



Magnificent Healthcare & CPR Inc.

**Nursing Assistant Program  
Course Syllabus  
&  
Handbook For  
Basic Nursing Assistant Training  
2015 - 2020**

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## Course Syllabus

Course Title: Basic Nursing Assistant Training

Start Date: --/--/---- End Date: --/--/----

Duration: Five weeks

## Faculty Information

	Instructor	Email
1.		
2.		
3.		
4.		
5.		
6.		

## Office Hours

M-F 9:00 AM – 6:00 PM

Sat: 9:00 AM – 5:00 PM

Please contact instructor to schedule an appointment, when necessary.

Coordinator: Margaret Okodua : Room 2

2046 W. Devon Ave 1<sup>st</sup> Floor, Chicago, IL 60659

Cell Phone: 312-685-5243

Office Main Phone Number: 773-856-3203

Office Fax number:

Email: [magnificentccpr@gmail.com](mailto:magnificentccpr@gmail.com)

Website: [www.magnificenthealthcareprinc.com](http://www.magnificenthealthcareprinc.com)

## Description

The program is designed to provide the student with the knowledge and skills necessary to perform basic care services for a patient (acute care setting) or resident (long-term care setting). It prepares the student to function in the role of nursing assistant under the supervision of a registered nurse (RN) or licensed practical nurse (LPN). This course is designed to meet the curriculum requirements of the Illinois Department of Public Health (IDPH). The basic nursing assistant proficiency examination is the State-approved competency evaluation, with both written and manual skills components. The course requires the student to complete 93 hours of classroom lecture, perform 40 hours in a clinical setting, and successfully demonstrate 21 manual patient/resident care skills. Satisfactory completion of

the course provides eligibility to take the IDPH established competency written examination for State certification as a certified nursing assistant.

***Prerequisites: Placement testing scores of 64 for English/Reading and 60 for Arithmetic, with two (2) attempts at passing. Minimum Age: 16 years old***

**Nature of Work:** Nursing assistants perform routine duties in caring for patients or residents. Care tasks delegated by the nurse to the assistant include: transferring a patient/resident from the bed to a chair or wheelchair; walking or performing range of motion exercises; bathing, showering, shaving or providing oral hygiene for a patient/resident; feeding; changing bed linens; and maintaining cleanliness of the patient/resident's general surroundings. The nursing assistant is proficient in taking a temperature, respiratory rate, blood pressure and other patient/resident vital measurements, and reporting the results back to the nurse. The practice of good hand hygiene and patient/resident safety is expected at all times in the clinical setting.

**PREREQUISITE COURSES & OTHER REQUIREMENTS FOR ADMISSION TO PROGRAM / COURSE:**

- Placement testing scores of 64 for English/Reading and 60 for Arithmetic, with two (2) attempts at passing
- Magnificent Healthcare & CPR Inc. will accept a student's high school diploma/GED in lieu of that student taking the placement exams

**OBJECTIVES**

Upon successful completion of this course, the student will be able to:

1. Describe the organization of healthcare facilities and the roles of the interdisciplinary healthcare team.
2. Identify the responsibilities of the registered nurse, licensed practical nurse and nursing assistant in a variety of settings.
3. Apply nursing assistant theoretical knowledge in providing basic healthcare services.
4. Perform essential nursing assistant clinical skills.
5. Use accurate and appropriate communication with members of the healthcare team.
6. Employ ethical and moral behaviors, and the characteristics of honesty, responsibility and caring in the provision of patient/resident care.
7. Carry out and follow up on patient/resident care tasks as delegated by the nurse.

## Course Identification

Total Contact hours	133
Theory hours	93
Clinical hours	40
Duration of Course	5 weeks

## Length of Program

**5 Weeks/133 Clock Hours**

Dates Offered	Classroom & Lab		Clinical	Dates Offered	
	Day	Time		Start	End
Group A	M, W, TH, F	9:00 am to 2:00 pm	TUE 8:00 am to 6:30 pm		
Group B	M, W, TH, F	5:30 pm to 10:30 pm	SAT 8:00 am to 6:30 pm		

### **FINANCIAL AID**

Magnificent Healthcare & CPR Inc. Nursing Assistant program offer a 3 step payment plan, \$200 due at application, plus \$400 on first day of class and remaining balance at the end of 2nd week of class. If remaining tuition is not paid by the end of 2<sup>nd</sup> week of class, the student will be expelled. Full payment is recommended to avoid any future payment problems.

### **OTHER PROGRAM COSTS**

In addition to the tuition and fees below, students will be required to obtain medical scrubs that are required to be worn only at clinical, last 4 weeks of class. All other necessary equipment for training is included in tuition cost and will be provided.

