ATTENTION NURSE AIDE STUDENTS:

If all required documents are not complete and brought with you on the first day of class, you will not be admitted to class. Please read in detail the attached information.

Thank you!

THIS PACKET CONTAINS REVISED INFO ABOUT THE FBI REPORT REQUIREMENTS!!! (EFFECTIVE WITH NURSE AIDE CLASSES STARTING JANUARY 1, 2019)

++ PLEASE READ++
Dear Prospective Nurse Aide Student,

Thank you for registering for the Nurse Aide Training Program with HACC, Central Pennsylvania’s Community College. This is a 120-hour program which includes classroom, lab and clinical experiences. You can expect to do approximately 30 minutes of homework for every hour of class. This means if you have a 7 hour day of classroom time, you can expect to do 3.5 hours of homework after class each day. This is an intense program and you need to be able to arrange your lifestyle to give you the needed time to study.

Here are some important facts and answers to frequently asked questions about the program that you need to read and understand prior to taking this course. Please read them and if you have any questions, contact our office at 717-221-1352.

**Communication**

This course is taught in English with English textbooks and workbooks. You must be able to speak, write and understand English fluently. Please review the Essential Qualifications paperwork enclosed in this packet of information to make sure that you can perform the essential functions of a nurse aide.

**Grades**

There are 2 written tests and a final exam included in this program and you must get a 75% or higher on each exam. Each test can be given to you a second time if you fail the first time but if you fail to get a 75% or higher on the second test you will be dismissed from the program and no refund will be given. These tests are not cumulative and you must pass each test with a 75% or higher in order to continue in the program. The tests ensure that you have the necessary knowledge to move on to the next level of the program and to begin caring for a resident in the clinical setting.

The clinical rotation is also graded and if unable to attain a 5.0 average on the clinical area by demonstrating safety, privacy, individuality, communication and good infection control practices, you could also be dismissed from the program. You will be giving direct patient/resident care on the clinical unit and must demonstrate satisfactory performance. The point system for the clinical average is described in detail in the workbook that you will receive on the first day of class.

Lab Skill Competency – must satisfactorily complete all lab skills before moving on to the clinical rotation.

**Attendance**

The first 24 classroom hours of this program are mandatory. You cannot miss any time during the first 24 classroom hours. If you know before taking the course that you have an appointment, either reschedule the appointment or register for another date to take the nurse aide class. After the first 24 classroom hours, you may miss a day if ill or an emergency arises, but please be aware that you must make up all time in a future class. You must notify your instructor if you cannot come to class; otherwise, it will be deemed as a no call/no show and you will be dismissed from the program. Make-up time is usually scheduled during the next class based on class availability. This means that you may have to drive a further distance than where you are taking the course at present. You must make up any time missed within 1 month of your original class date, unless arrangements are made previously with the instructor or the HACC office. You must make up each minute that is missed of class. You are only allowed to miss 2 days (which must be made up at a later date). If you miss more than 2 days, you will be dismissed from the program and no refund will be given. Lab skill competency must be demonstrated prior to working on the clinical floor with residents. Remember, your classmates and residents on the clinical area are counting on you to be part of their team. By showing up each day, you are preventing additional assignments to your classmates and disappointment on the part of your assigned resident.
Class Schedule
The classes are required to have a minimum of 6 students in order for the class to run. If at the start of class there are less than 6 students enrolled, the class may be delayed or cancelled. It is your responsibility to obtain all of the necessary paperwork in order to be admitted into the class. Any questions about the completeness of your paperwork may result in a transfer to another class at a later time until the paperwork can be completed. In this case, you will either be transferred to another available class or refunded if another site or a delay does not accommodate your schedule. Please note if there is inclement weather class may be delayed or canceled for the day, do not plan vacations, appointments or job interviews for the day after your expected graduation date in case the class is extended.

Disability Services
If you have an Individualized Education Plan (IEP) or have any special accommodations which are supported by documentation, we request that you contact HACC’s disability services at 717-780-2614. You need to contact their office well in advance of the class start date in order for them to complete the assessment of accommodations. Please be aware that accommodations for the State Competency Exam taken after the course is completed, must be applied for at least a month in advance of taking the state test. You can review the accommodations page at www.pearsonvue.com/nurseaides. Click on PA Nurse Aides and follow the link for test accommodations. Current (1-5 years) documentation of a disability is necessary when requesting accommodations and is outlined in detail at the above website.

Required Documentation
These steps must be followed prior to the first day of class, and all paperwork must be submitted to the instructor on the first day of class for acceptance into the program. If paperwork is inaccurate or not completed, you will be asked to transfer to another class at a later date or receive a refund for the paid tuition. You are responsible for making sure everything is completed. If you have questions concerning the completion of any paperwork, please call our office at 717-221-1352 and we may have you fax or email us the documentation.

Please refer to additional documentation in this packet concerning these requirements. These items must be brought to class on the first day.

