# **Nurse Assistant & Home Health Aide Training Programs**

# **Student Application and Requirements**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID: Semester:

LACCD Email: Phone Number:

1. Must be officially enrolled at Los Angeles Mission College – [www.lamission.edu](https://www.lamission.edu/) - [[**Apply Online**]](https://www.laccd.edu/Students/opencccapply/applylamc)
2. Must be a minimum of 16 years old per CDPH to receive their certification.
3. Have an LAMC Student I.D. Card

Must be enrolled in Allied Health 021**OR** submit a Basic Life Support (BLS) for Health Care Providers card issued by the American Heart Association (AHA).

**Complete the following requirements at least 2 and no more than 60 days**

**prior to the first day of the class.**

*Start the process early as some requirements may take a long time to complete.*

1. Urine Negative Drug Test (Minimum 8 OR 10 Panel study) – *Lab Results with the list of drugs screened* must be included.
2. Health Record (HR) (see HR form) must be completed prior to the start of the program signed by a Physician, Nurse Practitioner, or Physician Assistant, specifying that you can participate in the clinical portion of the program without any limitations.

Health Record must include the following:

* Physical Examination completed in the LAMC Health Record
* Proof of Absence of Tuberculosis - negative skin test OR negative QuantiFERON Gold TB test, OR negative chest x-ray (within 2 years prior to the start of program)
* Immunization Record or Titer Test Result showing immunity to the following:

\_\_\_*Hepatitis B (x3) \_\_\_MMR (\_\_\_Measles \_\_\_Mumps \_\_\_Rubella) (x2), \_\_\_Polio (x5)*

*\_\_\_Tetanus (within 10 years) \_\_\_Varicella (Chicken pox, x2*) *\_\_\_Flu Vaccination (when available)*

*\_\_\_Copy of COVID-19 card with 2 vaccinations and 1 booster (required by healthcare facilities where clinical training takes place).*

1. PurchaseNSO Malpractice Insurance Certificate (must be 18 years old or older)

**The following documents will be provided in class and must be completed**

**the first week of the semester with staff guidance.**

1. Live Scan / Criminal Background Clearance *(Typed).* Required to participate in the clinical portion of the program as well as certification by CDPH.
2. CDPH 283B / CNA & CDPH 283D / HHA Initial Application Forms *(Typed)*

*Please follow the instructions carefully. Please keep your own copies for your records.*

Students successfully completing the Nurse Assistant course will be eligible for certification through the State of California Department of Public Health (CDPH) after successful completion of the State Exam. Applicants who have been convicted of a criminal offense may not be eligible for certification. Please visit the [certification requirements online](https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/CNA.aspx). By signing this form, you are verifying that you understand the prerequisites and the licensing requirements for the Nurse Assistant and Home Health Aide Training Programs.

*I understand that falsification or intent to withhold information under penalty of perjury shall constitute grounds for dismissal from the Programs.*

*Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date:*

 **DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY**

Student file reviewed by: Date:

Student approved for entrance into the program by: Date: