CNA CERTIFICATE PROGRAM APPLICATION PACKET

Application Instructions

Thank you for your interest in the Certified Nursing Assistant Certificate Program at the College of Graduate and Professional Education at Kennesaw State University. Please read the following instructions carefully.

Type or print this application in blue or black ink.

To be considered for this program, please complete and return ALL sections of the Application Packet:

- **Student Information**
- **Release, Waiver of Liability & Covenant Not To Sue**
- **Background Check Information**
- **Health History & Immunizations** *(Must be completed by Healthcare Provider. If you have Titers, you must attach a values report.)*
- **Negative QuantiFERON-Gold or T-spot blood test results only. TB skin test will NOT be accepted.**
- **Driver's License** *(must be clear color copy)*
- **Social Security Card** *(must be a **signed**, clear color copy)*
- **Immunization Certificate** (Georgia Form 3231) or other immunization record

In addition to this application packet, students must also complete an online preassessment. Instructions for taking the assessment are located on the CNA course page on our website at cpe.kennesaw.edu.

HOW TO RETURN COMPLETED APPLICATION PACKETS

In Person:
KSU Center (South Entrance)
Registration Office window or in the black, lock box to the left of the Registration window
3333 Busbee Drive
Kennesaw, Georgia 30144

Fax:
470-578-9083

Estimated Expenses

Students will be responsible for the following items. More information and directions on how and when to purchase will be provided during the first night of class. These are minimum, **estimated costs** to help you plan accordingly.

- Criminal Background Check, Drug Screen $80**
- Seasonal Flu Shot $20
- Ceil Blue Scrubs $50
- White Shoes $50
- Stethoscope $60
- Blood Pressure Kit $30

** Students in the Certified Nursing Assistant Certificate Program will be required to complete an additional criminal background check and drug screen once class begins. Based on the results of the criminal background check and drug screen, hospitals or clinical facilities where you will participate in onsite training may deny you access to their facility – resulting in your inability to successfully complete the Certified Nursing Assistant Certificate Program. If you are unable to complete the clinical portion of your training, you will be unable to complete the program.

The textbooks required for the program are available at the KSU Bookstore on main campus. For more information, visit https://bookstore.kennesaw.edu/home or call 470-578-6261. The KSU Bookstore hours may vary, please call for hours.

Student Information

Personal Information

NAME _____
Last *First* *Middle* *Maiden*

ADDRESS _____
Street *City* *State* *Zip*

PHONE ( ) ( ) ( )
Daytime *Cell* *Evening*

EMAIL _____
All correspondence regarding the program will be sent to this email address

PERSONAL: _____
Date of Birth

Short Answer

Why do you want to become a Certified Nursing Assistant?

I affirm, agree, and/or understand that all statements on this form are true and accurate; any misrepresentation or omission of material facts may result in removal from the program.

Signature of Student *Date*

FOR OFFICE USE ONLY:

Date Received:

KENNESAW STATE
UNIVERSITY

RELEASE, WAIVER OF LIABILITY & COVENANT NOT TO SUE

(READ CAREFULLY BEFORE SIGNING AND BRING TO FIRST CLASS SESSION)

The undersigned hereby acknowledges that participation in off-site excursions, classes and recreational activities involves inherent risks of physical injury and assumes all such risks. The undersigned hereby agrees that for the consideration of Kennesaw State University allowing the undersigned to participate in off-site excursions, classes or recreational activities and, in connection therewith, making available to the undersigned for facilities, grounds, or personnel of the institution, the undersigned participant does hereby waive liability, release and forever discharge the institution and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents and employees of and from any claims, demands, rights and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property and the consequences thereof, including death, resulting from my voluntary participation in or in any way connected with such off-site excursions, classes or recreational activities.

I further covenant and agree that for the consideration stated above I will not sue the institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my voluntary participation in off-site excursions, classes or recreational activities.

I understand that the acceptance of this release, waiver of liability and covenant not to sue the institution of the Board of Regents of the University System of Georgia or any agent or employees thereof, shall not constitute a waiver, in whole or in part of sovereign or official immunity by said Boards, its member, officers, agents, and employees.

Further, I understand that this release, waiver of liability, and covenant not to sue shall be effective during the time period indication below while I am participating in activities sponsored by Kennesaw State University.

COURSE NAME_____**COURSE DATES**_____

_____ **I authorize the College of Graduate and Professional Education at KSU to share this information with the instructor(s). Please check.**

Signature:_____Date:_____
Participant or Legal Guardian if participant under the age of 18.

Print Name:_____

Emergency Contact Name & Telephone Number:

_____

Please list any special health problems/allergies/medications:

_____

Background Check Information

This form must be returned to begin the Background Check process

The information included on this form will be used to contact you to complete a Background Check. This form is not a Background Check. A member of Kennesaw State University's Human Resources Office will contact you via email and provide you with instructions to complete an online background check which is conducted by Sterling Information Systems. There is no fee associated with this background check. Please complete the process as soon as possible. Background Check results determine your eligibility to participate in the Certified Nursing Assistant Certificate Program.

Personal Information

NAME _____

Last *First* *Middle* *Maiden*

EMAIL _____

I understand I will be contacted by a member of KSU's HR department to undergo a Background Check as part of the eligibility requirements of the Certified Nursing Assistant Certificate Program.