- Health Examination Form (attached to this packet of information)
  a. 2-step PPD – this must be done accurately and within the stated time frames. The test must be read NO SOONER THAN 48 and within 72 hours and the second test placed 7 to 21 days after the first one is read, not 7 days after it is given.
  b. Physical examination – the 3 “yes” and “no” questions on the health exam form must be answered and signed by your primary care provider. If any of the answers are “no” contact our office as this may prevent you from attending the class. If you are pregnant, your primary care physician may require you to get permission for the lifting requirements from your OB/Gyn. If there have been any changes to your physical condition since the time of your physical, i.e. surgery, back or neck injury, you will be required to update the physical and obtain a release from your physician prior to Day 1 of the class.
  c. Flu shot is required if participating in a nurse aide class between the months of October and March. Please have documentation of receiving the flu shot. Many nursing homes may require the flu shot.
- PA State Police – Criminal History Record Information (CHRI) check – all students must have this completed. If you have a background, other than “No Record”, you may call our office after you receive your background check in the mail to check to see if you are able to take the Nurse Aide Training Program based on your background check results. Also you are to review the Prohibitive Offense List that is in this mailing. All background checks with a “record” must be completed with a final disposition for each crime, or you cannot enroll in the nurse aide program. Once the offense is graded and has a final disposition you can enroll in a Nurse Aide class assuming the final offense is not on the prohibitive offense list. Please keep in mind that some employers have their own requirements concerning a “record” and you may want to check with employers in your area before taking the course to see if you qualify for hiring at their site. When printing a “No Record” CHRI, please click on “certification form” and print the page with the state seal and the lieutenant’s signature.
PA state police website: https://epatch.state.pa.us/
While a CHRI is acceptable for nurse aide training, you should be aware that Pennsylvania maintains a data base by the Department of Health and Human Services’ Office of Inspector General (HHS OIG) that identifies individuals or entities that have been excluded nationwide from participation in any federal health care program. Health care facilities are required to develop policies and procedures for screening of all employees to determine if they have been excluded from participation in federal health care programs. If you are on this exclusion list, it is possible that you will not be eligible for employment in a health care agency/facility. To see if you are on the list please go to http://oig.hhs.gov/fraud/exclusions.asp.

- **FBI check through the Department of Education** – if you have not been a full-time resident of Pennsylvania for the last two consecutive years then you must obtain the FBI check in addition to the PA State Police background check. You must also obtain the FBI report if you have any of the listed prohibitive offenses in another state, no matter how long you have lived in PA. **There is a fee for obtaining an FBI check.** The procedure for obtaining the FBI check through the Department of Education is included in this packet. (Page 9). It may take up to 6 weeks to complete this process.

- **Pennsylvania Department of Education Verification of Pennsylvania Residency and Attestation of Compliance with Act 14.** This must be completed and signed and brought to the first day of class. You will need to fill in where you have lived for the past two years and show the instructor a photo ID with your legal name and PA address. The instructor will verify your ID and sign the area “Signature of an Authorized NATCEP Representative”. The bottom of the form also needs signed after you review the prohibitive offense list that is attached. If you have not committed any of the offenses in PA but was convicted outside of the state of PA, you will need to obtain an FBI report along with the PA State Police Criminal Background Check. You can call the HACC office at 717-221-1352 if you have questions concerning your background check or any offenses.

- **ID** – you must bring two forms of Identification to Day 1 of the class, one of which must be a photo ID with your current address. Photo ID may be a driver’s license, passport, or state issued identification card. The other signature-bearing ID card could be your social security card, credit card, library card or other card with your name and signature. The original identification is required and copies are not accepted. These forms of ID will not be copied unless there is a change of name or address that has to be included with your class file. If you have changed your name since registering for the course, you must supply legal documentation showing your name change, i.e. marriage license or divorce papers.

**Dress Code** – white uniforms or scrubs are required to identify you from the regular staff in the nursing home. Nursing homes designate different color scrubs for their employees depending on the area they are assigned. HACC requires white so staff will recognize that you are a student and not an agency nurse aide or an employee of the facility. This provides safety so a staff member won’t ask you to do something that you do not have the permission to do as a nurse aide student. Uniforms must be worn during the entire class.

**Student Contract** – the student contract is included in this packet of information for your review. Please read this and be prepared to sign it on Day 1 of the class. This document will be included in the workbook that you will receive on Day 1 of the class. If you are under age 18, you must have your parent or legal guardian sign this form and bring it to class with you.

**Refund Policy**
Students may request a 100 % refund 3 business days prior to the start of class. No refunds will be issued once class has started.
**Reimbursement Opportunity**
If you are employed by a Skilled Nursing Care Facility (Medicare/Medicaid) within 12 months of completing the Nurse Aide Training Program and have paid for testing and training yourself, you are eligible for reimbursement of those funds. You will receive a reimbursement letter on the last day of your training class (don’t lose it as we cannot reissue a lost letter). This letter is then given to the Nursing Home Facility where you have been employed. After 130 hours of employment, you will receive \( \frac{1}{2} \) of your money and the remaining half after you have worked an additional 130 hours. If you have questions pertaining to the type of facility required to give you the reimbursement you can call the HACC office at (717) 221-1352 or ask your instructor.

**Replacement cost for Certificates of Completion, PPD’s/Physical exams or Criminal Background Checks**
Always keep a copy of the above documents for your records. These forms may be needed by a future employer. The replacement cost for any of the above items is $15 and you may request them by calling the HACC Healthcare/Workforce Development office at (717) 221 – 1352.

**Nurse Aide Registry**
Successful completion of this course prepares you to take the Pennsylvania Nurse Aide Competency Exam and enroll in the Nurse Aide registry for the Commonwealth of Pennsylvania. There is an additional cost of $102 (price subject to change) to take the registry exam. Information about the exam will be given to each student while attending the nurse aide class. This cost is in addition to your tuition for the nurse aide class. It is not a HACC program and this is something that you register for after you have successfully completed the Nurse Aide Training Program and have obtained your certificate of completion. You must have a valid email address in order to register for the exam and you will be required to enter this email address on paperwork during the first day of your class.

You are welcome to visit our website at [www.hacc.edu](http://www.hacc.edu). If you need more information about the Nurse Aide Training Program, please enter Nurse Aide in the search box.

Thank you for enrolling in our Nurse Aide Training Program.

