

**SANTA ROSA JUNIOR COLLEGE**  
**NURSE ASSISTANT PROGRAM**  
**NRA 150**

ORIENTATION PACKET



**REVISED 5/2022**

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## **NRA 150A PROGRAM REQUIREMENTS**

Welcome to the SRJC Nursing Assistant Program. This packet of forms and information is essential for you to obtain all the needed requirements for our program. (See Bullets Below)

At your orientation meeting you will be given an overview of the program, review the class calendar, and explanation of all the requirements. It is recommended that you not purchase any items until you are confirmed as being in the class. Also, there is grant funding in place that pays for many items; this changes each semester. For these reasons, please wait until **after** the Orientation to fulfill program requirements. For any questions, please contact the Program Director.

**Please submit your paperwork to the Program Director after making copies for yourself.**

**If you are on the waiting list**, the admissions office will automatically put you on the roster by priority of the date you registered whenever a student drops.

**\*\*It is strongly recommended those on the wait list attend the first day of class as those who fail to show up will have to be dropped\*\***

Please attend the orientation meeting and the first day of class to see if you make it into the class.

- Screening Checklist Use this to keep track of all your paperwork. Notice the starred items and the need to start with TB testing ASAP
- General Immunization Information Sheet  
Gives you more information and approximate costs.
- 2 Step PPD FAQ
- CNA Orientation Cost Sheet  
These costs are approximate. Please see a financial Counselor if necessary.
- Book List for NRA 150A
- CNA Attire & Supplies
- CPR Resource List  
CPR Certification must be for the Health Care Provider and approved by the American Heart Association (AHA).
- CNA Student Phone Directory
- Request for Live Scan Service  
You will need this information to get your Live Scan fingerprinting done.

## CNA SCREENING CHECKLIST

**\*\*KEEP COPIES OF EVERYTHING YOU TURN IN\*\***

Item	Due Date:	Turned In:
<p><b>*PPD #1</b> (TB Test) To be done BEFORE class starts, to be read in 48-72 hours. If positive for TB get chest x-ray clearance form from Student Health Services.</p> <p><b>*PPD #2</b> (TB Test) To be done BEFORE class starts, one week after #1. Read in 48-72 hours.</p> <p><b>CPR “Health Care Provider”</b>; must include Adult, Child, Infant, Choking Maneuvers and AED (Automatic External Defibrillator). <b>Must be approved</b> by the <b>American Heart Association</b> (recertify every two years).</p> <p><b>Live Scan Verification</b> application. Fill out using information given and bring with you for Live Scan appointment.</p> <p><b>Photo I.D.</b> fee receipt (bring to class). Purchase at Bailey Hall Accounting Dept. We suggest purchasing two.</p> <p><b>*Flu Shot</b> (FALL Semester ONLY), <b>must</b> get by 2 weeks prior to clinical.</p> <p><b>*Physical Evaluation</b> (See Health Evaluation Form info on page 11)</p> <p><b>*COVID Vaccine + eligible booster</b></p>		

\*PPD’s, Flu Shots, and COVID Vaccine can be obtained at Student Health Services. Please contact Student Health Services to schedule an appointment: (707) 527-4445.

## IMMUNIZATION INFORMATION SHEET

Name of Injection:	How Many Injections	Time between Injections	Approximate Charges
<b>PPD Test (Tuberculosis /skin test)</b>	Two (see FAQ below)  OR Negative Chest X-Ray  OR Quantiferon Gold (blood test)	1 week	<b>Free @ Student Health Services</b> Schedule #1 <b>Read one week later.</b> #2 placed on that day. Read 2-3 days later.
<b>Influenza Vaccine</b>	One injection	<b>Once each year</b> <b>Generally given Sept-Dec.</b>	<b>\$10 - 20</b>  <b>May vary</b>
<b>Covid Vaccine</b>	Varies depending on type of vaccine. Please visit CDPH or CDC for current info.	<b>Varies</b>	<b>Free @ Student Health Services</b>

### **“2 STEP PPD” FAQ**

**WHAT IS A PPD?** It is a TB test. You get a small amount of solution injected with a tiny needle just under the skin of the inside of your forearm. It needs to be read in 48-72 hours, then the process is repeated 1 week later in a 2-step PPD. If the area is red or raised ("indurated") it may be considered a positive PPD. This does not usually mean you have TB, but you may have been exposed. The other possibility is a false positive reading.