## **TUITION & FEES**

Non-Refundable Registration fee	<b>\$100</b>
Tuition	\$650
Books	\$100
Miscellaneous Expenses	\$50
Certification	To be paid by student
Total cost for Nursing Assistant Course	\$900

## **TRAINING AND SERVICES PROVIDED**

Students will be provided training and lab work in required aspects of nursing assistant work in preparation for the State of Illinois Nursing Assistant Certification Exam.

## **PAYMENT OPTIONS**

- Application Fee (this fee must be paid to secure your spot)
- Only Minimum Payment
- Full Payment

## **PAYMENT TYPE**

- Check / Bank money order
- Credit/Debit Card (taken over the phone or at our office)

Checks / Bank money order payable to Magnificent Healthcare & CPR Inc.  
Minimum payment must be paid to reserve your spot in class

Email application to [magnificentccpr@gmail.com](mailto:magnificentccpr@gmail.com), or mail it in.

Mailing address:

Magnificent Healthcare & CPR Inc.  
2046 W. Devon Avenue 1<sup>st</sup> Floor/Grand Flr.  
Chicago, IL 60659

## **REFUND / CANCELLATION POLICY**

### **REFUND POLICY:**

When a student gives written or oral notice of cancellation, Schools shall, provide a refund within 30 days of said cancellation in the amount of at least the following:

a) When notice of cancellation is given before noon of the 1<sup>st</sup> business day after the date of enrollment, all registration fees, tuition and any other charges shall be refunded to the student.

b) When notice of cancellation is given after noon of the first business day following acceptance but prior to the close of business on the student's first day of class attendance, the school may retain no more than the registration fee which may not exceed \$100 or 50% of the cost of tuition, whichever is less.

## CREDITS

If a student chooses to withdraw from the CNA Training Program and has money owing, he, or she may elect to receive credit for a future class instead of refund cash.

- **Tuition Refund Policy**
- Should the student's enrollment be terminated or should the student withdraw for any reason, all refunds will be made according to the following refund schedule:

### Tuition Reimbursement Scale or Schedule

- Magnificent Healthcare & CPR Inc. must refund all money paid if the applicant is not accepted. This includes instances where a starting class is canceled by the school.
- If student completes this amount of time Magnificent Healthcare & CPR Inc. may keep this percentage of training: of the tuition cost:

First week .....	25%
Second week...	50%
Third week.....	75%
More than 3 weeks.....	100%

3. When calculating refunds, the official date of a student's termination is the last day of

recorded attendance:

- a. When Magnificent Healthcare & CPR Inc. receives notice of the student's intention to discontinue the training program;
- b. When the student is terminated for violation of a published school policy which provides for termination; or
- c. When a student, without notice, fails to attend classes for 30 calendar days

## Cancellation Policy

Magnificent Healthcare & CPR Inc must refund all money (Except registration) paid if the applicant cancels by first day of class and after the day the contract is signed or an initial payment is made, as long as the applicant has not begun training.

**Withdrawal** is a voluntary cessation of the student's participation in the nursing assistant Training Program, based on a voluntary decision made by the student. The nursing assistant program is composed of 2 sections, the class/lab section, and the clinical (on-site at health care facilities) section.

**Expulsion** is defined as an involuntary cessation of a student's participation in the nursing assistant Training Program, based on the decision made by Magnificent Healthcare & CPR Inc. staff due to lack of payment of tuition, attendance matters, poor performance, or policy violations. Full refund, besides the (registration/application fee) will be given if withdrawal or expulsion occurs prior to end of second day of class. If withdrawal or expulsion occurs between 3rd and last day of class/lab portion of program, a \$300.00 refund will be given only if tuition was paid in full prior to 1st day of class. NO refund will be given if minimum payment was made prior to 1st day of class. If any student withdraws or is expelled after the class/lab section, NO refund will be given.

c) When **notice of cancellation** is given after noon of the first business day

- Magnificent Healthcare & CPR Inc. must refund all money paid if the applicant is not accepted. This includes instances where a starting class is canceled by the school.
- If student completes this amount of time Magnificent Healthcare & CPR Inc. may keep this percentage of training: of the tuition cost:

First week .....25%  
 Second week... ..... 50%  
 Third week.....75%  
 More than 3 weeks.....100%

3. When calculating refunds, the official date of a student's termination is the last day of recorded attendance:
  - a. When Magnificent Healthcare & CPR Inc. receives notice of the student's intention to discontinue the training program;
  - b. When the student is terminated for violation of a published school policy which provides for termination; or
  - c. When a student, without notice, fails to attend classes for 30 calendar days