Healthcare Education/Workforce Development
HACC – Nurse Aide Training Program
One HACC Drive
Harrisburg, PA 17110
Phone: 717-221-1352
Fax: 717-909-9447

HACC recognizes its responsibility to promote the principles of inclusion and equal opportunity in employment and education. Therefore, it is the policy of HACC, in full accordance with the law, not to discriminate in recruitment, employment, student admissions, and student services on the basis of race, color, religion, age, political affiliation or belief, gender, national origin, ancestry, disability (physical or intellectual based challenges), place of birth, General Education Development Certification (GED), marital status, sexual orientation, gender identity or expression, veteran status, genetic history/information, or any other legally protected classification. Inquiries should be directed to the Office of the President, One HACC Drive, Harrisburg, PA 17110, telephone 717-736-4104.
In order to meet the timeframe requirements for physical exam, PPD (Tuberculin) tests and the Criminal History Background Check for admission to your Nurse Aide class, these are the recommended timelines:

- **Six weeks (6) weeks before class start date** if you require an FBI Background Check (see page 9)
- **Four weeks (4) weeks before class start date** request PA State Police background check
- **Three (3) weeks** before your scheduled start date have your physical performed
- **Three (3) weeks** before your scheduled start date have your first PPD test
- **One (1) week** before your scheduled start date have your second PPD test.

You must bring documentation of these requirements with you the 1st day of class. You will NOT be admitted to class if these items are not complete. More information on each of the requirements is listed below.

1. **PHYSICAL** No older than 1 year from the class start date.
   
   Documentation of the physical must include that the student is:
   
   a) able to lift 40 pounds to waist level without any physical limitations or restrictions
   
   b) free from communicable disease
   
   c) Form signed by M.D., P.A., N.P., or D.O. (Signature of midwife not acceptable)

2. **PPD 2-step Tuberculin** must be administered and results read within 1 year of the start of the class.
   
   a) documentation of (2) separate PPD tests (include dates & signature when administered & read)
   
   b) second PPD must be administered 7-21 days after the first PPD is read. Both steps must be administered and read prior to the class start date
   
   c) written report of chest x-ray, if PPD is positive
   
   d) If PPD’s not given, please bring lab results from the IGRA blood test (QuantiFERON® – TB Gold In-Tube test (QFT–GIT) or SPOT® TB test (T–Spot). This test with negative results will be accepted if PPD’s are not completed.

3. **CHRI Criminal History Record Information**: No older than 1 year from the class start date.
   
   a) All students must have a Pennsylvania State Police Background Check. No other state or online record check service will be allowed.
   
   b) Background check can be obtained through the mail and will take approximately 3-4 weeks to receive results or it can be obtained online at the Pennsylvania State Police Website at: https://epatch.state.pa.us.
   
   i. If using the PA State Police Website, please be sure to make a note of the control number and once the report is processed you can click on the link that says Certification Page and print the page that contains the PA State Seal.
   
   ii. If you have any questions regarding any items on your background check or what offenses are prohibited, please contact our office.
   
   c) If you have not been a full time resident of Pennsylvania for the past two consecutive years you are required to complete a Federal Background Check in addition to the PA State Police Background Check. You must follow the “Procedure for Obtaining a FBI Report” on page 9 of this document. It may take up to 6 weeks to complete the process.

4. **Verification of Pennsylvania Residency and Attestation of Compliance with Act 14**
   
   a) This form must be completed and brought to class on the first day.
   
   b) If you were never convicted of a prohibitive offense in Pennsylvania (see list of prohibitive offenses) but have been convicted in another state (no matter how many years ago), then you must obtain an FBI check by following the “Procedure for Obtaining a FBI report”.

5. **Identification** You must bring two (2) forms of Identification to the first day of class. One must be a photo ID with signature (example: Driver’s License, Passport, Government issued ID); the other needs only your signature (example: credit card, social security card).
MANDATORY ATTENDANCE: The first 24 hours of program time is mandatory. Failure to report at any time during the first 24 program hours will result in an immediate dismissal from the program. Students must complete the total of 120 hours to receive a "certificate of completion". If the student misses any portion of the class other than the first 24 hours the instructor will contact the Nurse Aide Training program office to discuss make-up time arrangements. A certificate will not be granted until all program requirements are met. In the event there is inclement weather your instructor will contact you regarding any possible delays or cancellations.

DRESS CODE:
Failure to follow the dress code requirements may result in dismissal from the program

Clothing:
Solid white uniform or white scrubs are mandatory daily attire unless otherwise specified in writing.

Undergarments:
Appropriate to style of uniform. Neutral color that blends well with skin tone so they are not visible through the white uniform or scrubs.

Shoes:
Clean white polished; clinical, low heel, non-skid soles or clinical style sneaker (no heel strap). No clogs or canvas shoes, sandals, stacked heels, open-toe or open heel shoes. Clean white shoestrings.

Sweaters (not required):
If you wish to wear a sweater it must be washable and a cotton, button down sweater that is not baggy. Acceptable colors are white, navy blue, gray or black.

Fingernails:
Natural nails must be no longer than 1/8 inch. No artificial nail products may be worn (for example, no tips, jewelry, overlays, wraps, polish, etc.).

Hair:
Clean and well groomed. Worn off the collar and secured away from the face. Hats, caps, hoods, bandanas, sweatbands are not acceptable. Head coverings for religious or medical reasons must be discussed with the instructor or call the HACC office at 717-221-1352.

Jewelry/Tattoos/Piercings:
A smooth, plain ring may be worn. Earrings may not dangle below earlobe (a limit of two earrings per ear. A spacer must be worn if ear lobes are stretched. A clear/flesh colored retainer must be inserted for any visible body piercing. Do not wear bracelets, necklaces, or visible body rings. Visible tattoos must be covered

Wristwatch:
A wristwatch is mandatory and must have a second hand

Personal Hygiene:
Take a daily bath or shower with soap and water. Use of anti-perspirant or deodorant. Men with facial hair should be clean shaven with neatly trimmed beards, mustaches or sideburns.

OTHER INFORMATION:

Study Time: Please be prepared to set aside time to study. Recommended time for studying is 30 minutes for ever hour of class time.

Supplies: Bring a notebook, pen, pencil, and highlighter for the first day of class.

