

NURSE AIDE CERTIFICATE



The health sector of Colorado's economy is growing and the demand for CNA's is growing rapidly along with it. The Red Rocks Community College Nurse Aide Program prepares the student for employment as a nurse aide in long term care facilities, home health care, hospice facilities, rehabilitation and hospitals. The Colorado State Board of Nursing approves this program and successful graduates are eligible to take the state certification exam.

This course includes basic nursing assistant procedures, skills, restorative services, patient care, safety, and emergency care. Students gain an understanding of the responsibilities involved in working with patients of all ages in both wellness and illness, issues of mental health, patient rights, and patient/family interactions.

A minimum of 107 hours of training is required. All courses are hybrid combining online content with an on-campus skills lab. Options for courses include an 8 week Friday or Saturday all day class and an accelerated 4 week class 3 days of the week.

Required Courses

NUA 101	Nurse Aide theory/Lab	4 Credits
NUA 170	Nurse Aide Clinical	1 Credit

(Clinicals are scheduled outside of classroom hours)

Total Credits 5

Acceptance Requirements:

- Display college level English comprehension by **one** of the following:
 - ✓ Completion of ENG 090 or CCR 092 or CCR 094 (grade C or higher)
 - ✓ English ACT of 18 or SAT of 440
 - ✓ Next Generation Accuplacer Writing score of 246 or higher
 - ✓ Successful completion of ESL 053 & 093 coursework
 - ✓ Students with a college degree of AA, AS or higher
- Ability to successfully pass a background check
- Ability to successfully pass a drug screen
(commensurate with Red Rocks Community College drug policy)
- Have current CPR Certification – Basic Life Support for Health Care Providers through the American Heart Association.
- Submit Statement from Health Care Provider form with all required vaccinations and TB test

(Documentation is required for all above)

Tuition Costs

For current tuition costs please go to: www.rrcc.edu/paying-for-college

If you need a specific tuition breakdown or approximate cost of the program please contact the Cashier's Office at: RRCC.CashiersOffice@rrcc.edu

For full information about the charges on your student account you can review your balance online through your student portal, review payment policies and tuition information at www.rrcc.edu/tuition or contact the Cashier's office at RRCC.CashiersOffice@rrcc.edu or 303.914.6222 with specific questions.

RRCC does offer a monthly payment plan during the term if you are unable to pay your tuition in full by the due date. You must enroll in the plan at the beginning of each semester. Monthly payments may be made using Visa, MasterCard, Discover, American Express, or by automatic withdrawal from a checking or savings account.

There is a \$35.00 non-refundable enrollment fee per semester.
Payment plans that require a down payment will have those payments processed immediately.

For more information regarding the payment plan please visit www.rrcc.edu/tuition/payment-plans

Additional costs include:

- CPR Certification
- Criminal Background Check /Drug Screen
- Vaccinations – Costs depend on Health Care Provider
- Colorado State Certification Exam
- Needed supplies:
 - ✓ Textbook
 - ✓ Burgundy Scrubs (required for clinical)
 - ✓ NUA Uniform Patch (required for clinical – available only in college bookstore)
 - ✓ Watch with a second hand

<https://www.rrcc.edu/nurse-aide>

If you have additional questions after reviewing the website, please contact 303.914.6011 or Tina Armijo at 303-914-6083 or email tina.armijo@rrcc.edu

Red Rocks Community College prohibits all forms of discrimination and harassment including those that violate federal and state law, or the State Board for Community Colleges and Occupational Education Board Policies 3-120 or 4-120. The College does not discriminate on the basis of sex/gender, race, color, age, creed, national or ethnic origin, physical or mental disability, veteran status, pregnancy status, religion, genetic information, gender identity, or sexual orientation in its employment practices or educational programs and activities. RRCC will take appropriate steps to ensure that the lack of English languageskills will not be a barrier to admission and participation in vocational education programs. RRCC has designated Arnie Oudenhoven as its Affirmative Action Officer/Equal Opportunity Coordinator/Title IX Coordinator with the responsibility to coordinate its civil rights compliance activities and grievance procedures. For information, contact Arnie Oudenhoven Director of Human Resources/Title IX Administrator, 13300 West Sixth Avenue, Lakewood, CO 80228. 303.914.6298. Arnie.oudenhoven@rrcc.edu

You may also contact the Office for Civil Rights, U.S. Department of Education, Region VIII, Federal Office Building, 1244 North Speer Boulevard, Suite 310, Denver, CO 80204, telephone (303) 844-3417.

