



WEST LOS ANGELES COLLEGE

DIVISION OF ALLIED HEALTH

Nursing Assistant / Geriatric Care Technician Programs

9000 OVERLAND AVE., CULVER CITY, CA 90230-3519

(310) 287-4464

Dear Applicant,

Thank you for your interest in the Certified Nurse Assistant and Geriatric Care Technician Programs. Attached you will find all the information you should need to be eligible for these programs. Attached you will find:

- A student check list
- Course Descriptions and Upcoming Course Schedule
- Certified Nurse Assistant and Geriatric Care Program Application
- Frequently Asked Questions
- Los Angeles Community College District Health Record
- Student Resource Information

Please review the information in this packet. If you have any questions, please contact department secretary, Ginny Williams, at (310) 287-4464 or email us at alliedhealth@wlaac.edu. We look forward to receiving your completed application and seeing you in class soon.

Sincerely,

Barbara P. Hickman

Barbara P. Hickman, RN, MSN, CNS
Director of Nursing

**Nurse Assistant and Geriatric Care Technician
Student Application Check list**

Student Name: _____ Date: _____

Students must have all of the following items present in their student file to be eligible to participate in the program.

- West Los Angeles College Student Application
- Nurse Assistant/Geriatric Care Technician Application Complete
- College level course work in Math 105 and English 20A or ESL 6 with a grade of "C" or better
OR completion of the college assessment examination
- Cardiopulmonary Resuscitation (CPR) – Basic Life Support for Health Care Providers Card valid through the duration of the program
- Physical Examination. An original note, signed and dated by a physician, on his/her official letterhead (completed within the 6 months prior to the start of the program) that specifies that you can participate in the classroom and clinical internship portions of the program without any limitations.
- Negative Drug Screen for a Health Care Provider

Immunization proof or titer results confirming:

- Tetanus (within past 10 years)
- Hepatitis B (vaccination or signed waiver)
- MMR (Measles, Mumps, Rubella)
- Proof of Absence of Tuberculosis (negative skin test or negative chest x-ray within three months of start of program)
- Varicella (Chicken pox) (titer or proof of vaccination)
- Polio (proof of vaccination)

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Student file reviewed by: _____ Date: _____

If complete, provide:

- Live Scan/Criminal Background Clearance (will be done in class)
- DHS 283C Form – Nurse Assistant Application (will be done in class)
- Malpractice Insurance Application

Student approved for entrance into program by: _____ Date: _____

COURSE DESCRIPTIONS

The Need for Allied Health Professionals

The National Center for Workforce Analysis reports that more than 50% of states reported shortages of allied health personnel and California ranks 48th among states in per capital health services employment. This will get worse as the total population of California grows 39% through 2020 and the over 65 population grows 58%. The Nurse Assistant and Geriatric Care Technician Programs are designed to fill the employment gap of caregivers working with the elderly. It consists of two courses (Nurse Assistant and Geriatric Care Technician) and leads to a certificate in Geriatric Care.

Certified Nurse Assistant (Nursing 399A - 5 units)

This course prepares the student to be a beginning health care worker in the long term care facility, acute care setting, and the home care setting. Emphasis is given to safety principles, infection control, methods for providing physical care, and emotional and social support. The course consists of lecture and clinical experiences. Upon successful completion of the course, the student is eligible to sit for the State of California certification Examination. The application for certification requires fingerprinting and a background check. Applicants who have been convicted of a criminal offense may not be eligible for certification. Please contact our office at (310) 287-4464 or visit the certification requirements online at <http://www.dhs.ca.gov/lnc/cert/Training.htm>.

The next course will be offered in the Fall 2007 Semester (tentatively) on:

Tuesday & Thursday, 6:30pm to 9:05pm, from September 4 - October 19, 2007, AND

Tuesdays, 6:30pm to 9:05pm, from April 10 – May 22, 2007, AND

Saturday and Sundays, 7:00am to 4:00pm, from November 3, 2007 – December 23, 2007

Students must attend all sessions to be eligible for program completion and State certification.

Geriatric Care Technician (Nursing 398 - 4 units)

This specialized program that expands and enhances the theoretical and clinical skills of the Nursing Assistant (NA) to care for the elderly. The Geriatric Care Technician is a new role that meets increased needs of an aging population. This course consists of lecture and clinical experiences at local affiliated hospitals and clinics. Upon completion the student will be issued a certificate in Geriatric Care. Prerequisite: Nursing 399A and/or current certification as a Certified Nurse Assistant or Home Health Aid.