All classes have maximum and minimum enrollment numbers, which must be satisfied before a class will be held. Enrollments limits vary depending upon the nature of the class and the available instructional space.

HACC reserves the right to add or delete a course, change times, location or instructor.

NURSE AIDE TRAINING REFUND POLICY:
All refund/withdrawal requests must be made prior to the start of class in person, writing, or by telephone during normal working hours. Students requesting refunds prior to the first class meeting will receive 100% of all tuition and fees (except those noted as nonrefundable), unless an earlier refund deadline is published or otherwise stated. Students who do not notify HACC Noncredit of withdrawal from a class by the notification deadline, or are deemed a no call/no show will not receive a refund. No refunds will be issued after the class start date. If you request a refund but owe tuition to the college you will not receive a refund.

If you have any questions, please feel free to contact our office at 717-221-1352. Thank you for your enrollment in our Nurse Aide Training Program.
VERIFICATION OF PENNSYLVANIA RESIDENCY

Please print legibly in ink

Date of Application________________________ Proposed Date of NA Class Enrollment________________________

Name ____________________________________________________________

Provide an official photo identification showing a PA address. Verified by ________________________________

Signature of an Authorized NATCEP Representative

☐ YES ☐ NO I have lived in Pennsylvania for at least 2 consecutive years prior to the date of NATCEP application.*

Current Pennsylvania Address ____________________________________________

Number of Years _____ Months _____ at this Address Telephone: (_____) __________________________

*If you resided at your current PA address less than two years, record previous addresses and months and years of residency on the back of this form. It is important that you record at least two (2) years of residency in Pennsylvania.

I understand that by submitting this completed form for Verification of Pennsylvania Residency to enroll in a Nurse Aide Training Program, I am certifying that all of the information I have provided on this application is complete, accurate, true and correct. I make this declaration subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Applicant’s Signature __________________________ Date ______________

ATTESTATION OF COMPLIANCE WITH ACT 14

• All candidates must submit an original or copy of an original PA CHRI obtained through the Pennsylvania State Police during the year prior to enrolling in a PA NATCEP as required by Act 14. If a candidate has not been a resident of Pennsylvania for the last two (2) consecutive years, a PA CHRI and an FBI report are required prior to enrollment.

• As evidence that you have not been convicted of any of the Prohibitive Offenses Contained in 63 P.S. § 675, check the box and sign and date the Attestation of Compliance with Act 14.

• Candidates who were convicted of a Federal or out-of-State offense similar in nature to those crimes listed under paragraphs (1) and (2) of the Prohibitive Offenses Contained in 63 P.S. § 675 must provide a PA CHRI and an FBI report to determine eligibility for enrollment in a PA Nurse Aide Training Program.

Attestation of Compliance with Act 14

Nurse Aide Resident Abuse Prevention Training Act, 63 P.S. § 671 et seq.

This form represents my request to enroll in a nurse aide training program and verification of Compliance with Act 14 – Nurse Aide Resident Abuse Prevention Training Act, 63 P.S. § 671 et seq.

I have reviewed the list of Prohibitive Offenses Contained in 63 P.S. § 675 and hereby testify that I have not been convicted of any of the criminal offenses set forth in 63 P.S. §§ 675(a)(1)-(3), (1) an offense designated as a felony under the act known as “The Controlled Substance, Drug, Device and Cosmetic Act”, (2) an offense under one or more of the following provisions of Title 18, and (3) a Federal or out-of-State offense similar in nature to those crimes listed under paragraphs (1) and (2).

☐ By checking this box I state that I have not been convicted of any of the Prohibitive Offenses Contained in Act 14 of 1997 (set forth in 63 P.S. § 675 and found on the following page).

I understand that if I have been convicted of any of the criminal offenses set forth in 63 P.S. §§ 675(a)(1)-(3), it is possible that I will not be eligible for employment in a long term care or other health care setting. A potential employer is also responsible for reviewing my Criminal History Record Information report.

By signing this form, I certify under penalty of law that the information I have provided on this application is true, correct and complete. I understand that false statements herein shall subject me to criminal prosecution under 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

Applicant’s Signature __________________________ Date ______________
### Verification of Pennsylvania Residency (Addendum)

Print – First/Last Name of Student (Please use blue/black ink only)

<table>
<thead>
<tr>
<th>Previous Pennsylvania Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address (Apt. No.)</td>
</tr>
<tr>
<td>---------------------------</td>
</tr>
<tr>
<td>Number of ________ Years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous Pennsylvania Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address (Apt. No.)</td>
</tr>
<tr>
<td>---------------------------</td>
</tr>
<tr>
<td>Number of ________ Years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous Pennsylvania Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address (Apt. No.)</td>
</tr>
<tr>
<td>---------------------------</td>
</tr>
<tr>
<td>Number of ________ Years</td>
</tr>
</tbody>
</table>
In no case shall an applicant for enrollment in a State-approved nurse aide training program be approved for admission into such program if the applicant’s criminal history record information indicates the applicant has been convicted of any of the following offenses:

(1) An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as “The Controlled Substance, Drug, Device and Cosmetic Act.” (See 35 P.S. § 780-101 et seq.)

