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. These items must be completed prior to registering for the course.
❒ Reading and Writing: One of the following
       ❒ ACCUPLACER Next Gen Reading score ≥ 200
       ❒ ACCUPLACER reading score ≥ 35
       ❒ SAT Reading score ≥480 or ACT English score ≥ 19
       ❒ High school GPA of 2.8 in the last 2 years

The items listed below are required and must be completed and turned in to the Health Careers Division Office, Room W102, by the deadline dates listed in the following section. Failure to submit the results by the deadline date will result in your withdrawal from the course. These requirements are at your expense. Payment is required at the time of service. Detailed cost information is available on www.kcc.edu. Financial Aid is available for those who qualify to cover the expense of the background check.

       ❒ Background check form
       ❒ Pay for background check   Due by: _____
           & schedule finger printing

       ❒ Physical exam   Due by: _____
       ❒ Drug screen

Immunizations:
       ❒ Varicella titer   Due by: _____
       ❒ 2-step TB test
       ❒ Tetanus
       ❒ Hepatitis B series or waiver

Signature
I understand by signing this form that I agree to all policies listed in the Background and Physical Information. I am responsible for completing the above listed requirements and submitting the documentation to the Health Careers Division Office by the dates listed above or I can be withdrawn from the course. I understand that if I am administratively withdrawn from a health career program for failing to meet or maintain a program or course requirement, I remain financially responsible for all tuition and fees incurred.

By signing below, I provide my voluntary and irrevocable consent for a criminal background check and drug screen to be conducted and for the results of such to be released to Kankakee Community College, who in turn may share said information with the clinical facility with whom I am being assigned for a clinical education experience.

Print name: _____ Date: _____

Signature: _____ Student ID no: _____

Advisor Initials: _____