Checklist” have been fulfilled, the “Student Services” tab will be available in MyWCC to register for classes. Students will be admitted to the WCC Certified Nurse Assistant Program based on the timely completion of the above requirements and will be notified via email by the Admissions office. Admitted students will be enrolled in the CNA course automatically.

NOTE: *All students in the Certified Nurse Assistant program, regardless of age, will have a criminal background check done by WCC prior to admission to the Certified Nurse Assistant program and, again, prior to clinical training. If the clinical site decides to deny clinical training privileges to a student based on what is found in the background check, that student will not be able to train with the class at the clinical site and may not be eligible to complete the Certified Nurse Assistant training portion of the program. WCC, the Health Science program, or the school does not have the legal authority to override the decision made by the clinical site and that decision will be considered final.



Washtenaw Community College

Minor Student Enrollment Parental Consent Form WCC Certified Nurse Assistant Program

As the parent (or legal guardian) of _____
(Student's Name – please print clearly)

I hereby consent to his/her enrollment as a student at Washtenaw Community College ("College"). In addition to such consent, I hereby acknowledge and accept the following conditions of enrollment:

1. My child will be subject to the rules, regulations, and policies of the College.
2. My child will be interacting socially with adult college students, and the College is not responsible for these social interactions.
3. My child may be exposed to discussions, readings, and visual materials of a mature nature and will be expected to conform to the same performance standards as any other college student as set forth in course outlines and syllabi.
4. The College and its employees, faculty, agents, students, and trustees shall not be responsible for the supervision and individual monitoring of my child while in attendance at the College.

Student's WCC ID Number: _____

****Submit this form prior to admission to the College.**

Parent (or legal guardian) Information:

Name: _____
(Please print clearly)

Address: _____

Phone Number: _____

Signature: _____ Date: _____



Washtenaw Community College

Dual Enrollment Student Principal Consent Form WCC Certified Nurse Assistant Program

Student Name: _____
(Please print clearly)

Student's WCC ID Number: _____

1. Dual enrolled high school student must meet all WCC admission criteria.
2. Completion of this form gives permission for the above mentioned student to be dual enrolled at Washtenaw Community College. It does **not** authorize WCC to bill the high school for tuition and fees.
3. If the high school will be responsible for the tuition and fees, a separate payment authorization www.wccnet.edu/hs-authorization must be submitted to WCC Cashier's office by the payment deadline.

****Submit this form prior to admission to the College.**

High School Information:

Name: _____

Address: _____

Phone Number: _____

Principal's Name: _____
(Please print clearly)

Principal's Signature: _____ Date: _____

Please return this form to:

Washtenaw Community College – Office of Admissions
4800 East Huron River Drive, Ann Arbor, Michigan 48105-4800
Phone: (734) 973-3543 ♦ Fax: (734) 677-5408 ♦ www.wccnet.edu



Washtenaw Community College

**High School Dual Enrollment
Student Statement
WCC Certified Nurse Assistant Program**

Explain the reason(s) you want to complete the WCC Certified Nurse Assistant program.



Washtenaw Community College

High School Counselor Recommendation WCC Certified Nurse Assistant Program

Student's Name: _____

Grade Level: _____

Attendance: 9th Grade: _____ 10th Grade: _____ 11th Grade: _____

Is this pattern typical? _____

Has any disciplinary action been taken this year? _____ If yes, please explain:

Additional Comments: _____

Special Populations Designations

Disabled/Impaired _____ YES _____ NO If Yes, Please Specify: _____

IEPC Meeting _____ YES _____ NO If Yes Date _____

G.P.A. 2.0 or lower _____ YES _____ NO

Alternative Education _____ 504 Plan (describe) _____

Counselor's Signature _____ Date _____

Please return this form to:

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4800 East Huron River Drive, Ann Arbor, Michigan 48105-4800
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Washtenaw Community College

High School Teacher Recommendation WCC Certified Nurse Assistant Program

Student's Name _____ Grade _____

Please take the time to briefly evaluate the above named student in the categories listed below.

Score:	1	2	3	4	5
	Lowest				Highest

Attendance

Tardiness _____

Attends regularly _____

Comments: _____

Academic Preparation

Completion of assignments _____

Quality of assignments _____

Comments: _____

Leadership/Citizenship

Attitude toward class work _____

Motivated to complete work _____

Relationship/Team Player _____

Stays on Task/Goal Orientated _____

Comments: _____

Personal Characteristics

Dress/Grooming _____

Politeness _____

Comments: _____

Teacher's Signature: _____ Date _____

Please return this form to:

Washtenaw Community College – Office of Admissions
4800 East Huron River Drive, Ann Arbor, Michigan 48105-4800
Phone: (734) 973-3543 ♦ Fax: (734) 677-5408 ♦ www.wccnet.edu

Washtenaw Community College
 Nursing Assistant Skills Training (CCNASt)
 2018-19 Academic Year
INFORMATION RELEASE AUTHORIZATION FORM

I understand that it is the policy of Washtenaw Community College to screen its students applying to the Nursing Assistant Skills Training programs for prior criminal convictions as a condition for admission.