## CONSUMER INFORMATION

### Notice of Offered Programs at this Location

#### Disclosure

BASIC NURSING ASSISTANT	Yes

**Jul 1, 2018 – Jun 30, 2019**

#### Enrollment

Number of Students Admitted from Jul 1, 2019 – Jun 30, 2020	
BNA	
10	

	BNA
New Starts	6 students
Re-Enrollments	0
Transferred from program to other program at the School	NA

#### Outcomes:

<b>Number of Students Enrolled from July 1, 2015 – June 30, 2020 who:</b>	
	<b>BNA</b>
Transferred from program to other program at the School	NA
Completed or Graduated from program	14
Withdrew from program	0
Are Still Enrolled	6

	BNA
Placed in their field of study	12
Placed in a related field	2
Placed out of the field	0
Not available for placement due to personal reasons	0
Not Employed	0
Unknown	0

Students who took State certification examination from Jan 1, 2019 – Dec 31, 2019	
	BNA
Number of Students who took an exam	10
Number of Students who passed an exam	8

Students who graduated from Jan 1, 2018 – December 31, 2019
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	BNA
Graduates who obtained employment in the field who did not use the school's placement assistance during 2019	0
Average starting salary for all school graduates employed	\$29,120

## Accreditation

Magnificent Healthcare & CPR, Inc. is not accredited by a US Department of Education recognized accrediting body.

## Licensure

Magnificent Healthcare & CPR, Inc. is approved to operate by the Private Business and Vocational Schools Division of the Illinois Board of Higher Education.

## Certification

**Pending Illinois Department of Public Health Approval**

## Textbook

### Required

*Mosby's Textbook for Nursing Assistants, 9e. Textbook and Workbook Package Jan 12, 2012 by Sheila A. Sorrentino PhD RN and Leighann Remmert MS RN*

### Recommended

Mosby's Essentials for Nursing Assistants - Text and Workbook Package, 5e 5th Edition.  
Authors: Sorrentino, S., & Remmert, L. Dec 15, 2013

## Method of Instruction

1. Lecture/Discussion
2. PowerPoint presentation
3. Video/DVD
4. Program laboratory setting
  - a. Simulation laboratory (optional)
  - b. Hands-on use of manikins and anatomical models
5. Written handouts
6. Return demonstration

## 7. Clinical experience

### **Class Attendance**

*Attendance at class lectures, laboratory and clinical experiences is **mandatory**, in order to meet IDPH requirements (see page 6 for Attendance Policy).*

**\*\*SKILLS LAB WILL BE HELD THE LAST 60-90 MINUTES OF EACH CLASS LECTURE\*\***

### **Method of Evaluation**

The student must pass theory with a minimum grade of: **C (78 %) or better.**

(A=93-100, B=86-92, C=78-85)

The course grade is determined by:

- 4 exams = 60% of grade
- 1 final exam = 25% of grade
- Homework assignments = 15% of grade
- Clinical evaluation:

***You must receive an S (satisfactory) in clinical and laboratory skills.***

### **Safety Guidelines**

Posted on bulletin board in the Classroom.

### **Course Supplies Requirements**

1. Magnificent healthcare & CPR inc basic nursing assistant training program uniform is Blue scrub top, and white scrub pants, and plain white shoes
2. Black non-erasable pen
3. Small notebook
4. Stethoscope
5. Watch with second hand or digital display
6. 54" gait/transfer belt
7. Personal Protective Equipment Goggles (PPE).

### **Mandatory Clinical Requirements**

1. Criminal Background Check (done first day of class)
2. Fingerprinting (completed within 10 days of start of class—must be done at an IDPH approved facility)
3. American Heart Association (AHA) Basic Life Support (BLS) Certification for Healthcare Providers (CPR)
4. Medical history/Physical exam (primary physician, nurse practitioner or other approved healthcare provider)
5. Two-step tuberculosis (TB) skin test (if positive result for TB, chest x-ray report is required)
6. Documentation of verified immunity to varicella, rubeola, rubella, measles, mumps through

- blood titers. (If titers do not prove immunity, student must receive appropriate vaccine)
7. Hepatitis B titer proving immunity or vaccine (series of three)
  8. Influenza (flu) vaccine (required October through May)
  9. Tetanus-Diphtheria-Pertussis Vaccine (Tdap)
  10. Valid Social Security number

**Note:** All health requirements and BLS (CPR) certification must be completed and presented to the Office coordinator Room 2 by the first day of class. *Failure to comply may result in withdrawal from program.*