(2) An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes:

<table>
<thead>
<tr>
<th>Offense Code</th>
<th>Prohibitive Offense Description</th>
<th>Type/Grading of Conviction</th>
</tr>
</thead>
<tbody>
<tr>
<td>CC2501</td>
<td>Criminal Homicide</td>
<td>Any</td>
</tr>
<tr>
<td>CC2502</td>
<td>Murder</td>
<td>Any</td>
</tr>
<tr>
<td>CC2503</td>
<td>Voluntary Manslaughter</td>
<td>Any</td>
</tr>
<tr>
<td>CC2504</td>
<td>Involuntary Manslaughter</td>
<td>Any</td>
</tr>
<tr>
<td>CC2505</td>
<td>Causing or Aiding Suicide</td>
<td>Any</td>
</tr>
<tr>
<td>CC2506</td>
<td>Drug Delivery Resulting in Death</td>
<td>Any</td>
</tr>
<tr>
<td>CC2507</td>
<td>Criminal Homicide of Law Enforcement Officer</td>
<td>Any</td>
</tr>
<tr>
<td>CC2702</td>
<td>Aggravated Assault</td>
<td>Any</td>
</tr>
<tr>
<td>CC2901</td>
<td>Kidnapping</td>
<td>Any</td>
</tr>
<tr>
<td>CC2902</td>
<td>Unlawful Restraint</td>
<td>Any</td>
</tr>
<tr>
<td>CC3121</td>
<td>Rape</td>
<td>Any</td>
</tr>
<tr>
<td>CC3122.1</td>
<td>Statutory Sexual Assault</td>
<td>Any</td>
</tr>
<tr>
<td>CC3123</td>
<td>Involuntary Deviate Sexual Intercourse</td>
<td>Any</td>
</tr>
<tr>
<td>CC3124.1</td>
<td>Sexual Assault</td>
<td>Any</td>
</tr>
<tr>
<td>CC3125</td>
<td>Aggravated Indecent Assault</td>
<td>Any</td>
</tr>
<tr>
<td>CC3126</td>
<td>Indecent Assault</td>
<td>Any</td>
</tr>
<tr>
<td>CC3127</td>
<td>Indecent Exposure</td>
<td>Any</td>
</tr>
<tr>
<td>CC3301</td>
<td>Arson and Related Offenses</td>
<td>Any</td>
</tr>
<tr>
<td>CC3502</td>
<td>Burglary</td>
<td>Any</td>
</tr>
<tr>
<td>CC3701</td>
<td>Robbery</td>
<td>Any</td>
</tr>
<tr>
<td>CC3901</td>
<td>Theft</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3921</td>
<td>Theft by Unlawful Taking</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3922</td>
<td>Theft by Deception</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3923</td>
<td>Theft by Extortion</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3924</td>
<td>Theft by Property Lost</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3925</td>
<td>Receiving Stolen Property</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3926</td>
<td>Theft of Services</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3927</td>
<td>Theft by Failure to Deposit</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3928</td>
<td>Unauthorized Use of a Motor Vehicle</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3929</td>
<td>Retail Theft</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3929.1</td>
<td>Library Theft</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3929.2</td>
<td>Unlawful Possession of Retail or Library Theft Instruments</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3929.3</td>
<td>Organized Retail Theft</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3930</td>
<td>Theft of Trade Secrets</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3931</td>
<td>Theft of Unpublished Dramas or Musicals</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3932</td>
<td>Theft of Leased Properties</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC3934</td>
<td>Theft From a Motor Vehicle</td>
<td>1 Felony or 2 Misdemeanors</td>
</tr>
<tr>
<td>CC4101</td>
<td>Forgery</td>
<td>Any</td>
</tr>
<tr>
<td>CC4114</td>
<td>Securing Execution of Document by Deception</td>
<td>Any</td>
</tr>
<tr>
<td>CC4302</td>
<td>Incest</td>
<td>Any</td>
</tr>
<tr>
<td>CC4303</td>
<td>Concealing Death of a Child</td>
<td>Any</td>
</tr>
<tr>
<td>CC4304</td>
<td>Endangering Welfare of a Child</td>
<td>Any</td>
</tr>
<tr>
<td>CC4305</td>
<td>Dealing in Infant Children</td>
<td>Any</td>
</tr>
<tr>
<td>CC4952</td>
<td>Intimidation of Witnesses or Victims</td>
<td>Any</td>
</tr>
<tr>
<td>CC4953</td>
<td>Retaliation Against Witness or Victim</td>
<td>Any</td>
</tr>
<tr>
<td>CC59028</td>
<td>Promoting Prostitution</td>
<td>Felony</td>
</tr>
<tr>
<td>CC5903 C or D</td>
<td>Obscene and Other Sexual Materials and Performances</td>
<td>Any</td>
</tr>
<tr>
<td>CC6301</td>
<td>Corruption of Minors</td>
<td>Any</td>
</tr>
<tr>
<td>CC6312</td>
<td>Sexual Abuse of Children</td>
<td>Any</td>
</tr>
</tbody>
</table>

(3) A Federal or out-of-State offense similar in nature to those crimes listed under paragraphs (1) and (2) above.

For questions pertaining to codes, offenses, or convictions, contact PA Department of Education at (717) 772-0814 or ra-natcep@pa.gov.
1. **If you are currently employed by a skilled nursing facility (nursing home) for less than one year, please read and follow these instructions:**

Obtain a copy of your FBI report from your employer’s human resources (HR) department. It must be dated within one (1) year of the start of your nurse aide class. Please have your HR department representative sign (including their title) and date your FBI report.

If your FBI report is older than one year, you must read and follow the “Instructions to Request an FBI Report from the PDE”. The instructions are below.

**OR**

➢ **All other nurse aide students, please read and follow the “Instructions to Request an FBI Report from the PDE”. The instructions are below.**

**INSTRUCTIONS TO REQUEST AN FBI REPORT FROM THE PDE**

The fingerprint-based FBI report is a multiple step process, as follows:

1. **Pre-register to get your fingerprints** – You must register before going to the selected fingerprint site. Pre-enrollment can be completed online or by phone.

    To pre-register by phone, call: 844-321-2101 Monday through Friday, 8am to 6pm EST.

    During the pre-enrollment process, all of your demographic data (name, address, etc.) is collected. You will also know what forms of photo ID must be brought with you to the fingerprinting appointment.

