



WEST LOS ANGELES COLLEGE
HEALTH SCIENCES DIVISION
Nursing Assistant /Home Health Aide & Acute Care Programs
9000 OVERLAND AVE., CULVER CITY, CA 90230-3519
(310) 287-7226 Fax (310) 287-4352

SPRING – SUMMER – FALL

Dear Applicant,

Thank you for your interest in the Certified Nurse Assistant, Home Health Aide and Acute Care Programs. **Orientations will be held on the following dates: November 2 , December 6, 2023 January 10, 17, 24 & 31, 2024; April 17, May 8, 22 & 29, 2024; June 26, July 10, 31, August 14, 21, 2024 Via Zoom Meeting at 5:30 pm, posted at WLAC website.** Attached you will find all of the information you will need in order to become eligible for the various programs.

Join Zoom Meeting: <https://laccd.zoom.us/j/85255412709>

Meeting ID: 852 5541 2709; Passcode: 564783

In the Pocket 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
- Spring CNA-HHA course schedule

Please review the information in this packet. If you have any questions, please contact me at (310) 287-7226 or email us at CastilJC@wlaac.edu

Deliver the application and requirements to: CASTILJC@WLAC.EDU & up load to Canvas
Deadline for Spring Health Requirements, February 1, 2024

Sincerely,

Juan Carlos Castillo
CNA Program Coordinator

West Los Angeles College
9000 Overland Avenue
Culver City, CA 90230
T: (310)-287-7226
CastilJC@wlaac.edu

Certified Nursing Assistant- Home Health Aide Program

Student Application Check list

Student Name: _____ Term: _____

Students must have all of the following items present in their student file to be eligible to participate in the program. **Dead line for Health Requirements February 1, 2024!**

- West Los Angeles College Student Application
- Proof of enrollment of 283B form, signed and properly typed with Student personal Information.
 1. Program Information Session
 2. Admission application assistance
 3. Financial assistance contact: FAFSA.COM
 4. Submit CNA Program Application Packet
- Nursing Assistant Program Application Complete
- Cardiopulmonary Resuscitation (CPR) – Basic Life Support for Health Care Providers Card valid through the duration of the program (will be offered at WLAC).
- Physical Examination.** Health Record signed by a Physician, Nurse Practitioner or Physician Assistant (**completed within the 2 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.
- Urine Negative Drug Test** (8 panels, **within 2 months of start of Program**) **Immunization proof or titer results confirming:**
 - Tetanus (within past 10 years)
 - Flu Shot Current
 - Hepatitis B immunization record or Titer result
 - MMR (Measles, Mumps, Rubella) immunization record or Titer result
 - Proof of Absence of Tuberculosis (negative skin test or negative chest x-ray within two months of start of program)**
 - Varicella (Chicken pox) (titer or proof of vaccination)
 - CNA Malpractice Insurance Application (District require \$ 1000,000 single occurrence & \$ 3000,000 Go to NSO. COM
 - Covid -Vaccine

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Student file reviewed by: _____ Date: _____

- Live Scan / Criminal Background Clearance
- Evidence of Understanding from Student Hand Book
- DHS 283 B form

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 - 6 units) Section 18142 - 18143

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) 287-7226 or visit the certification requirements online at <http://www.dhs.ca.gov/lnc/cert/Training.htm>.

The next course will be offered in the Spring 2024 and Fall 2024. The CNA Lecture will be served on line via Zoom meeting, Tuesday and Thursday from 6:30 pm to 9:00 pm and Saturday from 8:00 to 1:00 pm for CPR Just February 24, 2024!

The Clinical Practices will be face to face on Health Care Facility, Friday, Saturday & Sunday from 7:00 am to 4:00 pm. Every student must complete 109 hours of training, under CDPH, LACCD & CDC approved protocols.

SCHEDULE WILL BE PROVIDED TO ENROLLED STUDENT

Home Health Aide (Nursing 399B- 2 units) Section Number 18169 - 18171

This course focuses on understanding the regulatory guidelines pertaining to Home Health Aide scope of practice; the basic knowledge of the disease and to recognize signs and symptoms of the disease; the concepts of provision of care in a home setting and to provide a sound knowledge base from which the Home Health Aide can be an important partner of other healthcare providers, for the patient to achieve the highest level of physical function and go back to prior level of care.