### **NOTICE TO STUDENT**

1. Do not sign this agreement before you have read it or if it contains any blank spaces.
2. This agreement is a legally binding instrument and is only binding when the agreement is accepted, signed, and dated by the authorized official of the school or the admissions officer at the school's principal place of business. Read all pages of this contract before signing.
3. You are entitled to an exact copy of the agreement and any disclosure pages you sign.
4. This agreement and the school catalog constitute the entire agreement between the student and the school.
5. Any changes in this agreement must be made in writing and shall not be binding on either the student or the school unless such changes have been approved in writing by the authorized official of the school and by the student or the student's parent or guardian. All terms and conditions of the agreement are not subject to amendment or modification by oral agreement.
6. The school does not guarantee the transferability of credits to another school, college, or university. Credits or coursework are not likely to transfer; any decision on the comparability, appropriateness and applicability of credit and whether credit should be accepted is the decision of the receiving institution.

### **Policies for Basic Nursing Assistant Programs**

#### **STUDENT LIABILITY/TUITION AND FEES:**

Payment of the registration fee must be paid by the first day of class unless otherwise authorized. Payment of the registration fee secures a student's seat in a class.

All tuition and fees must be paid on the first day of class unless otherwise authorized.

There is a fee of \$35 for checks returned for insufficient funds.

Payment methods will require an "Installment Judgment Note" be completed.

Payment of program costs and additional fees is the responsibility of the student, regardless of payment methods and whether or not financial aid is available.

Under the law you have the right, among others, to pay the full amount due and to obtain under certain conditions a partial refund of the finance charge.

If government regulations or early termination require the return of scheduled financial aid, the student must pay Magnificent HealthCare & CPR Inc. the returned amount, together with any unpaid program cost and additional fees, upon demand.

The student hereby agrees to pay collection fees of at least 20% along with attorney and court costs to enforce this liability.

### **GROUNDS FOR TERMINATION:**

If this agreement is accepted, the student agrees to abide by the rules, regulations and academic

requirements of this institution, as detailed in the Catalog.

If a student persistently fails to stay within those rules, regulations and academic requirements or does not meet his/her tuition payment obligations, that student may be terminated from this institution.

### **SCHEDULE CHANGES:**

The institution reserves the right to:

- 1) Reschedule a start date and/or combine classes for any term by reason of institutional needs.

Rescheduled classes will convene within a 5 week period.

- 2) Reschedule class breaks, classrooms or instructors.
- 3) Change dates and/or hours of attendance.
- 4) Change contents, programs, procedures, or fees which may be contained in the school catalog or this agreement. All terms and conditions of the enrollment agreement are not subject to amendment or modification by oral agreement. For program changes and/or procedure changes, accommodations may be made for currently enrolled students.

### **GRADUATION REQUIREMENTS:**

Students are required to have successfully completed all program requirements and to have paid all tuition and fees, at which time a diploma or certificate will be issued.

### **PLACEMENT ASSISTANCE:**

Placement assistance service is available to those interested in employment while attending and after graduation. Magnificent Healthcare & CPR Inc. does not guarantee placement of its graduates, but does recognize a responsibility to serve, to the fullest extent possible, all who request assistance.

### **GRIEVANCE PROCEDURES:**

A student of Magnificent Healthcare & CPR Inc. seeking redress through grievance regarding attendance, academics, or conduct, must first attempt to resolve the matter informally by following the chain of command. The student must first speak with their instructor. If the matter is not resolved at that point, the student can request to meet with the program manager or director.

If the issue is still unresolved, the student should contact one of the agencies listed on the last page of this agreement.

**THIS AGREEMENT IS A LEGALLY BINDING INSTRUMENT WHEN SIGNED BY THE STUDENT AND ACCEPTED BY THE SCHOOL.**

This agreement is made on the following date: \_\_\_\_\_.

The terms and conditions of this agreement are not subject to amendment or modification unless in writing and signed or initialed by the official of the school and by the student or the student's parent/guardian if the student is a minor.

The terms and conditions of this agreement are not subject to amendment or modification by oral agreement.

This agreement represents the entire agreement between both parties. The date the student signed

this agreement is \_\_\_\_\_.

The date of the student's admission to the school is the date at which the student was accepted by

Magnificent Healthcare & CPR Inc. by the School Director

**STUDENT'S RIGHT TO CANCEL**

The student has the right to cancel the initial enrollment agreement until noon before the 1st business day after the student has been admitted. Cancellation should be submitted to the coordinator or manager of Magnificent Healthcare & CPR Inc. basic nursing assistant program in writing. If the right to cancel is not given to any prospective student at the time the Enrollment Agreement is signed, then the student has the right to cancel the agreement at any time and receive a refund of all monies paid to date within 10 days of cancellation. Any cancellation by a student should be in writing and given to the manager or Director. Institutions are required to keep records of student's initial visits or orientation sessions.

