



NURSING ASSISTANT APPLICATION

Student Name (Last, First): _____

Quarter Student is applying for (Fall, Winter, Spring, Summer): _____

Lab Section Preference (not guaranteed): _____

ctcLink ID Number (issued after you apply to GRC): _____

Green River Email Address (if available): _____

Personal Email Address: _____

Phone Number: _____

The Nursing Assistant Certified (NAC) or Certified Nursing Assistant (CNA) will provide activities of daily living such as eating, bathing, teeth and mouth care, monitoring intake and output, checking blood sugars and vital signs dressing, walking, and assisting someone out of bed and into a chair. The NAC will assist the healthcare client with memory/physical exercises to maintain their level of ability. They may seek and receive employment in assisted living facilities, long-term care facilities, home care, and adult care centers. Upon successful completion of the program, graduates are eligible to apply to take the state exam for license to become a NAC or CNA. An additional benefit of this program for those moving on with licenser is the knowledge gained from this program and experience creates a pathway for those interested in pursuing a License Practical Nurse (LPN) or Associates Degree in Nursing and Register (ADN-RN).

This document is available in alternative formats to individuals with disabilities by contacting Disability Support Services at 253-833-9111, ext. 2631; TTY 253-288-3359; or by email at dss@greenriver.edu. Green River College is an equal opportunity educator and employer. Learn more at www.greenriver.edu/accessibility.

12 credit program and will only take one quarter to complete (2-3 months)

ELIGIBILITY TO APPLY - MUST BE FULLY COMPLETE

- Apply to Green River College: <https://www.greenriver.edu/students/academics/getting-started/>. Once an application is submitted, a ctcLink identification (ID) number will be issued through the email the applicant applied with.

- ❑ **Color copy of valid photo ID** acceptable IDs include a driver's license or any state-issued photo ID.
- ❑ Must be 18 Years of age or older prior to graduation date and licensure.
- ❑ Successfully complete the background check, drug screening and acknowledgement forms. **DO NOT RUN THE BACKGROUND CHECK OR PERFORM THE DRUG SCREENING AT THIS TIME.** Refer to pages 6-7.
- ❑ Submit copies of up-to-date immunization tests. This can take up to 8 months to complete. Refer to pages 4-5.
- ❑ Submit proof of personal health insurance. Refer to page 5.
- ❑ Complete the Acknowledgement form. Refer to page 7.
- ❑ Submit a copy of your test scores or transcripts demonstrating eligibility for ENGL& 101. Refer to page 5.

Email all application materials in PDF form to the Office of the Registrar, RegistrarsOffice@greenriver.edu

Applications will be accepted on a first come, first served bases. Students who submit the completed application, with all required documents will be admitted to the program after receipt.

ACCOMMODATIONS

Candidates for the Nursing Assistant Program are required to certify that these standards have been provided to them. Applicants who need accommodations to meet standards may request accommodations. Eligibility for accommodations are identified through the Disability Support Services office. Additional information about requesting accommodation is available at www.greenriver.edu/DSS.

FUNDING OPTIONS

- Workforce Education: <https://www.greenriver.edu/students/academics/workforce/>. Workforce Education programs provide financial support to help connect students with a path into a high-demand, high wage career. If eligible, Workforce Education Grants may provide funding for tuition, books, childcare, transportation, and specialized tools/equipment. Students must meet with a Workforce Education Coordinator to determine eligibility.
- Grants and Scholarships: Please refer to the Green River College website for funding options.
 - FAFSA: <https://www.greenriver.edu/students/pay-for-college/financial-aid/>
 - Green River Foundation Scholarships: <https://www.greenrivercollegefoundation.org/applynow>
 - Washington State Scholarship: <https://www.greenrivercollegefoundation.org/scholarships/otherfunding>

COST

Please refer to the Green River College website for the current tuition rates and fees:

<https://www.greenriver.edu/students/academics/getting-started/tuition-fees/>.

| Nursing Assistant Program Tuition and Fees | |
|--|---------------|
| Required | Approx. Cost |
| Tuition (In-State) | \$1444 |
| Course Fees | \$250 |
| Approximate Total | \$1694 |

The following are the expenses required for the program. Please do not purchase these items until you are enrolled in the program.

| Nursing Assistant Program Expenses | |
|--|------------------|
| Required | Approx. Cost |
| Books (Textbook, Workbook) | \$100-200 |
| BLS Card (AHA adult, infant, child, AED) | Included |
| Liability Insurance | \$21.00 |
| Uniform (scrub top and pants) | \$20.00 + |
| Health/Illness Insurance | Student Arranged |
| Name Tag | \$8.00 |
| Shoes – solid white or black, vinyl or leather | \$20.00 + |
| Gait Belt | \$15.00 + |
| Stethoscope – single barrel preferred | \$25.00 + |
| Blood Pressure Cuff | \$25.00 + |
| Watch with Second Hand | \$10.00 + |
| Approximate Total | \$250 + |