The 20 hours HHA Lecture will be provided on line via Zoom Meeting, Monday and Wednesday and Clinical practices Friday, Saturday and Sunday Face to face at WLAC Campus

Nursing O56 Section number 18302

Allied Health 21: 12154

SCHEDULE WILL BE PROVIDED AT INFORMATION SESSION



WEST LOS ANGELES COLLEGE HEALTH SCIENCES DIVISION
9000 OVERLAND AVE., CULVER CITY, CA 90230-3519 (310) 287-7226 Fax
(310) 287-4352

Nursing Assistant / Home Health Aide / Acute Care Programs

Nursing Assistant, Home Health Aide and Acute Care Programs 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 _____

1. **EXAMINATIONS/VACCINATIONS:** Required before the start of the program. **Immunization paperwork will be provided before the start of the program, February 1, 2024!**

- 2. COMPLETE PHYSICAL EXAMINATION
- 3. TETANUS
- 4. HEP B (Proof of Vaccination or titer result)
- 5. MMR (titer or proof of vaccination)
- 6. TB & Drug SCREENING
- 7. Varicella (chicken pox) titer or proof of vaccination.

10. **REQUIRED ITEMS:**

Watch with second hand
Uniform- scrubs White Scrub and White Shoes
Textbooks: : CNA Nursing Assistant Certification California Edition Labe Fee
Malpractice Insurance (Go online to NSO.com)
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) 287-7226 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

Nursing 399A Section: 18142 - 18143

Nursing 399B Section: 18169 - 18171

Nursing 056 Section: 18302

Allied Health 21: 12154

FREQUENTLY ASKED QUESTIONS

When will it start?

- 1) The next CNA class will begin Spring Semester: February 5, 2024
 - 2) The Next Home Health Aide class will follow the CNA class
 - 3) The Acute Care Program will be offered during Summer Semester TBA
- How do I apply?**
- 1) Applications are available at the [WLAC. EDU](http://wlac.edu) OR : <http://wlac.edu/Medical-Aides/Nursing.aspx>
 - 2) Drop off your application at: CastilJC@WLAC.EDU

- 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 CAN, via E-mail: CastilJC@wlac.edu or up load to Canvas.
- 3) Enroll at West Los Angeles College: <http://wlac.edu/admissions/index.aspx#howapply>

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 2 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 will be provided the opportunity enroll in AH 21 to obtain a Basic Life Support CPR for the Healthcare provider completion card once they are accepted into the CNA program.

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

- 1) WLAC fees at \$46 per unit (Nurse Assistant 7.5 units \$345.00 and Home Health Aide is 2 units \$92
- 2) HHA at \$46 per unit (2 units \$92) Total Tuition: \$437.00
- 3) Course Textbooks, approx. \$108
- 4) Malpractice Insurance,
- 5) CPR course \$45 - \$65
- 6) Uniforms, approx. \$40 each
- 7) Drug screen, physical, and immunizations (prices varies)
- 8) Closed toe shoes (tennis shoes, clogs, no heels) white.
- 9) State examination administered by the American Red Cross is \$120.00

How is the class scheduled?

- 1) The CNA class is formatted as follows:

SCHEDULE WILL BE PROVIDED AT INFORMATION SESSION

The Home Health Aide course will follow the Nurse Assistant course in the last four weeks of the Spring Semester. A prerequisite for this course requires either a CNA certificate or completion of the NA course at West LA College.

The Acute Care Program will have a similar schedule and be offered in a future semester. As 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 (i.e. driver's license, state ID card or passport AND an original social security card to sit for the examination.

How do I become certified as an Acute 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 Acute Geriatric Care from West Los Angeles College.

How do I become certified as a Home Health Aide?

Upon meeting the hours and academic requirements for CNA and Home Health Aid and pass the California State Exam. You will receive both certificates. Students meeting the academic requirements for this program will be issued a completion certificate in Home Health Aide from West Los Angeles College.

