GENERAL INFORMATION
The Nursing Department of Everett Community College offers a career mobility approach to nursing education that prepares graduates for Certification as Nursing Assistants. The program is approved by the Washington State Department of Social and Health Services.

Curriculum. Instruction covers the following areas: basic technical skills, mental health and social services needs of clients, clients’ rights, promotion of clients’ independence, communication and interpersonal skill development, safety and emergency procedures, rules and regulations that affect the Nursing Assistant’s practice, personal care skills, basic restorative services, infection control, CPR instruction, and HIV training. The entire program is completed in one academic quarter.

Physical Attributes. In general, employers and clinical agencies expect students to meet the following criteria:

- Use good body mechanics, lift/carry a minimum of 25 lbs independently and 50 lbs with assistance.
- Normal or corrected vision and hearing to a normal range.
- Full range of motion, ability to be in constant movement – standing, stooping, walking, and sitting.
- Good manual and finger dexterity.
- Ability to differentiate odors in the clinical setting.
- Communication skills. Ability to communicate fluently in English. This includes verbal communication (in person and on the telephone) as well as written communication.

Summary of Occupational Exposure. Students planning a career in health care need to be aware of the fact that they are at risk for exposure to blood-borne pathogens. Tasks and procedures performed by the health care professional involve risks classified by the Centers for Disease Control in the following ways:

- Category I – Direct contact with blood or other bodily fluids to which universal precautions apply.
- Category II – Activities performed without blood exposure but exposure may occur in emergencies.
- Category III – Task/activity does not entail predictable or unpredictable exposure to blood.

CAREER OPTIONS
Nursing Assistants are qualified for employment as entry-level caregivers in hospitals, long-term care agencies, clinics, physician’s offices, urgent care settings, and client’s homes. Many Nursing Assistants continue with education that leads to licensure as a nurse (LPN or RN).

For more information about our graduation rates, the median debt of students who completed the program, and other important information, please visit our website at [www.everettcc.edu/gainfulemployment](http://www.everettcc.edu/gainfulemployment).

PROGRAM COMPLETION REQUIREMENTS
To successfully complete the Nursing Assistant Certified program, students must complete NURS 100, 10 credits, with a grade of C (2.0) or better. C- is not acceptable.

SPECIAL NOTES:

Attendance. To receive maximum benefit from a program that combines theory and practice, regular attendance is absolutely essential. Absences beyond Washington State requirements will result in course failure and failure to meet Washington State guidelines for certification.

Transportation. Students must provide their own transportation to college and clinical facilities.

NURSING ASSISTANT APPLICATION PROCEDURES
The application is accepted at any time. A maximum of 10 students are admitted each quarter. To apply, submit your application to the Health Profession Service Center, Liberty Hall, Room 251, EvCC, 2000 Tower Street, Everett WA 98201. For questions call: 425-388-9461.

Before permission is given for entry into the program, applicants must upload documentation of all items on the Immunization Checklist and complete the Watch Criminal Background check. Visit [www.everettcc.edu/nac](http://www.everettcc.edu/nac) to complete these steps.

Neither the College nor the clinical facility is responsible for the cost of medical care for injury or illness which occurs as a result of classroom or clinical activities.
COST, REGISTRATION AND REFUND POLICIES

This course is offered on a self-support basis. Students pay a Course Fee and also pay for their own supplies and expenses associated with the class. The Course Fee is subject to change. Payment is due at the time of registration. Financial aid may be available. Contact Workforce Funding www.everettcc.edu/workforcefunding in the Parks Student Union, Room 307 to learn more about funding options.

Registration is open until all seats are taken. The last day for a 100% refund is the 4th working day after the class begins. (During Summer Quarter the last day for a refund is the 3rd working day after classes begin.)