**REINSTATEMENT POLICY:**

Reentry – If a student returns to the same program within 5 weeks of their Last Day of Attendance they may be eligible to pick up where they left off and would be considered to be in the same enrollment for all academic and financial aid purposes.

These students would be evaluated on an individual basis as it would depend on the reason they were originally dropped or dismissed and if they were able to return at the point they left off within the allotted time frame. If not eligible for reentry the student may apply under the re-enroll policy.

Re-enroll - paying off their prior balance due Magnificent Healthcare & CPR Inc .with approval from the School Director or Manager of program. Every student that applies for re-enrollment in the same program will be evaluated individually and have to pay all applicable costs that would be incurred by the second enrollment pertaining to books, tools, fees, and certification. These costs.

If a student re-enrolls in the same program from which they have withdrawn or have been dismissed, they must re-start at the beginning of the program and they will be given a credit for all tuition and fees paid during their prior enrollment minus all applicable costs that would be incurred by the second enrollment pertaining to books, tools, fees, and certification.

**Definition of Student Withdrawal:** “A student ceases to be enrolled prior to completion of their program of study.”

## Fees

1. Students are responsible for fingerprint test fees performed at the IDPH facility upon successful completion of background check (see Criminal Background Check below).
2. Malpractice fee must be paid with tuition.
3. The *Illinois Nurse Aide Competency Exam* is administered at Chicago:

- KENNEDY-KING COLLEGE, ROOM Y105  
DENISE JOHNSON/SELOM ASSIGNON, Testing Coordinator  
PHONE: 773-451-2028 FAX: 773-451-2174 E-MAIL: sassignon@ccc.edu  
6401 S HALSTED, CHICAGO, IL 60621
- MALCOLM X COLLEGE, ROOM 2535  
ANNETTE AGUILERA, Nurse Aide Testing Coordinator  
PHONE: 312-850-7050 FAX: 312-850-7041 EMAIL: aaguilera@ccc.edu  
1900 W VAN BUREN ST, CHICAGO, IL 60612
- RICHARD J DALEY COLLEGE, MAIN BUILDING, ROOM 2103  
BEVERLY HICKS, Testing Coordinator  
PHONE: 773-838-7775 FAX: 773-838-7524 E-MAIL bhicks17@ccc.edu  
7500 S PULASKI ROAD, CHICAGO, IL 60652
- TRUMAN COLLEGE, NOVAR HALL, ROOM 3426  
DIEGO AGUILAR / HA THAI, Testing Liaison  
PHONE: 773-907-4723 FAX: 773-907-4804 E-MAIL: daguilar22@ccc.edu  
1145 W WILSON AVE, CHICAGO, IL 60640
- WILBUR WRIGHT COLLEGE, ARTS BUILDING, ROOM A-200  
JOAN FANTOZZI, CNA Coordinator  
PHONE: 773-481-8920 FAX: 773-481-8817 E-MAIL: jfantozzi@ccc.edu  
4300 N NARRAGANSETT, CHICAGO, IL 60634

Students will be asked to bring a cashier’s check in the amount of \$65.00 to class one (1) week prior to the end of the course.

## Criminal Background Check

The Illinois Department of Public Health (IDPH) requires that every student in the program pass a Criminal Background Check the first day of class. A fingerprint test must be completed at an approved IDPH location. These locations will be provided to you on the first day of class.

**This is required within ten (10) days from the first day of class.**

A felony conviction will prohibit an individual from seeking employment in any healthcare facility in the State of Illinois. Any inquiries regarding criminal convictions should be directed to:

Illinois Department of Public Health  
535 W. Jefferson Street, Springfield, IL 62761  
Telephone: (217) 782-2913  
Website: [www.idph.net](http://www.idph.net)

## Personal Conduct Policy

Each student is expected to conduct his/her self in a manner expected of all members of the healthcare team in respect to standards of ethics, morals and integrity. Student expectations include active class participation and a positive attitude. Practices that indicate a lack of commitment to quality work or classroom/clinical interaction will impact a student's grade (e.g., leaving the class during discussions, having loud outbursts during discussions, use of profanity).

### ATTENDANCE POLICY

The student is expected to arrive on time to class each day. Class attendance is considered from the beginning to the end of the class period. Student expectations include active class participation and a positive attitude. Repeated absences or any other practices that indicate lack of commitment to quality work or classroom/clinical interaction will impact a student's grade (e.g., leaving the class during discussions, having loud outbursts during discussion, use of profanity). Each student should notify the instructor regarding all absences. The student should notify the instructor—*prior to class*—of emergency absences or tardiness via e-mail or voicemail. In order to prevent a negative impact on the course grade, one (1) excused absence is allowed, with mandatory make-up work requirement. For any additional excused absence(s), the student will either

- a. Submit a three-page paper on a topic approved by the instructor; or
- b. Receive a reduction of 20 points in the overall score for the course.