    If pre-enrolling online, the website is: [https://uenroll.identogo.com/](https://uenroll.identogo.com/)

    - You must enter the Service Code 1KG6NX to ensure fingerprints are processed correctly and for the right purpose. (“1KG6NX - Pennsylvania PDE-Area Vocations Technical School (AVTS)” must appear at the top of the screen. If it doesn’t, you must click the “Back to Home” button and begin the process again by re-entering the correct Service Code 1KG6NX. If you proceed with the process under the incorrect code, you will be required to start the process over and pay for another FBI report.)
    - Follow the instructions provided and complete each field accurately.

2. **Payment** – You will be charged a fee for the fingerprinting service when you get your fingerprints processed. Major credit cards as well as money orders or cashier’s checks payable to MorphoTrust will be accepted on site. No cash transactions or personal checks are accepted.

3. **Fingerprinting Locations** – After pre-registration, proceed to the selected fingerprinting site where he fingerprinting sites and their hours of operation are listed on the website. Please select a fingerprinting location that is convenient for you.
4. **Preparing to be Fingerprinted** – You must bring an approved State or Federal photo ID with you to be fingerprinted. A list of approved ID types can be found on the Identogo website. Examples of an approved ID is a State-issued photo driver’s license or passport. You will not be processed if you cannot produce an acceptable photo ID at the time of your appointment. After your identity has been established, all ten of your fingers are scanned. The entire fingerprinting process should take no more than five minutes.

Once your fingerprints have been scanned, you will receive an UNOFFICIAL FBI LETTER of your FBI report. (You will receive only one copy of this letter so please do not discard it.)

Once you receive your unofficial FBI letter, you must send a written request to the PDE by email or fax ONLY requesting the official FBI report. You must include the following information in your request:

2. Applicant’s full name  
3. Current mailing address  
4. Universal Enrollment Identification (UEID) number  
5. Email address  
6. Telephone number

Please email or fax your request to:

Sheri Weidman Arthur Richardson  
Coordinator, NATCEP Support Staff  
Email: ra-natcep@pa.gov Fax: 717.783.6672

It can take up to 6 weeks to receive your official FBI report in the mail so please plan for this when you register for your nurse aide class.

**PLEASE NOTE:** The unofficial FBI letter will **NOT** be accepted for entry into the nurse aide program. You **must** obtain the official FBI report from the PDE.

5. **When you receive your official FBI report, send a copy of it to:**

HACC, Central Pennsylvania’s Community College Nurse Aide Training  
One HACC Drive Harrisburg, PA 17110

OR

Hand deliver the report to the Nurse Aide Training Department at 1523 N. 4th Street, Harrisburg, PA 17102, Room 219

**PLEASE SEND A COPY OF YOUR FBI REPORT -- DO NOT SEND THE ORIGINAL REPORT. THE ORIGINAL FBI REPORT MUST BE TAKEN TO THE FIRST DAY OF YOUR NURSE AIDE CLASS.**

**NOTE:** If the HACC nurse aide training program determines that additional information is needed in order to accept you into the program, it is your responsibility to request and forward that information to the HACC nurse aide program staff for further evaluation **prior to the start of class.** **THIS PROCESS CAN TAKE MORE TIME THAN THE USUAL 4 TO 6 WEEKS. PLEASE PLAN AHEAD.**
All individuals, including persons with disabilities, who apply for admission to the nurse aide program, must be able to perform specific essential functions with or without reasonable accommodation.

The following outlines the abilities and behavioral characteristics necessary for the student to be admitted to, continue in, and complete, the Nurse Aide Training Program at HACC. These are the standards of admission.

The applicant should carefully review the essential qualifications for the program and ask questions if not familiar with the activities or functions listed. The applicant must decide if he or she has any limitations that may restrict or interfere with satisfactory performance of any of the requirements. It is ultimately the applicant's responsibility to meet these essential qualifications if accepted into the program.

The applicant should consult with the program coordinator or the director of Healthcare Education/Workforce Development to discuss any individual situation if he or she may not be able to meet these essential qualifications. Requests for reasonable accommodation will be considered. Contact the Healthcare Education/Workforce Development office at 717-221-1352 if you have any questions about this matter.

Any candidate not meeting these criteria will be denied admission into the program.

- **Hearing** - Able to hear and understand residents and staff, to interpret conversation, to assess and monitor residents.
  1. Communicate and interact with residents, staff and families from a variety of cultural backgrounds.
  2. Follow verbal instructions.
  3. Use a stethoscope to hear blood pressure sounds.
  4. Detect and discriminate between sounds of normal conversation.
  5. Ability to hear sounds of a variety of equipment alarms, i.e. bed/chair alarms and call bells.

- **Mobility** - Mobile and strong enough to support and move residents. Able to move quickly from place to place to perform resident care.
  1. Support and transfer residents safely from bed to wheelchair and modify resident position in bed.
  2. Lift 40 lbs. to waist level.
  3. Reach above shoulder height to manipulate equipment.
  4. Reach below waist level to manipulate equipment.
  5. Ability to bend, stoop and kneel

- **Visual** - Able to monitor and assess resident, to read fine print on monitors, devices and gauges.
  1. Read written instructions.
  2. Ability to see and discriminate between a variety of equipment visual alarms.
  3. Ability to observe demonstrations and residents close up and at a distance to learn skills and to gather resident data (e.g., observe a resident and the resident's gait, appearance, posture, etc.).
• **Motor Skills (fine and gross)** - Perform multiple motor tasks simultaneously. Fine and gross motor skills sufficient to handle equipment and provide safe and effective resident care; steady arm and hand movements while manipulating objects or assisting residents.
  1. Operate and manipulate equipment; i.e. mechanical lifts, wheelchairs/gurneys.
  2. Push/pull beds; transport residents.
  3. Lift and move residents safely.
  4. Able to chart/write in medical records/record resident data.

• **Tactile** - Able to assess resident’s vital signs.
  1. Distinguish pulse rate, textures, firmness and strength.

