TO: Persons Interested in the Nursing Assistant II Program

FROM: Program Coordinator
       Health and Public Safety

SUBJECT: Course Announcement

DATE: June 2, 2014

Davidson County Community College will offer an NA II class in the fall of 2014 at the Davidson campus in Lexington. The class is scheduled for September 6 through December 6, 2014. The course will be offered as a hybrid class, meaning part of the work is completed online with labs completed at the campus.

The online information will be assigned on Sundays but there is no in class time on Sunday. You can find the assignments on “Moodle.” Lab time is normally Tuesday and Thursday evenings from 6:00 p.m.-9:00 p.m. in Briggs Technology room 223, but may vary - see attached schedule.

Clinical will consist of 88 hours scheduled on Saturday and Sunday mornings. See attached schedule for options. It may be held at various facilities including: Thomasville Medical Center, Pine Ridge Health & Rehabilitation Center, Autumn Care in Mocksville, Lexington Memorial Hospital, Oak Forest Health & Rehabilitation in Winston-Salem.

The registration fee will be $180.00 (based on current rates). Other fees will include insurance: $9.25, technology fee: $5.00. Your textbook and lab kit will be available in the bookstore one week prior to class for approximately $180. The bookstore hours are Monday - Thursday 8 a.m.-6 p.m. and Friday 8 a.m.-2 p.m.

By successfully completing this course, you will be eligible to apply for listing as a Nurse Aide II with the North Carolina Nurse Aide II Registry. An NAI skills competency test will be given at the first class. Failure to complete NAI skills proficiently may result in the inability to proceed in NA II.

To be eligible to register for this class, the following information must be submitted prior to receiving registration information. The enrollment for this class will be on a first come, first serve basis. There will be a maximum of 12 seats for this class. Once filled, a waiting list will be initiated.

Information required prior to class registration:

- Documentation of High School diploma or GED
- Proof of Nursing Assistant I training program (certificate or transcript)
- Photo ID copy
- Social Security card copy (used to verify NA I Registry with DFS). Cannot be laminated.
- Current NC Nurse Aide I Registry listing copy
- Current CPR certification valid through the end of the class (card copy is fine)
Acceptable College Accuplacer reading test score and computer skills score and/or exemption from Enrollment Services. Acceptable scores are listed on the Interest Form.

Complete Immunization Record as listed below.

Students interested in this course should complete the process listed in the enclosed program interest form. Return completed forms to office 111A in the Public Safety Building on the Davidson campus. Once the application file is complete, you will be given the course ID number and will be eligible to register for the class. Please feel free to contact us if you have questions at 336-224-4791, or via email diane_hedgecock@davidsonccc.edu.

Immunizations required to be eligible for enrollment:

**Immunizations:**  (PLEASE NOTE: History of disease, even from a physician, is not acceptable.)

- 2 MMRs or titers (Measles, Mumps, Rubella)
  - 2 doses, 4 weeks apart OR positive serum titers for each disease
- Tetanus Booster (Td/Tdap)
  - A Td booster within the last 10 years
- Chicken Pox (Varicella) immunization or titer
  - 2 doses, 4 weeks apart OR positive serum titer. History of the disease is not acceptable.
- Start of Hepatitis B immunization or titer
  - 3 doses over a 6-month period
  - Dose #2 one month after dose #1, dose #3 approx. 5 months after #2
- 2 TB skin tests completed within 1-3 weeks or Chest X-ray or Quantiferon Gold titer
- Seasonal Influenza

Additional clinical site documentation that is required on or before the first day of class:

- **Criminal Background Check AND Urine Drug Screen**
  
  Please complete the attached authorization for Release of Information & Records (form is found on page 3) for submission to Investigative Associates & Consultants (IAC) via fax, email or US mail. Once submitted, IAC will discuss payment options with each student. The fee varies depending on how many addresses are listed on your credit report. IAC will accept cash or check payment only.
  
  For further information or questions, please contact Investigative Associates & Consultants directly.

  Investigative Associates & Consultants
  3796 Vest Mill Road
  Winston-Salem, NC 27103
  info@iacinvestigations.com
  336-768-7040

Please begin working to compile required information listed above. Students not completing requirements will not be allowed clinical placement.
September 19, 2012

Clinical sites have added requirements for clinical entry – the information listed below outlines these clinical requirements. Clinical sites are requiring eligible students to complete a background check and a 12-panel urine drug screen. Begin this process once you are registered for the course. Submission of background check and urine drug screen is required for clinical.

_____ Criminal Background Check AND Urine Drug Screen

Please complete the attached Authorization for Release of Information & Records (page 2) for submission to Investigative Associates & Consultants (IAC) via Fax, e-mail or US mail. Once submitted, IAC will discuss payment options with each student. The fee varies depending on how many addresses are listed on your credit report. IAC will accept cash or check only. Deadline for payment to IAC will be one week prior to the start of class.

For further information or questions, please contact Investigative Associates & Consultants directly.

