NURS160 – CERTIFIED NURSING ASSISTANT

PREREQUISITES

(1) ACE 50, ENGL 50, ESL 50, or equivalent
(2) American Heart Association BLS Provider CPR Card (Formally known as American Heart Association HealthCare Provider CPR Card)

BEFORE you are eligible to enroll into NURS160, You must apply to MiraCosta, clear the English requirement AND bring your American Heart Association BLS Provider CPR Card to the Admissions & Records Office, OC3300. NOTE: Prerequisites can take 24-48 hours to process.

The following items must be submitted to the Nursing Administration Office in building T420 on the Oceanside Campus at least two weeks prior to starting the CNA course:

- Current American Heart Association BLS Provider CPR Card (formally known as the HealthCare Provider CPR Card)
- MiraCosta College nursing physical form completed within 90 days of the first day of class
- TB clearance current within one year
- Current Season Flu Shot
- Valid Social Security Card

You may complete the physical and TB clearance through your personal healthcare provider or through the Health Services Department at MiraCosta College in building 3300.

MCC Health Services Information

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB Testing</td>
<td>$5.00</td>
<td>M/T/W/F</td>
</tr>
<tr>
<td>Chest X-ray (only if + TB result)</td>
<td>$22.00</td>
<td>Cassidy Medical Group</td>
</tr>
<tr>
<td>Physical</td>
<td>$40.00</td>
<td>By appointment only</td>
</tr>
</tbody>
</table>

*prices subject to change and should be verified with facility.

* Call (760) 795-6675 for an appointment. Hours of operation are posted on website at: www.miracosta.edu/StudentServices/HealthServices

CPR CARD INFORMATION

Only this card will be accepted for satisfying the prerequisite. A letter from the instructor will not suffice.

Below is a list of some of the training centers that offer American Heart Association HealthCare Provider CPR training. Please contact the individual center to find out when the next available course will be offered. If you need assistance, please call the American Heart Association Customer Service Center at 1-877-AHA-4CPR.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCC Community Education</td>
<td>2075 Las Palmas, Carlsbad, CA 92011</td>
<td>(760) 795-6820</td>
</tr>
<tr>
<td>P.P.H.S.</td>
<td>15615 Pomerado Rd Poway, CA 92064</td>
<td>1-800-628-2880</td>
</tr>
<tr>
<td>Tri-City Medical Center</td>
<td>4002 Vista Way Oceanside, CA 92056</td>
<td><a href="http://www.tricitymed.org">www.tricitymed.org</a></td>
</tr>
<tr>
<td>ABC CPR</td>
<td>2855 Carlsbad Blvd, Carlsbad, CA 92008</td>
<td>(760) 519-4689</td>
</tr>
<tr>
<td>Barbara Gattuso</td>
<td><a href="mailto:bgattuso@san.rr.com">bgattuso@san.rr.com</a></td>
<td><a href="mailto:bgattuso@san.rr.com">bgattuso@san.rr.com</a></td>
</tr>
<tr>
<td>Apex</td>
<td><a href="http://www.apexmedicaltraining.com">www.apexmedicaltraining.com</a></td>
<td>(442) 207-9292</td>
</tr>
</tbody>
</table>

Students who successfully complete the Certified Nurse Assistant course will be eligible to take the state certifying exam which will be arranged each semester.

Rev. 8/17
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- □ Current Season Flu Shot
- □ Valid Social Security Card

By singing below, you acknowledge that the requirements listed above must be kept current in order to be enrolled in the Certified Nursing Assistant (NURS 160) course. Failure to do so will result in being dismissed on the first day of class.