**WHAT DOES IT MEAN TO HAVE A 2-STEP PPD?** This means you have a PPD as described above, then the day it is read you make an appointment to come back in 1 week for another (2nd) PPD, which also needs to be read in 48-72 hours after the 2nd one is placed. Again no exceptions on the time line.

### **MY DOCTOR SAID I ONLY NEED ONE!**

The college and the hospitals require a 2-step PPD as described above.

### **WHERE CAN I GET THE 2-STEP PPD's DONE?**

Free at Student Health Services, located on the 1st floor of the Race Building, but you need to make appointments, you can't just drop in. You can also have this done at your doctor's office.

Please note that if you have received the BCG vaccine, then you should NOT get a PPD test. We also accept a negative Chest X-Ray OR a Quantiferon Gold Test. Please contact Student Health Services for more information.

**NRA 150 NURSING ASSISTANT PROGRAM STUDENT COSTS**

THESE ARE **APPROXIMATE** PRICES AND ARE ESTIMATES FOR YOU TO USE

In addition to tuition fees, the student must purchase:

- |   |          |
|---|----------|
| • Skills lab supplies fee (as indicated on pg. 9)       | \$60.00  |
| • 2 Photo ID's purchased at Bailey Hall Business Office | \$8.00   |
| • Text Books  | \$100.00 |
| • State Certification Exam (Pearson Vue company)        | \$120.00 |
| • Live Scan Fingerprinting                              | \$49.00  |

Additional costs will vary according to provider. Costs stated are approximate:

CPR for the Health Professional	\$70.00+
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Physical Exams

@ Physician offices and Community Clinics	Cost varies
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(Please visit the Student Health Services Center for more information on Community Clinics)

@ SRJC Student Health Clinic

2-Step PPD TB tests (3 appointments)	Free
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Influenza (flu immunization)	\$15.00
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At Book Store:

1-2 Uniforms (Burgundy Scrubs)	\$50.00
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**BOOKLIST FOR NRA 150A CNA****Author/Title/Cost (may vary)**

CNA: Nursing Assistant Certification, California Edition

ISBN: 9781941626030

Author: Carrie L. Jarosinski

\$66.25

Workbook to Accompany CNA: Nursing Assistant Certification, California Edition

ISBN: 9781941626160

Author: Lisa Rae Whitley

\$22.50

Model Curriculum NATAP State Curriculum 17 Modules, available online at:

<https://ca-hwi.org/curriculum/access-curriculum/>

## **Nursing Assistant Attire & Supplies**

### **For Skills Lab & Clinical:**

- Burgundy/Maroon colored scrubs (pants and short sleeve uniform top). We recommend 2 sets. May be purchased at SRJC Book store, online, or at Uniform Advantage (10% discount for JC students). Please no stripes, designs, or embellishments. Must be plain scrubs.
- White walking shoes – closed toe. All white sports shoes are allowed. No colored stripes, canvas, or netting material.
- White Socks
- White sweater or sweatshirt, if desired

**No T-shirts, Jeans or Sweats. Tattoos must be covered per facility policy.**

**No visible piercings other than 1-2 in each ear.**

### **Supplies:**

- Notebook or binder with lined paper, 8 ½ x 11
- 2 Ball point pens – black ink – fine point
- One small pocket notebook
- Analog watch with second hand for taking vital signs
- 2 Photo ID name tags (paid for at Accounting Office, Bailey Hall and obtained in Health Science office on designated date with receipt.)

**Skills Lab Supplies (to be provided on first day of skills lab):** 1 box of exam gloves, 1 isolation gown and mask, manual blood pressure cuff, stethoscope, 1 box of alcohol wipes, gait (transfer) belt, and surgical cap.



## CPR RESOURCE LIST

Health Care Provider CPR for Adult, Child, and Infant, with AED, is **required** for NRA150A.