This course will be offered in Winter 2008. The schedule while not yet finalized will have classroom instruction two evenings each week and clinical rotations on Saturday and Sunday.



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Nursing Assistant and Geriatric Care Technician Admissions Application

Give careful consideration to each question on this form. This form must be completed in its entirety for consideration by the committee.

STUDENT ID# _____ SOCIAL SECURITY NUMBER: _____

1. NAME _____
LAST FIRST MIDDLE MAIDEN OR FORMER

2. PERMANENT ADDRESS _____
NUMBER & STREET CITY STATE ZIP

3. EVENING PHONE _____ DAYTIME PHONE _____

4. E-MAIL ADDRESS _____

5. BIRTHDATE _____ AGE _____ SEX _____

6. DO YOU NEED TO ACCESS THE COLLEGE'S STUDENT RESOURCES?

PLEASE CHECK ALL THAT APPLY:

- A. BASIC SKILLS
- B. COUNSELING
- C. FINANCIAL AID
- D. CHILD CARE
- E. Extended Opportunity Program & Services
- F. Disabled Student Program & Services

7. DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? **Y** _____ **N** _____ **WHAT YEAR?** _____

8. HAVE YOU TAKEN THE WEST LOS ANGELES COLLEGE MATH AND ENGLISH ASSESSMENT TEST?
YES _____ **NO** _____ **WHAT YEAR?** _____

9. DO YOU HAVE A BASIC LIFE SUPPORT CPR CARD? Expiration date _____

10. **EXAMINATIONS/VACCINATIONS:** *Required before the start of the program. Immunization paperwork will be provided before the start of the program*

1. COMPLETE PHYSICAL EXAMINATION
2. TETANUS
3. HEP B (Vaccination or signed waiver)
4. MMR (titer or proof of vaccination)
5. TB SCREENING
6. Varicella (chicken pox) titer or proof of vaccination.
7. Polio (titer or proof of vaccination)

11. **REQUIRED ITEMS:**

- ✓ Watch with second hand
- ✓ Uniform- scrubs
- ✓ Textbooks
- ✓ Stethoscope
- ✓ Malpractice Insurance (forms available in A-9)
- ✓ Student Tuition

14. ETHNIC BACKGROUND:

Check One:

- | | |
|--|---|
| 1. <input type="checkbox"/> Decline to State | 2. <input type="checkbox"/> Chicano/Hispanic-Mexican/American |
| 3. <input type="checkbox"/> White/Caucasian | 4. <input type="checkbox"/> Asian/Pacific Islander |
| 5. <input type="checkbox"/> American Indian/Alaskan Native | 6. <input type="checkbox"/> Filipino |
| 7. <input type="checkbox"/> Other_____ | 8. <input type="checkbox"/> Black/African-American |

Students successfully completing the Nursing Assistant course will be eligible for certification through the State of California. To participate in the clinical portion of the program the applicant will need to be fingerprinted and have a criminal background check completed. This is also required for certification. Applicants who have been convicted of a criminal offense may not be eligible for certification. Please contact our office at (310) 287-4464 or visit the certification requirements online at <http://www.dhs.ca.gov/Inc/cert/Training.htm>

By signing this form you are verifying that you understand the prerequisites and the licensing requirements for the Nursing Assistant program. I understand that falsification or intent to withhold information under penalty of perjury shall constitute grounds for dismissal.

SIGNATURE

DATE

FREQUENTLY ASKED QUESTIONS

When will it start?

- 1) The CNA class will begin Fall Semester 2007, beginning September 4, 2007 – December 23, 2007
- 2) The Geriatric Care Technician will be offered during the Winter and Summer 2007 Sessions.

How do I apply?

- 1) Applications are available in Building A-9 – Dental Hygiene Office.
- 2) A-10 Counseling Department.

How are the candidates selected?

- 1) On a first-come, first-serve basis.
- 2) Subject to completion of all eligibility requirements listed in the brochure.

What are the steps that I need to take for the application process and prepare for enrollment in the program?

- 1) Obtain application to the program
- 2) Submit application paperwork to the Division of Allied Health, Department of Dental Hygiene Office (A-9)
- 3) Enroll at West Los Angeles College
- 4) Show proof of entry college level Math and English courses that have been taken with a passing grade (“C” or better), or take the Mathematics and English Assessment at West LA College, with placement into English 20A and Math 105 minimum.

What about the physical examination, drug screen and immunizations?

