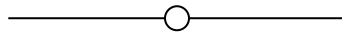


Harry S Truman College Continuing Education



CNA Program

Harry S Truman College
Continuing Education Department
1145 W. Wilson Ave, Room 1442
773-907-4440
www.trumancollege.edu/conted

Truman College—Department of Continuing Education
Certified Nurse Assistant (CNA) Training Program
Ofelia Miran, CNA Coordinator: 773-907-4458, omiran@ccc.edu
Continuing Education office: 773-907-4440, trconted@ccc.edu

Begin a career in one of the fastest growing health careers as a Certified Nurse Assistant (CNA). The CNA training program at Truman College provides you with comprehensive theory and clinical training that prepares you to take the state certification examination required to work in a licensed state facility or hospital. Our experienced instructors will guide you through classroom lectures and activities and will provide you hands-on clinical experience that will allow you to enter the CNA field.

Prerequisites

- You must be at least 16 years old.
- You must have a Social Security number.
- You must pass the Criminal Background Check or obtain a waiver.

Note—A high-school diploma or GED certificate is strongly recommended to enhance your success in the CNA program and to increase your employability.

Applying for the CNA program

To apply for the CNA program, submit one of the following documents in Room 1442, Continuing Education:

- **College transcript** (showing completion of Math 98 and English 100).
- **Compass ATB test results.** If you do not have a college transcript, arrange to take the Compass ATB test in the Testing Center, Room L912 (773-907-4834).

Note—A student ID number is required to take the Compass ATB test. Contact the Continuing Education office for instructions if you have not taken classes previously at the City Colleges of Chicago.

After you have submitted your test results or transcript, the CNA coordinator will review your documents and application. She will let you know if you have been admitted to the program.

Completing your registration

Follow these steps to complete your registration after being notified of acceptance into the program. The current course fee is \$1101.

- Call 773-907-4440 to pay by Visa or MasterCard.
- If paying by check, cash, or money order, pick up your registration paperwork in the Continuing Education office, Room 1442 and proceed to the Registrar's office (Room 1220) and the Cashier (Room 2400).

Note—A payment plan is available online at cepagementplan.trumancollege.cc.

Note—Fees are subject to change without notice.

Important—Out-of-district fees may be assessed for Illinois residents who live outside of Chicago. The current out-of-district fee is approximately \$1300 in addition to the \$1101 course fee for the CNA program.

Tuition and Fees

A total of **\$1,101** must be paid in full on the day of registration unless you have set up a payment plan through the online system. *Fees are subject to change without notice.*

Other expenses may include the following. Costs listed are approximate, and are subject to change. Estimated costs for all additional expenses are \$300 to \$400.

- ❑ Physical examination fees
- ❑ White uniform
 - White top (no t-shirts or labcoats)
 - White slacks
 - White shoes
 - White sweater (if needed)
- ❑ Textbook (available at Beck's Bookstore, 773-784-7963)
- ❑ Non-mercury thermometer, sphygmomanometer, stethoscope, gait belt, watch with a second hand
- ❑ Criminal background check (money order payable to SIUC due at orientation)
- ❑ Competency exam (\$60 money order payable to SIUC due the last week of training)

Note—We recommend attending orientation before purchasing supplies.

Payment plans are available online at cepaymentplan.trumancollege.cc. You must be registered in classes before you can set up a payment plan.

WIA assistance. If you are unemployed or underemployed, you may qualify for a WIA voucher. To find out if you are eligible, call the Northside Workforce Center at 773-334-4747. WIA applications must be completed at least 6 to 8 weeks before registration to allow for processing time.

Important—*Out-of-district fees may be assessed for Illinois residents who live outside of Chicago. The current out-of-district fee is approximately \$1300 in addition to the \$1101 course fee for the CNA program.*

Orientation Information

Important—Read this information carefully for instructions about preparing for orientation!

The information and forms you need to begin your classes for Certified Nursing Assistant (CNA) are listed below. Please read each item completely and follow the directions.