Following successful completion of the program, the student will complete the requirements for licensure, including state required testing and certification fees.

| Nursing Assistant Certification Costs | |
|--|--------------|
| Required | Approx. Cost |
| National Certification Exam | \$110 |
| Certification Application Fees with the Department of Health | \$65.00 |
| Approximate Total | \$175 |

IMMUNIZATIONS AND ADDITIONAL INFORMATION

REQUIRED IMMUNIZATIONS AND TESTS

In order to participate in the Community Lab/clinical courses, students need to have all of the immunizations and tests completed. **Documentation must be from a healthcare provider and include signature, credentials, and date (mm/dd/yyyy).** Can take up to 8 months to complete. Please refer to the [GRC Nursing website](#) for directions. Green River College will not attempt to locate an alternative location for clinicals for those that do not have the required immunizations and tests.

Tuberculin Status [PPD(TB)]: Must have 2-step TB noting placement location and results with dates (4 visits total), or a Quantiferon blood draw.

If no records or more than 12 months since last Two-Step TST, a Two-Step TST must be done before enrollment in the program. The 2-step process is explained as follows:

- **First visit:** Get the TB shot (make sure you get documentation for this – date and signature).
- **Second visit:** Two days after visit #1 you go back to get the TB Test Reading (results) – this should be given in millimeters (mm), which will determine whether the test is positive or negative.
- **Third visit:** No sooner than one week after visit #1 (1st TB shot), no later than two weeks after visit #1. You will get the whole process done over again. This visit you get your 2nd TB shot.
- **Fourth (final) visit:** Two days after visit #3 you will get the 2nd TB shot reading. Again, you need documentation stating the results in millimeters (mm) and whether the effect is positive or negative.

Note of Caution: Be aware that a 2-step TB has 4 total components, the TB shot and TB reading, both done twice. You must have 2 separate TB Tests within the proper timeframe. For your convenience, a **form is available on Page 9** that can be filled out by your provider and follows the above guidelines for timed 2-step TB testing.

If an applicant has a medically documented history of prior BCG vaccine, an IGRA test will need to be obtained. If the results are positive, they will be required to get a clear chest x-ray and provide a negative symptom check from a healthcare provider. (IGRA should be drawn on the same day as live-virus vaccines or weeks after administration of live-virus vaccines.). Students with a history of positive TB results must provide proof of a clear chest x-ray and submit an annual negative symptom check from a healthcare provider.

Hepatitis B: The Hepatitis B vaccination is a series of 3 intramuscular injections completed at appropriate time intervals (1 and 6 months after the initial dose) and a post-vaccination titer (blood draw) at 6-8 weeks after the series completion. If the titer is negative, then the series is repeated, and another titer is drawn 6-8 weeks after the completion of the second series. This vaccination can be obtained through your healthcare provider. Students may also provide documentation of a positive titer (anti-HBs or HepB Sab) or sign a vaccination declination. However, specific healthcare institutions may require vaccination

without exception; alternate clinical rotation arrangements will not be made. Can take up to 8 months to complete.

Tetanus, diphtheria, pertussis (Tdap): Must have one adult dose of Pertussis (Tdap) after age 18. And a Tdap or Td within 10 years.

Measles (Rubeola), Mumps, & Rubella: Proof of vaccination (2 doses at appropriate intervals) or proof of immunity by titer, showing resistance to all three.

Varicella (Chickenpox): Proof of vaccination (2 doses at appropriate intervals) or proof of immunity by titer.

Flu: Annual season flu vaccination is required for community clinics. Typically offered beginning in August/September and available through April.

COVID-19: We require the two-step Moderna or Pfizer OR one-step Johnson & Johnson COVID-19 vaccine in order to participate in the program. At this time, we also require the booster for those eligible.

ADDITIONAL REQUIREMENTS

Medical Insurance: Provide a copy of your medical insurance card. If you do not have medical insurance, you will be required to complete a waiver form after you are enrolled in the program. Please note in your application that you do not have medical insurance in order to prevent delayed registration.

Liability Insurance: Purchase insurance during the first week of the fall quarter from Green River College.

Eligibility for ENGL& 101: To participate in the program students must be eligible for ENGL& 101. Applicants must submit a copy of your test scores or transcripts demonstrating eligibility for ENGL& 101.

I-BEST SUPPORT

Classroom success can be yours, even if you have trouble in a traditional classroom setting. The Nursing Assistant program incorporates the I-Best program, where you can receive help from an additional instructor all quarter long. This second instructor assists your primary teacher helping you with: English as a second language, study skills development, math skills assistance, test taking, career options. To qualify for the additional I-Best program support, you must take a placement exam called the CASAS. All students are required to take the CASAS exam during the first week of class.