A student who experiences a medical condition which prevents attendance at any class or clinical experience must immediately provide appropriate medical documentation to the program director/coordinator office. NOTE: Due to healthcare facility requirements, a student may not be eligible to return to the clinical site without verified medical documentation that indicates a return to patient/resident care *without restrictions*.

### MAKE-UP POLICY



A student who misses a clinical experience due to an unexcused absence **must** repeat the entire course. Tardiness of ½ hour or more will count as an absence. Only one (1) unexcused absence is allowed for the theory portion of the course. Additional unexcused theory absences will result in the student having to repeat the course.

*Excused absences include (but are not limited to):* death/impending death of an immediate family member, documented hospitalization or severe illness of student/family member, or similar grave situations. The instructor **must** be consulted for an absence to be considered excused. It is the sole responsibility of the student to contact the instructor regarding the possibility of make-up work. Note: Opportunities to make-up clinical may not be available due to affiliation agreements.

## **STUDENT RESPONSIBILITIES**

The student is expected to:

1. Utilize critical thought and effort during theory, laboratory and clinical experiences.
2. Provide a neat and readable paper using Standard English.
3. Arrive to class prepared to participate in open discussion and any small group activities.
4. Be supportive and non-judgmental of peers.
5. Demonstrate an open mind and willingness to learn.

All assignments are due on the dates selected in the syllabus, or as set by the instructor. Work turned in late will not be accepted until the next class meeting. Points will be deducted for late papers.

## **PERSONAL APPEARANCE AND BEHAVIOR**

The following requirements are to ensure a safe patient/resident environment, and to meet the standard of appearance and behaviors of a member of the healthcare team. A student who does not follow or is unable to meet these requirements will be asked to leave the clinical setting and will earn a clinical absence.

### **UNIFORM**

1. A clean, pressed uniform is worn for each clinical experience and for activities as specified by the faculty. The uniform is not worn for other school activities or classes. The uniform consists of the MHC blue scrub top and white scrub pants. No designs or striping of any kind is permitted.
2. No print undergarments are to be worn under scrub pants.
3. Personal hygiene is expected at all times, including no offensive body and/or breath odors.
4. Gum chewing or eating is not allowed in the clinical areas.

### **SHOES AND HOSIERY**

White nursing shoes or all white athletic shoes, as approved by the clinical site, are required. Backless shoes or shoes with cutouts or mesh are not acceptable. Shoes worn in the clinical area should be used only in the clinical setting and not for outside use. Only all white or neutral socks or hosiery are permitted. It is essential that hosiery, shoes and shoe laces be clean and in good repair.

### **HAIR**

Hair must be clean, neatly arranged and away from the face and neck. Hair below shoulder length must be pinned or tied back securely and off the collar. Hair ribbons or ornate hair decorations are not allowed. Males must be clean shaven or have neatly trimmed mustaches or beards.

### **NAILS AND NAIL POLISH**

The Centers for Disease Control (CDC) sets strict requirements regarding healthcare workers and the spread of disease. Nails should be kept no longer than tips of fingers. No nail polish is allowed. Sculptured, artificial and/or tipped nails are not permitted.

## **JEWELRY AND UNIFORM ACCESSORIES**

A wedding and/or engagement ring may be worn when in uniform. Any other jewelry is inappropriate with the uniform except one pair of post earrings, which are to be worn only in the earlobe. Any other *visible* facial or body piercings are not permitted. Tattoos or body art not covered by the uniform are to be covered with make-up. Perfumes and colognes are not to be used when in the clinical setting. A watch with second hand, name pin, stethoscope, pen with black ink, pencil and small notebook are considered essential accessories to the uniform when in the clinical site.

## **PERSONAL BEHAVIOR**

It is the expectation that all students enrolled in the program will act in a respectful manner towards other people and patients/residents at all clinical sites and the school.

A student, who behaves or engages in undesirable behaviors, as outlined in this handbook and the magnificent healthcare & CPR Inc student handbook, will be administratively withdrawn from the program.