- Criminal disqualification information
- Medical examination form

Bring the following items and documents to the orientation:

- Completed medical examination form (included in this packet)
- Money order payable to SIUC for criminal background check (background check forms to be distributed and completed at orientation)

Other Information

- Failure to submit a completed physical or a criminal background check will disqualify you for training.
- Students must go to the Security Office to get a photo ID before beginning clinical training.
- CNA candidates must complete orientation before beginning classes.
- The SIUC competency exam will be given after classes are completed. More information will be given during the last week of classes

Important—If you are currently pregnant, you must meet with the CNA coordinator before registering for the CNA program. Call Ofelia Miran at 773-907-4458 or e-mail omiran@ccc.edu

Facts About The

WAIVER APPLICATION FOR HEALTH CARE WORKERS

Illinois Department of Public Health, Health Care Worker Registry,
525 W. Jefferson St., Fourth Floor, Springfield, IL 62761
Phone 217-785-5133 Fax 217-524-0137 E-mail DPH.HCWR@Illinois.gov

If an individual has certain criminal convictions, the Health Care Worker Background Check Act, an Illinois state law, prevents many health care employers from hiring the individual as a direct care worker and in long-term care facilities from being hired as a worker who has or may have access to residents, their living quarters, or their financial, medical, or personal records. Some of the health care employers are community living facilities; life care facilities; long-term care facilities; home health agencies; home health, home services, and home nursing agencies; hospice care programs; hospitals; assisted living and shared housing facilities; and other health care facilities listed in the Health Care Worker Background Check Act.

A waiver does not change your criminal record, but it does allow an employer to hire you as a direct care worker or an access worker in long-term care. Many considerations are taken into account when reviewing a waiver application.

- Except in the instance of scheduled payments of court-imposed fines or restitutions, you must have met all obligations to the court and the terms of your parole (i.e. fines must be paid and parole, probation or mandatory supervised release successfully completed).
- You must have satisfactorily completed a drug and/or alcohol recovery program if you were ordered to as part of the judgment.
- Your age at the time of the offense, your work history, your criminal history in Illinois and other states, the amount of time since your last conviction, the severity of your conviction, and the circumstance surrounding your conviction, as well as other evidence that you provide are all considered in determining whether a waiver is granted.
- You are less likely to have a waiver granted if you have several convictions in recent years or if your offenses were violent crimes. There are three categories of disqualifying offenses: Offenses that are always disqualifying except through the appeal process; offenses that may be considered for a rehabilitation waiver without a waiver application being submitted; and offenses that may be considered for a waiver by submitting a waiver application and additional required information.
- Please check our website at www.idph.state.il.us/nar for a full list of disqualifying offenses and a waiver application.

You may have been convicted and not sent to jail. An individual may be fined, given probation or conditional discharge and it still be considered a conviction. If you are unsure whether an arrest or charge became a conviction, contact the circuit clerk of the county in which you were arrested.

If granted, a waiver it is in effect until you are convicted of another disqualifying offense, which causes the waiver to be automatically revoked. Health care employers must check the Health Care Worker Registry (<http://www.idph.state.il.us/nar>) to see if you have met any training requirements, have any administrative findings and to determine if you have disqualifying offenses or a waiver. No other source of information (i.e. a waiver letter, certificate of achievement, etc.) may be accepted.

If you have pending convictions or are about to have a conviction expunged or sealed, please wait until these processes are completed before applying for a waiver.

This is not meant to discourage you. There is a need for responsible, hard working, and caring certified nurse assistants. However, if you have been convicted of a crime that disqualifies you from working for certain health care employers, you may want to seek a waiver before investing your time and money in training.

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Department of Continuing Education
Certified Nursing Assistant Program

Neighborhood Health Centers
(Chicago Residency Required)

You may obtain your physical examination from your private physician or from one of the neighborhood health centers listed below. To make an appointment for all physicals, ask for the Adult Clinic. All clinics providing physicals require an appointment, and the fee is based on income and family size. Fees start at \$10.