Nurse Aide

Steps to become a student

- 1 Applicant must be 18 years of age or older. Apply for admission to Red Rocks Community College. Follow and complete the **“Easy Steps to become a RRCC Student”** at www.rrcc.edu/apply-now

Make sure your RRCC account reflects one of the following:

- 2 Display college level English comprehension by one of the following:
 - Completion of ENG 090 or CCR 092 or CCR 094 (grade C or higher)
 - English ACT of 18 or SAT of 440
 - Next Generation Accuplacer Writing score of 246 or higher
 - Successful completion of ESL 053 & 093 coursework
 - Students with a college degree of AA, AS or higher

- 3 Once you receive your student I.D. number; enroll into your classes using [the Rock \(link is external\)](#), or visit the admissions office for assistance.

- 4 See NUA Student Checklist for next steps prior to class. (Items include: Background Check, BLS CPR card, Drug Screen, Healthcare Provider Form and uniform requirements.)

Red Rocks Community College

Nurse Aide NUA 101/170 Student Check List

Here is a check list of items and documents that are **REQUIRED** for the **FIRST DAY OF CLASS**:

___ **Textbook** – Nursing Assistant, A Nursing Process BASICS
Hegner/Acello/Caldwell (only textbook is required, not the workbook)

___ **Current CPR Card – BLS for Health Care Providers** accredited
through the American Heart Association

___ **Completed Statement of Health Care Provider form** that includes
TB Test, Flu Shot and all listed vaccinations.
(If you do not have a health care provider you can contact the RRCC Student Health Clinic for cost
and to schedule an appointment.

___ **Completed Background Check/Drug Test** - <http://cccs.castlebranch.com/>

(Click on Red Rocks Community College/Nursing Assistant and follow the directions for both the
background check and drug screen. Please do this as soon as possible; it can take up to two weeks to process.
Results will automatically be sent to the RRCC Human Resources Department).

___ **Wear your Burgundy Scrubs, and have your NUA uniform patch -
ironed onto the right shoulder.**

(Both are available for purchase in the college bookstore) <https://rrcc.bncollege.com/shop/rrcc/home>

___ *(Recommended)* **D2L Orientation-Student information for online class content**
<http://www.rrcc.edu/online-learning/resource-center>

___ *(Optional)* **Register** for ExploreHealthCareers.org to explore the health
industry, career assessments, and links to potential employers

___ **Wear your Burgundy Scrubs, and have your NUA uniform patch ironed**

NURSING BACKGROUND CHECK MODIFICATION

The Colorado Community College System (“CCCS”) and the State Board for Community Colleges and Occupational Education authorize the nursing programs to conduct a background investigation of all student applicants. The clinical sites used in the nursing programs require background checks of all potential interns. The purpose is to maintain a safe and productive educational and clinical environment. New students who refuse to comply with the background investigation will not be allowed to enter a CCCS Nursing Program.

An Applicant will be disqualified from a CCCS nursing program based on the following guidelines:

- Must pass Urine for Drug Screen (UDS)
- Any violent felony convictions of homicide. (No time limit) • Crimes of violence (assault, sexual offenses, arson, kidnapping, any crime against an at-risk adult or juvenile, etc.) as defined in section 18-1.3-406 C.R.S. in the 7 years immediately preceding the submittal of application. • Any offense involving unlawful sexual behavior in the 7 years immediately preceding the submittal of application. • Any crime, the underlying basis of which has been found by the court on the record to include an act of domestic violence, as defined in section 18-6-800.3 C.R.S. in the 7 years immediately preceding the submittal of application. • Any crime of child abuse, as defined in section 18-6-401 C.R.S. in the 7 years immediately preceding the submittal of application. • Any crime related to the sale, possession, distribution or transfer of narcotics or controlled substances in the 7 years immediately preceding the submittal of application. • Any felony theft crimes in the 7 years immediately preceding the submittal of application. • Any misdemeanor theft crimes in the 5 years immediately preceding the submittal of application. • Any offense of sexual assault on a client by a psychotherapist, as defined in section 18- 3-405.5 C.R.S. in the 7 years immediately preceding the submittal of application. • Crimes of moral turpitude (prostitution, public lewdness/exposure, etc.) in the 7 years immediately preceding the submittal of application. • Registered Sex Offenders. (No time limit) • Any offense in another state, the elements of which are substantially similar to the elements of any of the above offenses. • More than one (1) D.U.I. in the 7 years immediately preceding the submittal of application.