COLLEGE RELATED EXPENSES

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Fee</td>
<td>$1,389.99</td>
</tr>
<tr>
<td>Lab Fee</td>
<td>$140.45</td>
</tr>
<tr>
<td>Technology Fee</td>
<td>$3.50 per credit, to a maximum of $35 per quarter.</td>
</tr>
<tr>
<td>Campus Enhancement Fee</td>
<td>$5.00 per credit, to a maximum of $50 per quarter.</td>
</tr>
<tr>
<td>Liability Fee</td>
<td>$20.00</td>
</tr>
</tbody>
</table>

NURSING-RELATED ESTIMATED EXPENSES

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scrubs</td>
<td>$50</td>
</tr>
<tr>
<td>Watch</td>
<td>$20</td>
</tr>
<tr>
<td>Name pin</td>
<td>$2.50 / Replacements $10.00 each</td>
</tr>
<tr>
<td>Shoes</td>
<td>$40-80</td>
</tr>
<tr>
<td>Transfer belt</td>
<td>$15</td>
</tr>
<tr>
<td>Stethoscope &amp; BP cuff</td>
<td>$25</td>
</tr>
<tr>
<td>Medical/Accident insurance</td>
<td>Prices vary; available through the College’s Student Activities office</td>
</tr>
<tr>
<td>Textbooks</td>
<td>$100 (approximately); available in EvCC Bookstore</td>
</tr>
<tr>
<td>Immunization Upload</td>
<td>$15; link available at <a href="http://www.everettcc.edu/nac">www.everettcc.edu/nac</a></td>
</tr>
<tr>
<td>Background check</td>
<td>$15; link available at <a href="http://www.everettcc.edu/nac">www.everettcc.edu/nac</a></td>
</tr>
<tr>
<td>Washington State Nurse Assistant Certification license fee</td>
<td>$65(paid to the Department of Health)</td>
</tr>
<tr>
<td>Washington State Competency Certification Test</td>
<td>$110</td>
</tr>
</tbody>
</table>

Complete the enclosed Application and submit it to the Health Profession Service Center, Liberty Hall, Room 251, EvCC, 2000 Tower Street, Everett WA 98201. Call 425-388-9461 with questions.

Your social security number is confidential and, under a federal law called the Family Educational Rights & Privacy Act, the College will protect it from unauthorized use and/or disclosure. In compliance with state/federal requirements, disclosure may be authorized for the purposes of state and federal financial aid, Hope/Lifetime Learning tax credits, academic transcripts, assessment or accountability research. The National Student Clearinghouse, under an agreement with the College, may use the SSN to verify enrollment and degrees.

Everett Community College does not discriminate on the basis of race, color, religious belief, sex, marital status, sexual orientation, gender identity or expression, national or ethnic origin, disability, genetic information, veteran status, or age in its programs, activities, or employment. The Chief Diversity and Equity Officer has been designated to handle inquiries regarding nondiscrimination policies and can be reached at 2000 Tower Street, Everett, WA 98201, or by phone at 425-388-9979.

This publication is effective July 2016. The College reserves the right to change courses, programs, degrees and requirements. It is the student’s responsibility to be aware of correct information by routinely checking with Enrollment Services and/or the advisors listed in this publication. Requirements applicable to all certificates and degrees are published in the College Catalog. Nothing contained herein shall be construed to create any offer to contract or any contractual rights.

For more information, call 425-388-9219, Everett Community College, 2000 Tower Street, Everett, WA 98201, www.everettcc.edu
Nursing Assistant Certified Application

Instructions:
1. Complete all boxes of this application.
2. Submit to: Health Professions Service Center, Liberty Hall Rooms 251 & 253 OR Everett Community College, 2000 Tower Street, Everett, WA 98201 Mail Stop # 44.