- 1) Prior to acceptance into the program, entering students must provide proof of a physical exam, negative drug screen and necessary immunizations including a TB test within the last 3 months. Students may get these services from their private physician or go to clinics listed on the student resource list in this packet.
- 2) Students are required to have this by a combination of the Department of Health Services and our clinical affiliates. This protects you from patients that may have a communicable disease and vice versa.

What about fingerprinting and background check?

- 1) Will be provided with the necessary forms and performed in class at no cost to the student.

What about the CPR card?

- 1) Students need to obtain a Basic Life Support CPR for the Healthcare provider completion card prior to starting the program.
- 2) A CPR course is available through the UCLA Center for Pre-Hospital Care at 310-267-5959.

What is the total cost of the program? (Estimate)

- 1) West fees at \$20 per unit (NA 5 units \$100 and Geriatric Care Technician is 4 units \$80)
- 2) Course Textbook , approx. \$50
- 3) Malpractice Insurance Approximately \$20
- 4) CPR course \$35- \$65
- 5) Uniforms \$35
- 6) Stethoscope \$25
- 7) Drug screen, physical, and immunizations (prices varies)
- 8) Closed toe shoes (tennis shoes, clogs, no heels)
- 9) State examination administered by the American Red Cross is \$90

How is the class scheduled?

- 1) The NA class is formatted as follows:
 - a. 54 hours of lecture on Tues., & Thurs from 6:30pm to 9:05pm, Sept. 4-Oct. 9, 2007, and Tuesdays, 6:30-9:05pm, Oct. 30 – Dec. 11, 2007.
 - b. 109 hours of clinical hours on Saturdays and Sundays, all day, 7:00am-4:00pm., beginning November 3, 2007 thru December 23, 2007.
- 2) The Geriatric course will have a similar schedule and be offered in the Winter 2008, and Summer 2008. A prerequisite, this course requires either a CNA certificate or completion of the NA course at West LA College.

How do I become certified as a Nurse Assistant?

Upon meeting the hour and academic requirements for the NA program, students are eligible to sit for the State of California Certifying Examination. Students must have a valid photo identification (ie. drivers license, state ID card or passport AND an original social security card to sit for the examination.

How do I become certified as a Geriatric Care Technician?

Currently there is not a State Certification for this course. Students meeting the academic requirements for this program will be issued a completion certificate in Geriatric Care from West Los Angeles College.

HEALTH RECORD

LAST NAME	FIRST NAME:	INITIAL:	MARITAL SATUS
			SINGLE DIVORCED MARRIED NO CHILDREN

ADDRESS: (STREET, CITY, ZIP)

TELEPHONE:	WHAT ARE YOU STUDYING TO BE?
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NAME AND ADDRESS OF FAMILY DOCTOR/CLINIC:	STUDENT ID NUMBER:
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DATE OF BIRTH:	LAST HIGH SCHOOL ATTENDED (NAME, CITY, STATE):
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UNDERLINE DISEASE YOU HAVE HAD:

ANEMIA	NERVOUS BREAKDOWN
ASTHMA	PLEURISY
APPENDICITIS	PNEUMONIA
BLACKOUTS	POLIO
BRONCHITIS	RHEUMATIC
CHICKEN POX	RHEUMATIC FEVER
DIABETES	SCARLET FEVER
DIPHTHERIA	SMALL POX
EPILEPSY	SICKLE CELL
HAY FEVER	SINUSITIS
EAR PROBLEM	TONSILITIS
HEART TROUBLE	TYPHOID FEVER
JAUNDICE	THYROID DISORDER
KIDNEY PROBLEM	TUBERCULOSIS
LARYNGITIS	ULCER
MUMPS	VARICOSE VEINS
MEASLES	WHOOPING COUGH

FAMILY HISTORY: UNDERLINE AND NOTE

RELATIVE
TUBERCULOSIS
NERVOUS BREAKDOWN
DIABETES
CANCER

WHAT VACCINATIONS OR TESTS HAVE YOU HAD? WHAT YEARS? <input type="checkbox"/> SMALL POX _____ <input type="checkbox"/> TETANUS _____ <input type="checkbox"/> CHEST X-RAY _____ <input type="checkbox"/> POLIO _____	
SERIOUS ILLNESSES:	
OPERATIONS:	
LIST YOUR MAJOR INJURIES:	
ALLERGIES:	

A complete physical examination including labs is required every two (2) years unless otherwise Specified by affiliating hospital contracts.

