

**Kankakee Community College**  
**Certified Nursing Assistant**  
**Registration Check Sheet**

The Nursing Assistant program is designed to prepare individuals to administer patient care as members of a nursing team in hospitals, nursing homes, home health agencies, and other extended care facilities. The CNA course consists of 163 hours of theory, laboratory and clinical content. It is approved by the Illinois Department of Public Health.

**Record and prerequisite requirements.** Items must be on file and/or completed prior to registering for the course.

- High school transcript or GED on file
- Reading and Writing: One of the following
  - ACT Compass reading score  $\geq$  54
  - READ 0984 (or higher) with a grade of B or better
  - ENGL 1413 with a grade of C or better
  - ENGL 1613 with a grade of C or better

**Mandatory costs.** The items listed are required and must be completed and turned in to the Health Careers Division Office, Room W102, prior to class starting. Failure to submit the results will result in your withdrawal from the course. These requirements are at your expense. Payment is required at the time of service. Financial Aid is available for those who qualify to cover the expense of the background check.

- Physical exam: \$37\*\*
- Hepatitis B: \$49-\$76 (or waiver)
- Drug screen: \$35
- Background check: \$30
- Flu shot: \$25 (may be available at clinical site during rotation. Not required in the summer term)
- Tetanus (if not within the last 10 yrs.): \$50\*
- 2-step TB test: \$16-37\*
- Varicella titer: \$25-\$100\*

**\*Blood Draws/Immunizations require you to pick-up and submit results to room W102.**

**\*\*Physical exams must be completed on the yellow physical form you received when you registered.**

**Additional packets are available in Student Services.**

**Deadline dates.** The mandatory exams listed above must be completed and submitted to the Health Career Division Office, Room W102, by the dates listed below (mm/dd/yyyy):

Physical and Immunizations: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Drug screen: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Background check: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Signature**

I understand by signing this form I am responsible for completing the above listed physical exam requirements and submitting the documentation to the Health Careers Division Office, Room W102, by the dates listed above.

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Student ID no: \_\_\_\_\_