I wish to enroll: Quarter: _______________ Year: ______________

Name: ___________________________________________________________________________________________

Address: __________________________________________________________________________  Phone: (____)__________

Student ID Number (SID):  Birthdate: _________________________/______/______

Personal Email: (EvCC communicates mainly via email) _____________________________________________________________________________________

In case of emergency, contact:

Name: ____________________________________________________________

Relationship: _________________________________________________________

Phone: (____)_______________________________________________________

Education:

GED Completion Date: ___________________________ OR

High School: ____________________________________________________________________________

College/University: (Please list all; use back of sheet if necessary)

Name  Location  Graduation date

________________________________________________________________________________________

Current Licensure:

Health Care Licensure  State Where Licensed  Last Date of Renewal

________________________________________________________________________________________

SIGNATURE: Please read the following statements and sign in the space provided.

1. I have reviewed the information presented on this form and I agree that it is correct as stated, and
2. I request and authorize the Health Professions Service Center to obtain on my behalf the information needed for entry into a Health Professions Program, and
3. I am aware and agree that this information may be shared with the clinical sites that are a required part of this educational program.

Signature: ___________________________ Date: ___________________________

Everett Community College does not discriminate on the basis of race, color, religious belief, sex, marital status, sexual orientation, gender identity or expression, national or ethnic origin, disability, genetic information, veteran status, or age in its programs, activities, or employment. The Chief Diversity and Equity Officer has been designated to handle inquiries regarding nondiscrimination policies and can be reached at 2000 Tower Street, Everett, WA 98201, or by phone at 425-388-9979.
Criminal history/conviction records for current Health Science Students are reviewed as they relate to the content and nature of the curriculum and the safety and security of patients and the public. Such records may be required to be verified by background check in order to continue enrollment. Please complete this record to include previous information and any information which would not have been known when you entered the Health Sciences Department.

Name (Last)______________ (First)________ (MI)_____
Social Security Number__________________________
Date of Birth (Mo, Day, Yr)_________________________

1. Crimes against persons and crimes related to financial exploitation:
   Have you ever been convicted of any of the crimes listed below.
   ☐ Yes ☐ No If yes, check all that apply and describe in the box below.
   • Arson, (1st degree)
   • Assault, Custodial
   • Assault, Simple (or 4th degree)
   • Assault (1st/2nd/3rd degree)
   • Assault of a child (1st/2nd/3rd degree)
   • Burglary (1st degree)
   • Child Abandonment
   • Child Abuse or Neglect (RCW 26.44.0200)
   • Child Buying or Selling
   • Child Molestation (1st, 2nd, 3rd Degree)
   • Communication with a Minor
   • Criminal Abandonment
   • Criminal Mistreatment (1st, 2nd Degree)
   • Custodial Interference (1st/2nd Degree)
   • Exortion (1st/2nd/3rd Degree)
   • Forgery*
   • Incest
   • Indecent Exposure-Felony
   • Kidnapping (1st/2nd Degree)
   • Malicious Harassment
   • Manslaughter (1st/2nd/3rd Degree)
   • Murder, Aggraved
   • Murder (1st/2nd Degree)
   • Patronizing a Juvenile Prostitute
   • Promoting Pornography
   • Promoting Prostitution (1st Degree)
   • Prostitution
   • Robbery (1st/2nd Degree)
   • Rape (1st/2nd/3rd Degree)
   • Rape of a Child (1st/2nd/3rd Degree)
   • Selling/Distributing Erotic Material to a Minor
   • Sexual Exploitation of a Minor
   • Sexual Misconduct with a Minor (1st/2nd Degree)
   • Theft (1st, 2nd, 3rd Degree)
   • Unlawful Imprisonment
   • Vehicular Homicide
   • Violation of Child Abuse Restraining Order

2. Drug Related Crimes
   Have you ever been convicted of a crime related to the manufacture, delivery of, or possession with intent to manufacture or deliver a controlled substance?
   ☐ Yes ☐ No

3. Related Proceedings
   Have you ever been found in a dependency action, domestic relations proceeding, disciplinary board hearing, or protection proceeding to have: sexually assaulted or exploited, sexually or physically abused, a minor or developmentally disabled person OR to have financially exploited or abused a vulnerable adult?
   ☐ Yes ☐ No

4. Medicare-Medicaid/Healthcare Related Crimes
   Have you ever been convicted of any crime related to the delivery of service under Medicare/Medicaid or any state or federal healthcare program, or convicted of any crime connected with the delivery of a healthcare item or service?
   ☐ Yes ☐ No

5. For all items checked in 1, 2, or 3 above, specify the conviction or action date(s), sentence(s), or penalty(ies) imposed, prison release date(s) and current standing. For all items with an asterisk (*) above, provide a description of the victim including the victim’s age. Write on the back of this paper if needed.