Investigative Associates & Consultants
3796 Vest Mill Road
Winston-Salem, NC 27103
info@iacinvestigations.com
(336) 768-7040

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INVESTIGATIVE ASSOCIATES & CONSULTANTS, INC.
On behalf of Davidson County Community College
AUTHORIZATION FOR RELEASE OF INFORMATION & RECORDS

I, ______________________________________________, understand that in consideration of my application for a clinical rotation at a healthcare facility associated with Davidson County Community College, an investigation will be conducted. I authorize Investigative Associates & Consultants, Inc. to conduct such an investigation, releasing the organization including its officers, employees, and representatives, from all liability or responsibility for this investigation, which may include, but not be limited to, the gathering of information regarding verification of prior employment, education, references, consumer credit history, driving history, and any criminal history which may be in the files of any state, federal, or local criminal justice agencies. I understand that I have the right to request, in writing, a complete and accurate disclosure of the nature and scope of this investigation. I authorize Investigative Associates & Consultants to transmit a copy of my background investigation to other entities such as hospitals or clinical sites where I may participate in additional clinical rotations.  I understand that the information requested below regarding sex, race, date of birth, and maiden name is for the sole purpose of gathering information accurately.

Last          First          Middle          Social Security #          Mo.  Day  Yr
(Please print Full Name – Do not use initials)          Date of Birth

Maiden, Previous Married, and all other Alias names used

Driver’s license #          State          Sex          Race

Daytime Telephone Number    Email Address

Present Address          City/State          Zip/County          How long?

List all other addresses used for the past 7 years - use additional page(s) if needed.

Previous Address          City/State          Zip/County          How long?

Yr  Mo

Previous Address          City/State          Zip/County          How long?

Yr  Mo

Previous Address          City/State          Zip/County          How long?

Yr  Mo

If you have lived in the following states within the last seven years; Alabama, Arkansas, Canada, District of Columbia, Idaho, Iowa, Massachusetts, Minnesota, New Hampshire, New Jersey, South Dakota, or Virginia, you will be asked to complete an additional form in order to complete your application.

If you have lived in Canada, Delaware, Maryland, Nevada, Ohio, South Dakota, West Virginia or Wyoming, you will need to obtain the appropriate fingerprint card(s) in order to complete your application.

A telephone facsimile or photographic copy of this authorization shall be as valid as the original.

PROGRAM - COURSE

Applicant’s Signature          Date

Investigative Associates & Consultants, Inc.
3796 Vest Mill Road
Winston-Salem, NC 27103
Telephone: (336) 768-7040    Telefax: (336) 768-2728    E-mail: info@iacinvestigations.com
# Nursing Assistant II (NAII) Applicant Certification of Understanding

Please complete this form and submit it to the program coordinator. This form must be on file with the Health and Public Safety Office as part of your Program Interest packet.

| Name___________________________________________________ | DATE_______________________ |
| Address______________________________________________________________________________ |
| City | State | Zip Code |
| Email Address  _____________________________________ |
| Home Phone ________________ Work: _________________ Cell: ______________________ |

I have received the Authorization for Release of Information & Records from Investigative Associates & Consultants, Inc. and understand that I am to contact IAC to complete my national criminal background check and 12-panel urine drug screen before the class begins on September 6, 2014. To complete this process, I authorize Davidson County Community College to release the last four digits of my social security number to Investigative Associates and Consultants (IAC).

I understand that if I do not turn in the urine drug screen and criminal background check by the first day of class, I will be dropped from the class and will not be entitled to a full refund.

Submission of background check and urine drug screen is required for clinical. Clinical sites may or may not allow you to complete clinical based on your criminal background and/or drug screen results. Once denied for clinical at any facility, you will not be allowed to attend any clinical experience, will be unable to complete the class, and will not be entitled to a refund.

Print Name ________________________________ Last 4 digits of Social Security # _________

Signature ________________________________ Date ____________________________
# Nursing Assistant II
## September 6 – December 6, 2014
### Davidson Campus

<table>
<thead>
<tr>
<th>Week</th>
<th>Sunday</th>
<th>Mon</th>
<th>Tues</th>
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<tr>
<td>1</td>
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<td>9/6 8a-1p Rm. BT 223 Class Intro/Moodle Review</td>
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<td>9/7 Role/Ethical Legal/Comm.</td>
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<td>3</td>
<td>9/14 Sterile/Infect. Cont./Wound Care</td>
<td>9/16 6p-9p</td>
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<td>9/18 6p-9p</td>
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<tr>
<td>5</td>
<td>9/28 Urinary Catheters</td>
<td>9/30 6p-9p</td>
<td>10/2 6p-9p</td>
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<td>10/7 6p-9:30p</td>
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<td>10/9 6p-8:30p</td>
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<td>7</td>
<td>10/12 O2/Suctioning</td>
<td>10/14 6p-9p</td>
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<td>10/16 6p-9p</td>
<td>10/18 Clinical</td>
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<td>10/19 Trach care Clinical</td>
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<td>10/23 6p-9p</td>
<td>10/25 Clinical</td>
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<td>10/26 Colostomy care Clinical</td>
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<td>11/9 Clinical Final Exam</td>
<td>11/11 6p-9p</td>
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<td>11/23</td>
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<td>11/29 Thanksgiving Holiday</td>
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<tr>
<td>14</td>
<td>11/30 Thanksgiving Holiday</td>
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<td>12/4 6p-8p Review</td>
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<td>12/6 8a-5p (1 hour lunch) Competency Skills and Written</td>
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Clinical sites: PRHR – Pine Ridge Health & Rehab (formerly Britthaven); TMC – Thomasville Medical Center; OF - Oak Forest Health & Rehab

**88 total hours of clinical will be completed**