HEALTH RECORD

LAST NAME	FIRST NAME:	INITIAL:	MARITAL STATUS																																			
			SINGLE	DIVORCED																																		
			MARRIED	NO CHILDREN																																		
ADDRESS: (STREET, CITY, ZIP)																																						
TELEPHONE:		WHAT ARE YOU STUDYING TO BE?																																				
NAME AND ADDRESS OF FAMILY DOCTOR/CLINIC:				STUDENT ID NUMBER:																																		
DATE OF BIRTH:	LAST HIGH SCHOOL ATTENDED (NAME, CITY, STATE):																																					
<p>UNDERLINE DISEASE YOU HAVE HAD:</p> <table style="width: 100%; border: none;"> <tr><td>ANEMIA</td><td>NERVOUS BREAKDOWN</td></tr> <tr><td>ASTHMA</td><td>PLEURISY</td></tr> <tr><td>APPENDICITIS</td><td>PNEUMONIA</td></tr> <tr><td>BLACKOUTS</td><td>POLIO</td></tr> <tr><td>BRONCHITIS</td><td>RHEUMATIC</td></tr> <tr><td>CHICKEN POX</td><td>RHEUMATIC FEVER</td></tr> <tr><td>DIABETES</td><td>SCARLET FEVER</td></tr> <tr><td>DIPHTHERIA</td><td>SMALL POX</td></tr> <tr><td>EPILEPSY</td><td>SICKLE CELL</td></tr> <tr><td>HAY FEVER</td><td>SINUSITIS</td></tr> <tr><td>EAR PROBLEM</td><td>TONSILITIS</td></tr> <tr><td>HEART TROUBLE</td><td>TYPHOID FEVER</td></tr> <tr><td>JAUNDICE</td><td>THYROID DISORDER</td></tr> <tr><td>KIDNEY PROBLEM</td><td>TUBERCULOSIS</td></tr> <tr><td>LARYNGITIS</td><td>ULCER</td></tr> <tr><td>MUMPS</td><td>VARICOSE VEINS</td></tr> <tr><td>MEASLES</td><td>WHOOPING COUGH</td></tr> </table> <p>FAMILY HISTORY: UNDERLINE AND NOTE</p> <p>TUBERCULOSIS NERVOUS BREAKDOWN DIABETES CANCER</p>		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	<p>WHAT VACCINATIONS OR TESTS HAVE YOU HAD? WHAT YEARS?</p> <p><input type="checkbox"/> SMALL POX _____ <input type="checkbox"/> TETANUS _____ <input type="checkbox"/> CHEST X-RAY _____ <input type="checkbox"/> POLIO _____</p> <p>SERIOUS ILLNESSES:</p> <p>OPERATIONS:</p> <p>LIST YOUR MAJOR INJURIES:</p> <p>ALLERGIES:</p> <p>A complete physical examination including labs is required every two (2) years unless otherwise Specified by affiliating hospital contracts.</p>		
ANEMIA	NERVOUS BREAKDOWN																																					
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PHYSICAL EXAM:		DATE:	ADDITIONAL DATA – SUMMARY - RECOMMENDATIONS																																			
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POSTURE																																						
SKIN:	BACK:																																					
EYES:	RETINA:																																					
PERLA:																																						
EARS: R	HEARING:																																					
L																																						
NOSE AND THROAT:																																						
TEETH:	GUMS:	DENTAL	<input type="checkbox"/> FREE OF COMMUNICABLE DISEASES – DOES NOT CREATE HAZARD TO SELF OR OTHERS																																			
HYGIENE																																						
GLANDS:			<input type="checkbox"/> APPROVED AND RECOMMENDED FOR NURSING PROGRAM																																			
THYROID																																						
LUNGS:			<input type="checkbox"/> NO APPROVED – SEE ABOVE																																			
HEART:																																						
PULSE:			EXAMINED BY: _____,MD																																			
ABDOMEN:																																						
			NURSE PRACTITIONER																																			

ENDOCRINE SYSTEM:	LICENSE NO:
NERVOUS SYSTEM:	ADDRESS & PHONE NO.
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			_____
Rubella (Measles)	_____	_____	_____
(Titer/Vaccine)			_____
Varicella (Chicken Pox)	_____	_____	_____
(Titer/Vaccine)			_____
*Rubella	_____	_____	_____
(Titer/Vaccine)			_____
*Hepatitis B	_____	_____	_____
	_____	_____	_____
*Mumps	_____	_____	_____
	_____	_____	_____

(Titer/Vaccine)

*Polio (All students enrolled in health related courses are encouraged to ascertain that they are immune to poliomyelitis.)

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

*Drug Screen (with Lab results) _____

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 **according to schedule** as soon as you are enrolled in the Program. Please complete your Health Requirements as soon as Possible. You will be required to bring a valid form of identification (i.e. driver license, ID card, or passport). This will be provided at no cost to the student.

Malpractice Insurance

Go to: <https://www.nso.com/>

Uniforms and Supplies

The required uniform is white scrubs. No designs or other colors permitted. You can obtain the uniforms from anywhere you like.

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:

**CURTIS TUCKER HEALTH CENTER, 123 W. MANCHESTER BLVD.INGLEWOOD, CA 90301
(310)-419-5325**

WLAC STUDENT HEALTH CENTER, (310)-287-4478, Fax (310)-287-4459

DRUG TEST, WEST LOS ANGELES, 12200 WILSHIRE BLVD. Los ANGELES, CA 90025 310-820-2150, <http://wellnessmart.com/>

Watch with second hand

Uniform- White scrubs White shoes

Textbooks: CNA Nursing Assistant Certification California Edition (Book Store)

Malpractice Insurance. Student Tuition \$ 437.00

Nursing 399A Section: 18142 - 18143

Nursing 399B Section: 18169 - 18171

Nursing 056 Section: 18302

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