Student Signature: __________________________________________________________

REC’D BY: ____________________________________________ Date

For Office Use Only

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Date Completed</th>
<th>Date of Expiration</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHA BLS Provider Card</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCC Physical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flu Shot</td>
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<tr>
<td>SSN</td>
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</tbody>
</table>
Student’s/Patient’s Name: _______________________________ Date of Birth: ____________

Date of this physical examination: ______________________

Medical History
Do you have or have had in the past:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>If yes, please explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seizures or neurological disorder(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye, ear, nose or throat disorder(s)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Diabetes, thyroid or other endocrine disorder(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muscle, bone or joint disorder(s)</td>
<td></td>
<td></td>
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<tr>
<td>Asthma or respiratory disorder(s)</td>
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<tr>
<td>Heart or circulation disorder(s)</td>
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<td></td>
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<tr>
<td>Skin disorder</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Gastrointestinal disorder(s)</td>
<td></td>
<td></td>
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<tr>
<td>Psychiatric disorder(s)</td>
<td></td>
<td></td>
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</tbody>
</table>

Previous Hospitalizations or Surgical History (date and reason):
__________________________________________________________________________________________
__________________________________________________________________________________________

Current Medications: ________________________________________________________________

Negative T.B. is required. Please submit lab results.

Is patient currently pregnant?    ☐ Yes    ☐ No

Allergies: ______________________________________________________________

Physical Examination This is a physical evaluation for occupational ability and is not to be interpreted as a diagnostic medical examination. The Essential Functions Required of Nursing Students (page 2) must accompany this form.

Height: ______ Weight: ______ B/P ________ P ________

Ears, nose, and throat: ____________________________________________________________

Neck: ____________________________________ Lymph Nodes: _____________________________

Skin: __________________________________________________________________________

Heart: ____________________________________ Lungs: ________________________________

Abdomen: _________________________________________________________________________

Extremities: _____________________________________________________________________

Neurological: ___________________________________________________________________

Can this student perform the essential motor and sensory functions (see reverse side of form) required of nursing students?    ☐ Yes    ☐ No    If no, please explain on reverse side.

Physician’s Signature: _____________________________________________________________

Name typed or printed: _____________________________________________________________

Address: ____________________________________________________________
ESSENTIAL FUNCTIONS
REQUIRED OF NURSING STUDENTS

MOTOR CAPABILITY:
1. Move from room to room and maneuver in small places.
2. Transfer patients who may require physical assistance.
3. Guard and assist patients with ambulation.
4. Lift and carry up to 50 pounds and exert up to 100 pounds force for push/pull.
5. Squat, bend/stoop, reach above shoulder level, kneel, use standing balance, and climb stairs.
6. Use hands repetitively; use manual dexterity.
7. Adjust, apply, and clean therapeutic equipment.
8. Perform CPR
9. Travel to and from academic and clinical sites.
10. In the average clinical day, students sit 1-2 hours; stand 6-7 hours, travel 1-2 hours.

SENSORY CAPABILITY:
1. Coordinate verbal and manual instruction.
2. Assess a patient 10 feet away to observe patients posture and response to treatment.
3. Respond to a timer, alarm, or cries for help.
4. Monitor vital signs.
5. Auditory, visual, and tactile ability sufficient to assess patient status and perform treatments (Example: color changes in skin, hear heart and lung sounds).

COMMUNICATION ABILITY:
1. Communicate effectively in English with patients, families, and other health care providers, both verbally and in writing (Example: explain treatment procedures, teach patient and families, document in charts).
2. Effectively adapt communication for intended audience.
3. Interact and establish rapport with individuals, families, and groups from a variety of social, emotional, cultural and intellectual backgrounds.
4. Assume the role of a health care team member.
5. Function effectively under supervision.

PROBLEM SOLVING ABILITY:
1. Function effectively under stress.
2. Respond effectively to emergencies.
3. Adhere to infection control procedures.
4. Demonstrate problem-solving skill in patient care (measure, calculate, reason, prioritize, synthesize data).
5. Use sound judgment and safety precautions.
6. Address problems or questions to the appropriate person at the appropriate time.
7. Organize and prioritize tasks.
8. Follow policies and procedures required by clinical and academic settings.