PHYSICAL EXAM:	DATE:	HEIGHT	WEIGHT	ADDITIONAL DATA – SUMMARY - RECOMMENDATIONS
GENERAL APPEARANCE:				
POSTURE				
SKIN:		BACK:		
EYES:	PERLA:	RETINA:		
EARS:	R L	HEARING:		
NOSE AND THROAT:				
TEETH:	GUMS:	DENTAL HYGIENE		<input type="checkbox"/> FREE OF COMMUNICABLE DISEASES – DOES NOT CREATE HAZARD TO SELF OR OTHERS
GLANDS:	THYROID			<input type="checkbox"/> APPROVED AND RECOMMENDED FOR NURSING PROGRAM
LUNGS:				<input type="checkbox"/> NO APPROVED – SEE ABOVE
HEART:				<input type="checkbox"/> APPROVED PENDING AS ABOVE
PULSE:				EXAMINED BY: _____,MD
ABDOMEN:				NURSE PRACTITIONER
ENDOCRINE SYSTEM:				LICENSE NO:
NERVOUS SYSTEM:				ADDRESS
BLOOD PRESSURE:				

STUDENT'S NAME (Print) _____ Student ID #: _____

	Date	Results	Dr. Signature/Address/Phone Number
(*Required for NA Program)			
*Tuberculin Skin Test	_____	_____	_____
OR			_____
Chest X-ray			_____
Rubeola (Measles)	_____	_____	_____
(Titer/Vaccine)			_____

Varicella (Chicken Pox)	_____	_____	_____
(Titer/Vaccine)			_____

*Rubella	_____	_____	_____
(Titer/Vaccine)			_____

Hepatitis A (Vaccine)	_____	_____	_____

*Hepatitis B	_____	_____	_____
(Titer/Vaccine)			_____

*Mumps	_____	_____	_____
(Titer/Vaccine)			_____

*Polio (Documented receipt of three doses OR seropositivity to all three polio types.) (Inactivated polio vaccine if required.)			
	_____	_____	_____
	_____	_____	_____

*Diphtheria/Tetanus (Series of two, one month apart. Booster in one year, then repeat in ten years. If you had series as a child, All you need is the booster).			
	_____	_____	_____

*Drug Screen	_____	_____	_____

IF THE TITER IS NEGATIVE, A VACCINE WILL BE REQUIRED. THEN A REPEAT TITER AS DESIGNATED PER MEDICAL PROTOCOL.

COPIES OF ALL LABORATORY REPORTS ARE REQUIRED.

STUDENT RESOURCE INFORMATION

Fingerprinting/Background Check

Live Scan Fingerprinting will be done in class. You will be required to bring a valid form of identification (ie. driver license, ID card, or passport). This will be provided at no cost to the student.

Malpractice Insurance

You can obtain malpractice insurance from Nurses Service Organization at https://www.nso.com/quick_quote2/. (800) 247-1500. Choose “California” as state of residence and select student to apply. The total annual premium is \$20.00. Please provide them with our fax number (310) 287-4461 so proof of your insurance can be sent to our office.

Uniforms and Supplies

The required uniform is white scrubs. No designs or other colors permitted. You can obtain this uniform and a stethoscope from:

Resource for Scrubs & Uniforms
2235 S. Sepulveda Blvd.
Los Angeles, CA
310-996-1116
Discount to students – Low prices.

Debbie’s Uniforms
(310) 470-3361
Discount to students
(approx. \$18 per set)

Immunizations, Physical Examinations and Drug Screens

If you have an immunization card, this will have many of the required vaccinations listed. The physical examination, drug screen and remaining immunizations or titers can be obtained from your personal physician or by contacting the resources below:

<p>Venice Family Clinic 604 Rose Avenue Venice, CA www.venicefamilyclinic.org Appointments are required 310-392-8636</p>	<p><u>Drug Screen Resources</u> LaCienega Medical & Industrial Clinic, Inc 3344 S. LaCieniga Blvd. Los Angeles, CA 90016 (323) 870-7667 (approx. \$25)</p>
<p>Curtis Tucker Health Center Los Angeles Department of Health Services 123 W. Manchester Blvd. Inglewood, CA 90301 310-419-5325 Provides immunizations only</p>	<p>CM & Associates Drug & Screen testing 8726 S. Sepulveda Blvd., Suite E Westchester, CA 90045 (310) 417-9002 (approx. \$45)</p>
<p>Concentra Medical Centers Walk-in appointments available at: 6033 West Century Blvd., Suite 200 Los Angeles, CA 90045 Open 24 hours/day, 7 days/week www.concentrahealth.com</p>	
<p>CPR Course Websites</p>	
<p>American Heart Association http://www.americanheart.org/presenter/</p>	

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