• **Communication – verbal, nonverbal, reading and writing**
  o Able to communicate in English orally and in legible writing with clients and members of the healthcare team using correct grammar, punctuation and spelling.
    ▪ Able to quickly, accurate, and independently follow verbal and written instructions
    ▪ Actively participate in group discussions
  o Verbal communication must be clear and easily understood.
  o Able to accurately read and comprehend written material in English
  o Able to quickly and accurately clarify information and reconcile conflicting information
  o Able to accurately convey and interpret nonverbal communication
  o Able to use communication equipment – telephone, computer, translation device

• **Intellectual and Cognitive Abilities** - Candidates must be able to measure, calculate, reason, analyze, and apply information.

• **Behavioral and Social Attributes** - Candidates must possess the emotional health required to use their intellectual abilities fully, such as exercising good judgment, promptly completing all responsibilities attendant to the care of residents, and developing mature, sensitive and effective relationships with residents and other healthcare workers. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of many residents. Compassion, integrity, concern for others, interpersonal skills, interest and motivation are personal qualities that will be assessed during the education process.

• **Ethical Standards** - A candidate must demonstrate professional demeanor and behavior and must perform in an ethical manner in all dealings with peers, faculty, staff and residents and their families.

Candidate must meet the above criteria to be admitted into the Nurse Aide Program.
The following are conditions or violations for which a student may be dismissed from the program #0275, if they are not followed during the entire Nurse Aide Course conducted by HACC-Central Pennsylvania’s Community College.

**ISSUES THAT RESULT IN IMMEDIATE DISMISSAL FROM THE PROGRAM**

I. Non-payment to HACC for the program tuition.

II. Non-compliance with the completion of the Nurse Aide Training Program health exam form required by the Pennsylvania State Health Department prior to the first day of class.

III. Absence from class without instructors’ authorization or proper documentation. Included is a no call/no show (NC/NS).

IV. Inability to pass the written/oral (via CD player) performance examination (75% or above) by the second attempt. Any academic misconduct (i.e. cheating on tests).

V. Leaving the classroom or clinical area without the instructor present on the unit. (Immediate or progressive discipline)

VI. Performing tasks which have not been previously approved by the instructor or that threaten or endanger the health and safety of the resident (client), employees, institution, instructor(s), or other students.

VII. Illegal use or possession of a controlled substance and/or alcohol while attending class. Coming to class under the influence of alcohol or drugs.

VIII. Possession of a deadly weapon (e.g. gun, knife) while attending class.

IX. MANDATORY attendance for the first 24 program hours of the training; or as indicated on the syllabus.

X. A PA State Police Criminal History Record Information (CHRI) report indicating a status of "under review", "disposition unknown," or containing a prohibitive offense under Act 14 will not be permitted to enter Nurse aide training.

XI. A FBI report approval letter is required if not a PA resident for the past two consecutive years; this is in addition to the CHRI.

XII. Violation of Resident Rights, ANY Abuse, Non compliance with OBRA, Act 14 or HIPAA regulations.

XIII. Any real or implied threat of violence/hurting/abuse (verbal and/or non-verbal) to others or self.

**ADDITIONAL DISMISSAL POLICIES, PROCEDURES AND DEFINITIONS**

The following are conditions or violations, which through any combination of verbal and/or written warnings for any combination of verbal and/or written offenses could constitute dismissal from the program. Dismissal will result after a process of verbal warning and second warning documented in writing. The third offense constitutes dismissal from the program. Offenses in this category include:

I. Being late to arrive at class including arrivals after the official start time of each specific class- (e.g. 7:00 am, 3pm, 5pm…) on each scheduled class day, as well as late returns from break and lunch. Includes readiness for class after arrival, break and lunch.

II. Disruptive behavior either verbal or physical during the course (e.g. talking, sleeping, rude behavior during the course, profane language, leaving the classroom without permission, dishonesty, insubordination, lack of respect to classmates, residents, faculty or facility personnel, etc.)

III. Inappropriate verbal communication (i.e. verbal abusiveness) to faculty, classmates, residents, facility personnel. This includes sexual harassment and/or references.

IV. Non-compliance with established facility policy or regulations (e.g. smoking, parking, cell phone usage etc.). Cell phones must be turned off during class/lab/clinicals and may only be used during break/lunch times. Further restrictions will depend on facility rules; including any unauthorized use of facility's telephones.

V. Documented non-compliance with safe clinical practice involving either safety or infection control as discussed in class.

VI. Documented non-compliance with the existing dress code as described in the HACC "Professional Appearance/Dress Code".

VII. Inability to achieve 5.0 average during the clinical rotation in each category of Skills/Theory application.

VIII. Performing tasks on the clinical area in which the student has not been deemed competent by the instructor.
I. Training in transferring, positioning, and the turning of residents/clients is an important part of the training program. Therefore, each student must have the physical ability to succeed in such training and, in specific, must be able to lift forty pounds to waist level without restrictions.

II. Student must pass a physical examination, must be free of communicable diseases, must have results of 2 step PPD, and must undergo a PA State Police Criminal History Record Information check/report. FBI background check is required if not a PA resident for the past two consecutive years.

DEFINITIONS AND EXPLANATION OF MAKE UP POLICIES

- 100% attendance is required. If an emergency is encountered it will be considered excused; however, the missed time must be made up. Excused absences include an acute illness of the student or a dependent, death of an immediate family member, or court hearing. Proper notification must be made before the official start time of each specific class on the day of absence. If a phone call is made prior to the arrival of the instructor, a message should be left with the Nursing Supervisor. Make a written note of the name of the person with whom you spoke.

- Any other personal requests for "excused absence" including late arrivals or early dismissals must be discussed in advance and will be granted at the discretion of the instructor.