Signature of Applicant *Date*

FOR OFFICE USE ONLY:

Date Received:

Health History & Immunizations

This form must be completed and signed by your Healthcare Provider.

Name _____ Date Of Birth _____

Immunization History

*** PLEASE ATTACH IMMUNIZATION RECORD AND/OR TITERS REPORT ***

COVID

*** Must have completed all doses depending on manufacturer ***

Manufacturer: _____

1st Dose Date: _____ 2nd Dose Date: _____

3rd Dose Date: _____ * A copy of the CDC Vaccination Card must accompany this application packet.

TB Test

Attach QuantiFERON-Gold or T-Spot blood test results to this packet.

Positive test results **MUST** provide additional documentation. See Required Proof Of Immunization page for details

QuantiFeron-Gold or T-spot Blood Test Results _____

TETANUS/DIPHTHERIA/PERTUSIS (Tdap)

*** No older than 10 years ***

Date _____

TD Date _____ * If less than 2 years

MEASLES, MUMPS, RUBELLA (MMR)

*** Must have 2 immunizations OR Positive Titer ***

Date of Immunization #1 _____ #2 _____

Positive Measless Titer Date _____

Positive Mumps Titer Date _____

Positive Rubella Titer Date _____

HEPATITIS B

*** Complete Hepatitis B Declination Form OR Proof of at least 2 vaccination and scheduled to receive the 3rd dose or Positive Titer ***

Hepatitis B Declination Form **Yes**_____ **No**_____

Date of Immunization #1 _____ #2 _____ #3 _____

Positive Titer Date _____

VARICELLAUENZA VACCINE

*** Must have 1 of the following ***

Date of Disease _____ Date Of Vaccine _____

Positive Titer Date _____

INFLUENZA VACCINE

*** Must have current season (not required for summer class offering)***

Date of Vaccine _____

TO BE COMPLETED BY HEALTHCARE PROVIDER ONLY

The student above is capable of performing duties as a Certified Nursing Assistant

Healthcare Provider Signature _____ **Date**

Healthcare Provider Name (Print) _____

Address / Phone _____

Required Proof of Immunization

INFLUENZA VACCINE

- Student **MUST** provide proof of vaccine administration if clinical experience starts or ends during Flu Season (October through March).
- Proof of vaccine administration must include the date of vaccination, the location where vaccine was administered. (i.e., Left deltoid), and the signature of the person who administered.
- If Student answers No on the Health History form, a reason must be selected from those listed on the form supported by a note from Primary Care Physician.

TDAP VACCINE

- Student **MUST** provide proof of vaccine administration.

MMR IMMUNIZATION

- **Student BORN BEFORE 1957 MUST** provide one of the following as proof of immunity to MMR:
  1. A positive titer for Rubella (German Measles) OR
  2. A Rubella vaccine OR
  3. One dose of MMR vaccine
- **Student BORN AFTER 1957 MUST** provide one of the following as proof of immunity to MMR:
  1. Proof of 2 MMR vaccines OR
  2. Proof of 1 MMR vaccine and one Rubeola (Red Measles) vaccine OR
  3. Proof of 1 MMR Vaccine and positive titer for Rubella OR
  4. Proof of positive titers for Rubeola and Rubella

HEPATITIS B IMMUNIZATION

- Student **MUST** provide one of the following as proof of immunization for Hepatitis B:
  1. Proof of at least 2 vaccination and scheduled to receive the 3rd dose OR
  2. Proof of Positive titer for Hepatitis B antibody OR
  3. If student chooses not to be vaccinated due to allergy or other reasons, he/she must provide a completed HEP B Declination form which may be obtained from any Physician's office or Public Health Department. The form must be signed by the student and authorized healthcare provider.

VARICELLA IMMUNIZATION

- Student **MUST** provide one of the following proofs of immunization for Varicella (Chicken Pox):
  1. Childhood Immunization Record showing 2 doses of vaccine OR
  2. Proof of Positive titer for Varicella
     - If the titer is negative, student must provide proof of booster vaccine

TUBERCULINE VACCINE

REQUIRES Annual QuantiFeron-Gold or T-Spot Blood Test. TB Skin test are not accepted.

- Student MUST provide proof of current negative QuantiFERON-Gold or T-Spot blood test result to attend clinical experience. The test result must be valid for the duration of the clinical experience.
- Student with previous proof of positive TST, must provide current QuantiFeron-Gold or T- Spot blood test result

TB Positive Results

- If Student has a new Positive Test result, student **MUST** provide the following for clearance:
  1. Proof of NEW POSITIVE QuantiFERON–Gold or T-Spot blood test result which must be valid for the duration of clinical experience AND
  2. A current negative/normal Chest X-Ray which must be valid for the duration of clinical experience (one year from clinical experience End Date) AND
  3. Evidence of INH or RIFAMPIN TREATMENT which includes the following:
     a. Copy of the new prescription AND
     b. Picture of first filled bottle showing the student's name, medicine name and date prescription was filled

COVID VACCINATION

- The CNA allied health program requires students going to clinical rotation in a hospital, nursing home, assisted living community, or any entity requiring direct patient care to complete the COVID-19 vaccination series. This requirement is being set forward to continue partnerships with our cultivate a community of safety for our immunocompromised, rehabilitating, and elderly patients.