If the investigation reveals information that could be relevant to the application, the designated individual responsible for background checks may request additional information from the applicant. The offense shall be reviewed on a case by case basis. Students who have successfully completed the terms of a deferred adjudication agreement will not be disqualified.

If any applicant feels the criminal background check is inaccurate, they may appeal the decision and request a review with the specific community college applied at. It is the applicant’s burden to produce substantial evidence that proves the crimes charged are incorrect.

Approved CCCS 6/8/2007 Reviewed and Re-approved 04/12/2012 Reviewed and amended 6/15/15

Health Care Provider's Certification of New Student's Health

Instructions for Providers:

The person bearing this form has been extended an offer of admission to one of the following programs at Red Rocks Community College:

Registered Nurse (RN) Refresher
Nurse Aide
Phlebotomy
Medical Assisting

To matriculate in the program, it is necessary for the candidate to demonstrate that he or she is free of any medical conditions that could endanger the health or well-being of patients or other students, or prevent him/her from performing the physical tasks of emergency medical care. Generally, the following tasks are required:

- Ability to be fitted with a respirator mask in case of continued exposure to an airborne pathogen.
- Ability to lift, carry and balance heavy loads.
- Ability to interpret written and oral instructions, calculate weight and volumes ratios, and read small print, all under stressful situations.
- Ability to use good judgment and remain calm in high stress situations.
- Ability to function efficiently throughout an entire work shift.
- Good manual dexterity, with ability to perform tasks related to patient care.

At the expense of the student, please interview and examine this prospective student, and complete the form below. In the event that you feel the student does have a health condition which could endanger the health or well-being of patients, faculty or students, please discuss that condition with the student and instruct the student to call the appropriate program director as listed below for further instructions.

Nurse Aide:
Tina Armjio 303-914-6083 tina.armjio@rrcc.edu

MOT Program Director:
Linda Pace 303-914-6084 linda.pace@rrcc.edu

Phlebotomy:
Linda Pace 303-914-6084 linda.pace@rrcc.edu

Please complete Health care form and have health provider sign and date.

Thank you!

Signature of student _____ Date _____

Name of patient: _____ Date of Birth: _____

I understand that the above-named patient has been tentatively extended an offer of admission to a health care training program.

Following an appropriate history and physical examination, it is my opinion that the above-named patient:

___ Does **not** have a health condition which could endanger the health or well-being of patients, faculty or students, including the patient himself/herself.

___ Does appear to have a health condition which could endanger the health or well-being of patients, faculty or students, including the patient himself/herself.

___ Is pregnant, but has permission to attend and clinicals and waive immunizations at this time.

ADDITIONAL REQUIREMENTS

Please also provide documentation of the following tests/vaccinations:

1. Chicken pox or Varivax vaccination -- Date of illness or vaccination: _____

2. Tetanus/Tdap -- Date of last vaccination or booster: _____

(Must be within the last 10 years)

3. MMR -- Last vaccination or booster Date: _____ Date: _____

Students born after 1957: Dates of no fewer than two MMR vaccinations at least one month apart at age 12 months or older.

Student born before and during 1957: Age contracted or date of exposure to.

4. Tuberculosis Testing (PPD or Titer - less than one year old)

Date Tested: _____ Date Read: _____ Positive/Negative (circle one)

If **positive**, date re-tested: _____ Date Read: _____ Positive/Negative (circle one)

If **positive**, date of Chest X-Ray: _____

If **positive**, start date/end date of treatment: _____

5. Hepatitis B Vaccine (3-shot series)

Date 1st vaccine received _____ Titer Date (if applicable): _____

Date 2nd vaccine received _____ Results: _____

Date 3rd vaccine received _____

6. Seasonal Influenza Vaccine -- Date of vaccination: _____

7. Other _____ -- Date of vaccination: _____

Signature of provider

Date

Printed name of provider

Degree: MD, DO, PA, NP

Telephone number