**MUST BE AMERICAN HEART ASSOCIATION (AHA) APPROVED**. Red Cross **NOT** accepted.  
MUST SAY "BLS" ON CARD. You may obtain CPR certification from the following source:

**Leo Clamar, EMT**  
**HealthFirst**  
**4918 Sonoma Hwy**  
**cost to SRJC students: \$70**  
**Phone: 707-528-3362**  
**email: savealifecpr@sbcglobal.net**

## CNA STUDENT PHONE DIRECTORY

Campus Police	(707) 527-1000
Non-Emergency	(707) 522-2770
Lost and Found	(707) 527-4271
Health Science Office	(707) 527-4272
Fax	(707) 527-4426

### **Campus Resources-Check SRJC website during COVID campus closure**

Student Health	(707) 527-4445
Hope Center	(707) 527-4809
ESL Tutorial Office	(707) 527-4382
Bookstore	(707) 527-4321
EOPS (Extended Opportunities)	(707) 527-4383
Financial Aid	(707) 527-4471
Admissions and Records	(707) 527-4685
Academic Counseling	(707) 527-4451
Learning Skills	(707) 527-4278
Scholarships	(707) 527-4740

**Faculty**

Tiffany Lundqvist, Director <a href="mailto:tlundqvist@santarosa.edu">tlundqvist@santarosa.edu</a>	(707) 522-2874 Office (707) 849-7002 Cell
Cheri Labrador, Skills/Clinical Instructor <a href="mailto:clabrador@santarosa.edu">clabrador@santarosa.edu</a>	(707) 321-5990 Cell
Tamara Anderson, Skills Instructor <a href="mailto:tanderson@santarosa.edu">tanderson@santarosa.edu</a>	(707) 623-3093 Cell
Ron Redmon, Skills/Clinical Instructor <a href="mailto:redmon@santarosa.edu">redmon@santarosa.edu</a>	(707) 529-2457 Cell
Mary Doll, Skills Instructor <a href="mailto:mdoll@santarosa.edu">mdoll@santarosa.edu</a>	
Rachel Christian, Skills/Clinical Instructor <a href="mailto:rchristian@santarosa.edu">rchristian@santarosa.edu</a>	(707) 529-8169 Cell

**Clinical Sites:****Spring Lake Village****Summerfield Healthcare Center****Cloverdale Healthcare Center****Community Resources**

Public Health	(707) 565-4820
Ombudsman	(707) 565-5900

**SANTA ROSA JUNIOR COLLEGE HEALTH SCIENCE POLICIES & PROCEDURES**

SRJC District Policy and Student Conduct (Board Policy Manual)

<https://www.boarddocs.com/ca/santarosa/Board.nsf/Public?open=&%252525253Bid=policies>

Student Conduct:

<https://student-conduct.santarosa.edu/>

Academic Integrity:

<https://rightsresponsibilities.santarosa.edu/academic-integrity>

### **WEB LINKS TO FORMS (PRINT OR READ)**

SRJC Health Evaluation Form:

Web site: <https://nursingassistant.santarosa.edu/> (link on Right hand side)

**\*\*Be sure to bring this form with you to your physical exam; your doctor will sign it\*\***

### **REQUEST FOR LIVE SCAN SERVICE**

[http://ag.ca.gov/fingerprints/forms/BCIA\\_8016.pdf](http://ag.ca.gov/fingerprints/forms/BCIA_8016.pdf) (see next page for example)

All students entering the CNA program are required to obtain a Live Scan (fingerprint) criminal background check. This must be completed by the deadline provided by the CNA program director. The results of the Live Scan are evaluated by the California Department of Public Health (CDPH). The CDPH office must approve and clear you for clinical prior to clinical placement. **It is the student's responsibility to contact CDPH to obtain clearance by calling the automated system at (916) 327-2445.**

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/CNA.aspx>

If a student cannot be cleared for clinical due to inability to complete the background check or previous background issues, the student will not be able to participate in clinical, which is a program requirement. In the event that a student is found ineligible for clinical placement by the clinical facility after admission to the CNA program, they shall be subject to dismissal from the program, as they will be unable to complete the mandatory clinical course objectives.

EXAMPLE OF LIVE SCAN FORM: Copies will be provided during Orientation and first week of class.