BACKGROUND CHECKS

The following section must be completed and turned in with your application. **Do not pay to run the background check.** We will contact you when it is appropriate for us to run a background check. Clinical fieldwork is integrated throughout the program and is required for all students. Placement can occur but is not limited to, the following settings: long-term care, rehabilitation care, outpatient clinics, school districts, pediatric clinics, hospitals, and home health. Disqualifying factors on a criminal background check limits or prevents Community Lab/clinical placement and employability. If you have cause for concern regarding your criminal history outcome or any charges related to vulnerable populations (i.e., children, vulnerable adults), contact the Department of Health <https://www.doh.wa.gov/> to receive clarification about the background as it pertains to licensure. Final admission to the program is dependent upon the results of this background check. See [Washington State DSHS Secretary's List of Crimes and Negative Actions](#).

CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

All students who will be placed in practicum education sites for Green River College's health occupation programs are requested to complete the below, Washington State Patrol Abuse Clearance section. The purpose of this abuse clearance is to assure the safety and well-being of patients, clients, and children who come into contact with students. Practicum education sites are expecting that Green River students will not pose undue risks to the safety of patients/children.

The Washington State Patrol, abuse clearance request, is for the following: "Child/Adult Abuse Information: Response limited to convictions against children or other persons, dependency proceedings, abuse of vulnerable adults, and DOL disciplinary board final decisions and any subsequent criminal charges associated with the conduct that is the subject of the disciplinary board final decision." Please be aware that information on other felony and misdemeanor convictions may be reported from the State Patrol office. This abuse clearance is used only for the purpose of practicum education placement, determination and further dissemination or use of the record is prohibited.

As stated earlier, all students are **required to complete this form**. Any student choosing not to complete this process must be aware that the ability of faculty to arrange practicum education experiences will be severely restricted and, in some instances, impossible. A large number of facilities (all of them for the Nursing Assistant Program) require proof of this clearance before students are allowed to participate in any practicum and clinical activities.

I have read and understood this information about the Washington State Patrol Abuse Clearance.

Signature: _____

Date: _____

Complete the following information permitting the program to run the required background checks. Please ensure that you print clearly.

Last Name: _____

First Name: _____

Middle Name (if none, state 'NMN'): _____

Alias/Maiden Name: _____

Date of Birth (MM/DD/YYYY): _____

ACKNOWLEDGEMENT

By indicating below, I verify that this application packet for the Nursing Assistant Program is accurate and has been completed to the best of my knowledge. I, at this moment, authorize Green River College to perform criminal background checks, maintain the record(s) until I graduate or withdraw from the program, and share the information as requested by clinical sites. **I understand any questionable records/incidences in my past can prevent me from completing clinical and therefore, without clinical I cannot complete this program.** I understand that I may request a reasonable accommodation to meet the standards.

1. I will be checking my personal email (or GRC email if available) regularly _____ Initial
2. I understand I must successfully pass a drug screen and may be fingerprinted for clinical placements _____ Initial
3. I read the disqualifying factors located on [WA State DSHS](#) website _____ Initial

Student Name (Last, First): _____

ctcLink ID Number: _____

Signature: _____ Date: _____

DOUBLE CHECK THAT ALL IS INCLUDED IN YOUR APPLICATION

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- 18 Years of Age or Older prior to graduation date and licensure
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Dear Healthcare Provider,

You are receiving this letter to help us document an applicant or current student’s vaccination record. For our Health Sciences Programs we require that students be tested for tuberculosis using one of two options:

1. **A QuantiFERON test that is negative.** If the lab result states the applicant/student is positive, the applicant/student will be required to provide a negative chest x-ray and physician evaluation stating the student has no current symptoms. An asymptomatic applicant/student, whose chest x-ray and assessment indicates no active disease, may attend class/clinical.
2. **A two-step TB skin test (TST) that is negative, given 7-21 days apart.** If at any point in the testing the TST is positive, it indicates that the applicant/student has been exposed to TB. The applicant/student will be required to provide a negative chest x-ray and physician evaluation stating the student has no current symptoms. An asymptomatic applicant/student, whose chest x-ray and assessment indicates no active disease, may attend class/clinical.

For students who received a QuantiFERON Test or those requiring physician’s assessment and chest x-ray please attach a signed copy of the medical record indicating the results.

TWO STEP TB TESTING DOCUMENTATION

| First TB Test: | |
|--|------------------------------------|
| Placement Date: | Location of Placement: |
| Reading Date (48-72 hrs after placement): | Results (documented in mm): |

| Second TB Test (placed 7-21 days later): | |
|--|------------------------------------|
| Placement Date: | Location of Placement: |
| Reading Date (48-72 hrs after placement): | Results (documented in mm): |

Students Name (First and Last): _____

Printed Name of Healthcare Provider and Credentials: _____

Signature of Healthcare Provider: _____

Signature Date: _____

Address of Healthcare Facility: _____