6. General Conviction Information:
   Aside from those crimes listed above, within the past 10 years have you been convicted of or released from jail/prison for any crimes (including misdemeanors and felonies), excluding parking tickets/traffic citations?
   ☐ Yes ☐ No If Yes, indicate all conviction dates, jail/prison release date(s), and the nature of the offense(s). (Use back of page)

Signature
Under penalty of perjury, I certify that the above-stated information is true, correct, and complete. I understand that I can be required to support the information with background checks and that I can be discharged from the Program for any misrepresentation or omission in the above-stated information.

Signature__________________________ Date__________________________
This checklist is a reference tool only. Use it as you work with your health care provider to gather your records. Do not submit this checklist with your application.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>GUIDELINE:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MMR</strong></td>
<td>1&lt;sup&gt;st&lt;/sup&gt; and 2&lt;sup&gt;nd&lt;/sup&gt; immunizations OR&lt;br&gt;Measles, Mumps, and Rubella titers</td>
</tr>
<tr>
<td><strong>DIPHTHERIA/ TETANUS OR TDAP</strong></td>
<td>A TDaP vaccine is required once. A Td booster required every 10 years after TDaP.</td>
</tr>
<tr>
<td><strong>VARICELLA</strong></td>
<td>1&lt;sup&gt;st&lt;/sup&gt; and 2&lt;sup&gt;nd&lt;/sup&gt; immunizations OR&lt;br&gt;Proof of immunity by titer.</td>
</tr>
<tr>
<td><strong>INFLUENZA</strong></td>
<td>Required yearly as an ongoing Health Professions student.</td>
</tr>
<tr>
<td><strong>HEPATITIS B SERIES</strong></td>
<td>3 immunizations and titer&lt;br&gt;Student must document the 1&lt;sup&gt;st&lt;/sup&gt; dose at the time of application to the NAC program and then continue on to complete the series. The full series does not need to be complete at the time of application.&lt;br&gt;2nd dose is administered at least 30 days after the 1&lt;sup&gt;st&lt;/sup&gt; dose.&lt;br&gt;3rd dose is administered at least 6 months after the 1&lt;sup&gt;st&lt;/sup&gt; dose and at least 5 months after the 2nd dose and is required prior to entry into any clinical setting.&lt;br&gt;Final evidence of immunity is to be provided 30 days after 3rd dose and prior to entry into 2nd quarter of nursing. If titer is negative, the entire series needs to be repeated together with a titer. If titer is negative after 2&lt;sup&gt;nd&lt;/sup&gt; series, no action is needed.</td>
</tr>
<tr>
<td><strong>PPD</strong></td>
<td>A 2-step TB test is required as part of the initial TB testing. Thereafter the Tuberculin skin test must be repeated every 12 months. Two negative tests is considered a negative response unless a test has an induration of more than 11mm or more.&lt;br&gt;If your PPD is due to expire during your time in a clinical facility, you must update the test prior to the beginning of the quarter in which it expires.&lt;br&gt;<strong>If any of your PPD’s are positive</strong>, a chest x-ray with written results, and personal statement of no symptoms of TB is required.&lt;br&gt;Note: Tine tests are not acceptable.</td>
</tr>
<tr>
<td><strong>Medical Insurance</strong></td>
<td>Proof of Medical Insurance is required. A copy of the insurance card or policy statement that shows dates of coverage is acceptable.</td>
</tr>
</tbody>
</table>