**SAMPLE FOR CERTIFICATION OF NURSE ASSISTANTS OR HOME HEALTH AIDES**

**REQUEST FOR LIVE SCAN SERVICE**  
*Applicant Submission*

ORI: <u>A1226</u> Type of Application: <u>Certification</u> <small>Code assigned by DOJ</small>	
Job Title or Type of License, Certification, or Permit: <u>Certified Nurse Assistant (CNA) or Home Health Aide (HHA)</u>	
Agency Address Set Contributing Agency:	
<u>California Department of Public Health (CDPH)</u> <small>Agency authorized to receive criminal history information</small>	<u>03314</u> <small>Mall Code (five-digit code assigned by DOJ)</small>
<u>MS 3301, P.O. Box 997416</u> <small>Street or PO Box</small>	<u>(leave blank)</u> <small>Contact Name (Mandatory for all school submissions)</small>
<u>Sacramento, CA</u> <u>95899-7416</u> <small>City, State</small> <small>Zip Code</small>	<u>( ) (leave blank)</u> <small>Contact Telephone No.</small>
Name of Applicant: <u>Your full name</u> <small>(Please print)</small> Last                      First                      MI	
AKA's: <u>Other names known as</u> <small>Last                      First</small>	CDL No.: <u>California Drivers License Number</u>
DOB: <u>Date of birth</u> SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female <small>(Check one)</small>	Misc. No.: <u>BIL - Not applicable</u> <small>Agency Billing Number (if applicable)</small>
HT: <u>Height</u> WT: <u>Weight</u>	Misc. No.: <u>Your telephone number</u>
Eye color: <u>Color</u> Hair color: <u>Color</u>	Home Address: (Applies only if Youth Org/HRA or Public Utility Submission)
POB: <u>Place of birth</u>	<u>Your mailing address</u> <small>Street or PO Box</small>
Social Security Number: <u>*Social Security Number (Required by CDPH)</u>	_____ <small>City, State and Zip Code</small>
Your Number: <u>*Social Security Number (Required by CDPH)</u> <small>OCA No. (Agency Identifying No.)</small>	
If resubmission, list Original ATI No. _____	Level of Service <input checked="" type="checkbox"/> DOJ <input type="checkbox"/> FBI
Employer: (Additional response for Department of Social Services, DMB/CHP licensing, and Department of Corporations submissions only)	
<u>(Leave blank)</u> <small>Employer Name</small>	
_____ <small>Street No.</small> <small>Street or PO Box</small>	<u>(Leave blank)</u> <small>Mall Code (five digit code assigned by DOJ)</small>
_____ <small>City State</small> <small>Zip Code</small>	<u>( )</u> <small>Agency Telephone No. (Optional)</small>
Live Scan Transaction Completed By: _____ Date _____ <small>Name of Operator</small>	
_____ <small>Transmitting Agency</small>	_____ <small>ATI No.</small>
_____ <small>Amount Collected/Billed</small>	

BCII 8018 (Rev 11/08) SAMPLE  
**ORIGINAL-Live Scan Operator; SECOND COPY-CDPH; THIRD COPY-Applicant**

**NOTE TO APPLICANT:** \*Please input your Social Security Number (SSN) where required. The submission of your SSN will allow results to be transmitted from DOJ to CDPH accurately and timely. Failure to submit your SSN could cause delay in your certification.

### Livescan Information

See below for what is required for ID from the Department of Justice. There are no exceptions. **A social security number is required.**

There are two possible ways to establish Identity for LiveScan purposes:

- \* One Primary ID
- \* One Secondary ID and TWO Supplemental IDs (All Matching Exactly)
- \* THERE ARE NO EXCEPTIONS (Per Chief Brownlee)

Primary IDs Accepted:

- \* California Driver's License
- \* Department of Motor Vehicles Identification Card
- \* Out-of-State Driver's License

Secondary IDs accepted:

- \* State Government Issued Certificate of Birth
- \* U.S. Active Duty/Retiree/Reservist Military Identification Card (000 10-2)
- \* U.S. Passport
- \* Federal Government Personal Identity Verification Card (PIV)
- \* Department of Defense Common Access Card
- \* U.S. Tribal or Bureau of Indian Affairs Identification Card
- \* Social Security Card
- \* Court Order for Name Change/Gender Change/Adoption/ Divorce
- \* Marriage Certificate (Government Certificate Issued)
- \* U.S. Government Issued Consular Report of Birth Abroad 3
- \* Foreign Passport with Appropriate Immigration Document(s)\
- \* Certificate of Citizenship (N560)
- \* Certificate of Naturalization (N550)
- \* INS I-551 Resident Alien Card Issued Since 1997
- \* INS 1-688 Temporary Resident Identification Card
- \* INS I-688B, I-766 Employment Authorization Card

A Secondary ID source requires TWO FORMS OF SUPPLEMENTAL ID:

- \* Utility Bill (Address)
- \* Jurisdictional Voter Registration Card
- \* Vehicle Registration Card/Title
- \* Paycheck Stub with Name/Address
- \* Jurisdictional Public Assistance Card
- \* Spouse/Parent Affidavit
- \* Cancelled Check or Bank Statement
- \* Mortgage Documents