- An “excused” absence related to a “potential” or contagious disease will require a physician’s statement permitting the student to return to class. (e.g.: “pink eye”, strept throat, scabies, lice).

- Absences which required medical or surgical attention and/or present a conflict with the conditions associated with “student eligibility” for nurse aide training will require a physician’s statement permitting the student to return to class.

- All "excused time" must be made-up within 30 days of the class end date. The written assignment is also required in addition to the actual course hours missed, which must be submitted on the scheduled make-up day(s). The make-up time will be at the discretion of the instructor and preferably in the next nurse aide class offered by Harrisburg Area Community College. Any deviation from this 30-day window of opportunity will require special permission by the instructor and only with HACC approval. Make-up days for excused absences are limited to a total of two (2) days. The make-up days must be completed before the certificate of completion will be issued.

- A late arrival/early dismissal may result in a 1/2 day make-up day with a corresponding written assignment. Late/absent time related to the make-up day is applied to the original attendance record. Tardiness or absence on a make-up day may result in a second written warning and dismissal from the program. All prior training will be considered null and void.

- If the student does not meet the make-up homework requirements, the instructor will reassign the homework that must be sent to HACC for approval before a certificate of completion and graduation paperwork is issued. Time limit for submission of homework is one month from the make-up day.

- The student will NOT be eligible to work as a competent nurse aide until make-up day is completed after graduation.

- Dress code rules still apply to make-up time.

- Students whose tuition is being paid by their employer (sponsor) should be aware that their participation in and completion of the course is at the discretion of their employer. Although the student is under no obligation to continue their employment with their sponsor after the completion of the course, all sponsored students need to understand that their sponsor may prohibit them from completing the course should their employment with the sponsor be discontinued prior to the completion of the course. Such completion shall include, but not be limited to, attendance at makeup days.

- Student's clinical/academic documentation will be shared with the sponsoring facility.

- To successfully complete the program, the student must achieve a cumulative 5.0 clinical average by the end of the clinical component. In addition, a cumulative 5.0 average must be achieved in each category of the skills/theory application section of the student’s clinical self-evaluation form. This includes safety, privacy, individuality, communication, and infection control. If the scores are below 5.0, this will result in failure to pass the program.

I have read the above policy and agree to abide by these regulations during the term of the HACC Nurse Aide Training Program, including any make-up time. I also understand there are no refunds given after the class begins.

_______________________________  ____________________________
STUDENT’S SIGNATURE (followed by printed name)  DATE

_______________________________  ____________________________
Parent Signature (if under 18)  DATE

© Harrisburg Area Community College  Page 14 of 15  For Instructor
Health Examination Form for Admission to the Nurse Aide Training Program

TOP PORTION TO BE COMPLETED AND REVIEWED BY THE STUDENT (please print):

Name: ______________________ Date of Birth: ______________________
Address: ______________________
City/State/Zip: ______________________ Phone Number: ______________________

All students are required to have the annual influenza vaccine if attending a Nurse Aide Training class between the months of October through March. Date administered: ______________________
Please bring the receipt or documentation from your health care provider to the first day of class.

Student Eligibility Requirements for Nurse Aide Training

Note to Healthcare Professional performing physical assessment:

- The student must pass a physical examination, and must be free of communicable diseases.
- Student must have completed the 2-step PPD test prior to the first day of class or bring the IGRA blood test results.
- Training in transferring, positioning, and the turning of residents/clients is an important part of the training program; therefore, each student must have the physical ability to succeed in such training.
- The student must be able to lift 40 pounds to waist level without restrictions.

TO BE COMPLETED AT PHYSICIANS OFFICE/MEDICAL CLINIC (please print):

2-step Tuberculin test, PPD or Mantoux type
(This is required. Form is not complete until the results are read and reported.)

<table>
<thead>
<tr>
<th>Step</th>
<th>Date administered:</th>
<th>R.arm/L.arm (circle one) by whom- signature and title:</th>
<th>Date read:</th>
<th>By whom- signature and title:</th>
<th>Results: mm</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7-21 days after the first PPD is read, Step 2 must be administered

<table>
<thead>
<tr>
<th>Step</th>
<th>Date administered:</th>
<th>R.arm/L.arm (circle one) By whom- signature and title:</th>
<th>Date read:</th>
<th>By whom- signature and title:</th>
<th>Results: mm</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If PPD results are positive, please describe the treatment given and the date completed: ______________________

If PPD’s are not given please bring lab results from the IGRA blood test (QuantiFERON® – TB Gold In-Tube test (QFT–GIT) or SPOT® TB test (T-Spot). This test with negative results will be accepted if PPD’s are not completed.

TO BE COMPLETED BY MD, DO, CRNP or PA:

Yes  No  I certify that the student/employee is free from communicable diseases in the communicable state.

Yes  No  I certify that the student/employee has no medical conditions/restrictions, which will prevent the student/employee from performing the essential function of the job. (If the student/employee has restrictions that require accommodation, please note them in the comments section below.)

Yes  No  Is applicant able to lift 40 lbs. to waist level?

Comments: If applicant has any limitations, please explain: ______________________

Date of Examination: ______________
Examiner’s Name and Title: ______________________
Examiner’s Signature: ______________________
Address: ______________________
City/State/Zip: ______________________ Phone: ______________________

PLEASE NOTE: All students must undergo a physical examination as well as a 2-step Tuberculin test (PPD) or IGRA blood test. Documentation is only acceptable if performed within one year prior to the start of class and must be submitted on the first day of class. A PPD expiring during the course of the class will require an annual PPD (one step) in addition to proof of the 2-step PPD.

Direct any questions to: Nurse Aide Training at: 1-800-222-4222 ext. 1352 or (717)221-1352

Page 15 of 15
3/09 Rev. 12/11 Rev. 7/12, 10/12, 1/14, 6/14
wedmain/pste/pste/NATP/nurseaide/confirmation packet