Part 201, of Article 17 of the Public Health Code, which regulates health facilities and agencies, were amended to require background checks on employees of nursing homes, county medical facilities, and homes for the aged. Under the bill, a nursing home, county medical facility or home for the aged could not employ, grant clinical privileges to, or independently contract with an individual who would be providing direct services to patients or residents if the person has been convicted in Michigan of:

- a felony within the previous **fifteen (15)** years
- an attempt or conspiracy to commit a felony within the previous **fifteen (15)** years
- a misdemeanor that involved abuse, neglect, assault, battery, or criminal sexual conduct against anyone or fraud or theft against a vulnerable adult (as defined under the Michigan Penal Code) or a substantially similar state or federal crime within the previous **ten (10)** years.

I understand that if I have a criminal record that includes any of these convictions, I am not eligible for admission into WCC's Nursing Assistant Skills Training program since all students will be assigned or placed in a nursing home, county medical facility, or home for the aged for their clinical experiences.

I hereby authorize Washtenaw Community College to release this form and/or any of its contents to the Michigan State Police and to the health care facility(ies) at which I will do clinical work in the course of my studies. I agree to provide further identification if requested.

You MUST submit a copy of one (1) of the following government issued picture ID's with this form which includes: Driver's License, State ID Card, or Passport.

Please **PRINT** clearly and answer **ALL** questions.

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: ____/____/____ Gender (check/circle one): **Male** **Female**
Month Day Year

Ethnicity (check/circle one):

White Black Asian or Pacific Islander American Native or Alaskan Native Unknown/Other

Previous, Former, Maiden, Nick, and/or Other Name(s) known by:

Last Name: _____ First Name: _____ Middle Name: _____
 Last Name: _____ First Name: _____ Middle Name: _____
 Last Name: _____ First Name: _____ Middle Name: _____

Current Address: _____ Apt: _____

City: _____ State: _____ Zip: _____ County: _____

Previous Address: _____ Apt: _____

City: _____ State: _____ Zip: _____ County: _____

How long have you consecutively lived in the State of Michigan? _____ Years _____ Months

Anyone who has resided in Michigan less than a consecutive three (3) years may be required to be fingerprinted as part of the criminal records check per State law. These fingerprints will be forwarded to the federal bureau of investigation to determine whether you have any national criminal history.

As a courtesy, criminal record checks are conducted by WCC using the Michigan State Police ICHAT system which has limitations that may cause false positive or false negative records to be received. If a false positive or false negative record is received or you believe that the record is a mistake or inaccurate, it will be **your responsibility** to clear the record which may accrue additional fees. Procedures for clearing a record can be found on the criminal record that was received. Please contact the Michigan State Police with any questions regarding finger printing or clearing your record.

Michigan State Police
Criminal Justice Information Center
7150 Harris Drive
Lansing, MI 48913
(517) 322-5531

Sometimes records inadvertently contain errors. For example, the nature or date of the conviction might be wrong, or the record might contain a conviction that should have been removed from the record. In such cases the individual should obtain certified copies of the court judgment or other documents which show that the information contained on the criminal record is incorrect. If the proof provided is satisfactory, the Michigan State Police will modify the record accordingly.

The following statement must be signed and submitted with your program application and prior to enrolling in WCC's Nursing Assistant Skills Training program:

APPLICANT'S STATEMENT: *I hereby attest that I have not been convicted of any felony or attempt or conspiracy to commit a felony within fifteen (15) years prior to today's date nor of any misdemeanor listed on the front page within ten (10) years prior to today's date.*

I understand and agree to be fingerprinted if required and clear my criminal record. I understand and agree that I will be immediately withdrawn from the Nursing Assistant Skills Training program should the criminal record check disclose any of the above-mentioned offense(s) or any others not disclosed by me as part of the application process. I confirm that the information I provided regarding my state residency is accurate and correct.

I understand that knowingly providing false information regarding a criminal conviction is a misdemeanor punishable by imprisonment for not more than ninety (90) days or a fine of not more than \$500.00 or both.

I agree to report immediately to the Nursing Assistant Skills Training Program Coordinator if I am arrested for or convicted of any of the criminal offenses listed on the front page of this Authorization.

Printed Name: _____ Student ID: _____

Signature: _____ Date: _____