Location	Telephone
Komed-Homan Health Clinic 4259 S. Berkeley	(773) 268-7600
West Town Clinic 2418 W. Division	(312) 744-0943
Armitage Family Health Center 2957 W. Armitage	(773) 772-4319

Medical Examination Form Certified Nurse Assistant

**This page of the form is to be completed by the applicant before visiting the physician.
The physician will complete the other pages of this form.**

Date _____

Name _____
(Last name)
(First name)
(Middle name)

Address _____

Social Security number _____ Date of Birth _____

Person to be notified in case of emergency:
 Name _____ Relationship _____

Address _____ Telephone number _____

Medical History (Have you ever had a problem with any of the following illnesses or conditions?)

Y	N		Y	N		Y	N		Y	N	
		Rheumatic fever			Stomach pain			Epilepsy			Shortness of breath
		Pneumonia			Liver trouble			Joint trouble			Chronic infection
		Tuberculosis			Gall bladder			Cancer or tumors			Sore throat
		Venereal disease			Swelling of ankles			Asthma			Chronic diarrhea
		Malaria			Severe headaches			Goiter			Measles
		Kidney trouble			Fainting or dizziness			Eye trouble			Mumps
		Heart trouble			Diabetes			Skin problem			Rubella
		High blood pressure			Convulsions			Ear trouble			
		Hepatitis			Jaundice			Back pains			

If you answered yes to any of the above, give a date and a brief explanation in the space provided below:

Operations? Yes ___ No ___ Date(s) _____

Injuries? Yes ___ No ___ Date(s) _____

Neurological seizures? Yes ___ No ___ Date(s) _____

Have you been rejected on a medical examination for any position, insurance, or military service?

Do you take any medication frequently or regularly?

What do you take the medication for?

Are you currently under the care of a doctor?

Have you been denied employment because of your health?

I certify these statements to be true to the best of my knowledge.

Signature of Applicant _____

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Certified Nursing Assistant Program

Dear Health Care Provider,

_____ has been or will be enrolled in our Certified Assistant Program. Our program involves caring for patients in hospitals and nursing homes where health issues and social or psychiatric problems exist. Our policy, in conjunction with state and federal guidelines, requires a health statement for the protection of both patients and students. Please complete the following statement including a review of the personal information section filled out by the student.

Note—Students who are not immune by both blood titers **must receive the appropriate immunizations.**

I authorize the release of the following information to Truman College.

Student signature _____

Printed name _____

To be completed by health care provider

Temp. _____ Pulse _____ Resp. _____ B/P _____

Height _____ Weight _____ Allergies _____

1. Date of last tetanus booster: ____/____/____ .

Must be within the last 10 years or booster required date: ____/____/____

2. Subcutaneous PPD or Mantoux test date: ____/____/____ .

(Negative within the past 6 months)

Note—A chest x-ray **must** be done and a copy of the report must be enclosed with this report if the patient has a positive PPD result and/or history of tuberculosis.

3. Immunity to BOTH measles and German measles must be verified by the following:

Rubella and Rubeola titer drawn on ____/____/____

Note—Titer results must be forwarded as soon as available.

Important—**MMR must be given** if blood results show **NOT IMMUNE** or record of two (2) MMR's if done as a child or record of one (1) MMR as an adult. date:

____/____/____

4. Hepatitis vaccine (recommended, but not required).

Date: #1 ____/____/____ Date: #2 ____/____/____ Date: #3 ____/____/____.

5. Are there any psychological or mental limitations/restrictions on the above named person? Yes____ No____

If yes, explain _____

6. Is this person physically able to perform his/her duties? Yes____ No____

If no, explain _____

7. Is the above person free from TB or other communicable disease which might present a hazard to co-workers or patients? Yes ____ No____

If no, explain _____

Other comments or considerations:

Physician or clinician signature _____

Date _____

Address _____

Phone _____ Fax _____