Situations that warrant immediate withdrawal from the program include (but are not limited to):

- 1) Theft of supplies or possessions from clinical sites, patients/residents, the college, other students or employees of school or clinical agencies.
- 2) Destruction of property or possessions of patients/residents, other students or employees of school or clinical agencies.
- 3) Falsifying documentation at clinical sites or at school.
- 4) Engaging in disorderly conduct or creating a disturbance at school or clinical sites.
- 5) Jeopardizing the safety of patients/residents, students, faculty or employees of clinical agencies or college through neglect of duty or through disregard for others.
- 6) The use, sale, or possession of alcohol, drugs or controlled substances or being under the influence of alcohol or drugs at school or at clinical site.
- 7) Any refusal or intentional failure to follow direct instructions from school faculty or a person in authority at a clinical site or school.
- 8) Any challenge to obstruct, interfere, or abuse with patient/resident care.
- 9) Use of or possession of guns, knives, explosives or other weapons on campus or at clinical site.
- 10) Harassment of an individual based on race, gender, age, national origin, religion, physical or mental disability at a clinical site or at school.
- 11) Violation of Health Insurance Portability Accountability Act (HIPAA) policies and procedures in all clinical agencies related to copying and/or disclosure of patient/resident information.
- 12) Physical and or verbal abuse of an individual on campus or at clinical site.
- 13) Inappropriate use of social media (e.g., Facebook, Myspace, Twitter, blogs, list serves, etc.) for posting content that exhibits undesirable or disruptive behaviors or conduct.

- **The student is held accountable to the Code of Student Conduct and Academic Honesty policy as outlined in the Magnificent Healthcare and CPR Inc. Catalog.**

## MHC Course Schedule (5 Weeks)

Weekly Agenda	Skill's Lab
<b>Week 1</b> Introduction to the Basic Nursing Assistant course Discussion and collection of all required documents Discussion Chapters : 1 ,2,3,4,5,7,14 ****Skills lab	Hand washing Skill #1 Bed making Skill #8 Measure and record vital signs (Basics) Skill #18 & #19 Applying transfer belt and ambulating with transfer belt Skill #12
<b>WEEK 2</b> <b>Test 1 Chapters : 1 ,2,3,4,5,7,14</b> Discussion Chapters: 6,8,9,11,12,13,15,16,17,18,19,20,21,26 ****Skills lab	Skills #18 & #19: Measure and record vital signs (blood pressure, temperature, pulse, respirations) Skill #10: Transferring to a wheelchair using a gait belt. Skill #11: Transferring using a mechanical lift Skill #14: Intake and output Skill #15: Side lying position Skill #6: Partial bath Skill #5: Perineal care Skill #7: Shower and tub baths Skill #2: Oral hygiene Skill #3: Shaving a resident Skill #4: Catheter care Nail care Skill #13: Feeding a resident Skill #17: Apply and remove Personal Protective Equipment (PPE) Skill #9 Dressing a resident
<b>WEEK 3</b> <b>Test 2 Chapters:</b> <b>6,8,9,11,12,13,15,16,17,</b> <b>18, 19,20,21,26</b> Discussion of Chapters: 22,23,24,25,27,28,29,30,31 ****Skills lab	Specimen collection (urine, stool, sputum) Skill #20 & #21: Height and weight <b>Practice on all learned skills</b> Skill #16: Range of motion Skill #16 <b>Practice on all learned skills</b>
<b>WEEK 4</b> <b>Test 3</b> <b>Chapters:22,23,24,25,27,28,29,30,</b> <b>31</b> <b>Skills evaluation</b> <b>Presentations</b>  ****Skills lab	<b>Practice on all learned skills</b>  <b>State Exam Fee is due</b>
<b>WEEK 5</b> <b>Final Examination</b> <b>Presentations</b>	<b>Final skill competency validations</b>

<b>Skills Evaluations</b>	
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NURSING ASSISTANT TRAINING PERFORMANCE SKILL EVALUATION  
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

This instructional packet was developed collaboratively by the  
Illinois Department of Public Health and Illinois Nurse Assistant/Aide Training Competency  
Evaluation Program 13

### **Selected Manual Performance Skills**

The selected 21 performance skills have been identified through the federal legislation that gives guidance to the Illinois Nurse Aide Competency Evaluation. A separate performance skill checklist is provided for each of the following skills:

- Performance Skill #1 Wash hands
- Performance Skill #2 Perform Oral Hygiene
- Performance Skill #3 Shave a Resident
- Performance Skill #4 Perform Nail Care
- Performance Skill #5 Give Perineal Care
- Performance Skill #6 Give Partial Bath
- Performance Skill #7 Give a Shower or Tub Bath
- Performance Skill #8 Make Occupied Bed
- Performance Skill #9 Dress a Resident
- Performance Skill #10 Transfer Resident to Wheelchair using a Transfer Belt
- Performance Skill #11 Transfer Using Mechanical Lift
- Performance Skill #12 Ambulate with Transfer Belt
- Performance Skill #13 Feed A Resident
- Performance Skill #14 Calculate Intake and Output
- Performance Skill #15 Place Resident in a Side-Lying Position
- Performance Skill #16 Perform Passive Range of Motion
- Performance Skill #17 Apply and Remove Personal Protective Equipment
- Performance Skill #18 Measure and Record Temperature, Pulse and Respiration
- Performance Skill #19 Measure and Record Blood Pressure
- Performance Skill #20 Measure and Record Weight
- Performance Skill #21 Measure and Record Height

**STUDENTS MUST SHOW COMPETENCE IN ALL 21 OF THESE PERFORMANCE SKILLS IN ORDER TO SUCCESSFULLY COMPLETE A BASIC NURSING ASSISTANT TRAINING PROGRAM.**

Performance Skills 1, 8, 11, 12, 14, 17, 18, 19, 20, 21 can be performed in a lab setting.

**BEGINNING AND COMPLETION TASKS**

Performance skills 2 – 21 have “Beginning” and “Completion” tasks as defined below. Refer back to this page as necessary for the steps of those tasks.

**BEGINNING TASKS**

1. Wash Hands.
2. Assemble Equipment
3. Knock and pause before entering.
4. Introduce self and verify resident identity as appropriate.
5. Ask visitors to leave.
6. Provide privacy for the resident
7. Explain the procedure and answer questions.

Note: Let the resident assist as much as possible and honor preferences.

**COMPLETION TASKS**

1. Position the resident comfortably.
2. Remove or discard gloves/protective equipment.
3. Wash hands.
4. Return the bed to an appropriate position.
5. Place signal cords, phone and water within reach of the resident.
6. Conduct general safety check/resident and environment.
7. Open the curtains.
8. Care for the equipment as necessary.
9. Wash hands
10. Let visitors reenter, as appropriate.
11. Report completion of task, as appropriate.
12. Document actions and observation

Performance Skill # 1  
WASH HANDS

STANDARD: HANDS ARE WASHED WITHOUT RECONTAMINATION.

While equipment may vary, the principles noted on the competency exam must be followed at all times.

Directions: Place a “p” for PASSED in the column to the right of each step when it is performed according to the standard.

1	Stood so that clothes did not touch sink.	
2	Turned on water and adjusted temperature to warm; left water running.	
3	Wet wrists and hands; kept hands lower than level of elbow throughout procedure.	
4	Applied soap or cleaning agent to hands using available products.	
5	Washed hands and wrists using friction for 15-20 seconds.	
6	Rinsed hands and wrists well under running water with fingertips pointed down.	
7	Dried hands thoroughly with paper towel(s) from fingertips to wrists.	
8	Disposed of used paper towel(s).	
9	Used dry paper towel between hand and faucet to turn off water.	
10	Disposed of used paper towels.	



Performance Skill # 2  
PERFORM ORAL HYGIENE

STANDARD: MOUTH, TEETH AND/OR DENTURES WILL BE FREE OF DEBRIS.

This care must be provided to a resident.

Directions: Place a “p” for PASSED in the column to the right of each step when it is performed according to the standard.

1	Performed beginning tasks (refer to page 12 in this manual).	
2	Positioned resident.	
3	Cleaned oral cavity using appropriate oral hygiene products.	
4	Rinsed oral cavity.	
5	Repeated steps 3 and 4 until oral cavity was clean.	
6	Cleaned and rinsed teeth, dentures if applicable.	
7	Assisted resident to clean and dry mouth area.	
8	Performed completion tasks (refer to page 12 in this manual).	

Performance Skill # 3  
SHAVE A RESIDENT

STANDARD: RESIDENT IS FREE OF FACIAL HAIR WITH NO ABRASIONS OR LACERATIONS.

This care must be provided to a resident.

The student is assigned the task of shaving a resident's (preferably male) face. The evaluator must obtain a list of residents who need to be shaved and for whom shaving is not contraindicated. Example: Residents taking anticoagulants should not be assigned.

Directions: Place a "p" for PASSED in the column to the right of each step when it is performed according to the standard.

1	Performed beginning tasks (refer to page 12 in this manual).	
2	Positioned resident.	
3	Shaved resident:	
	<b>A. Non-Electric Shave:</b>	
	a. Applied shaving cream or soap.	
	b. Shaved resident, holding skin taut and using single, short strokes primarily in the direction of the hair growth rinsing razor frequently.	
	c. Rinsed face with warm cloth.	
	d. Applied after shave product as appropriate.	
	e. Discarded razor into the appropriate container.	
	<b>OR</b>	

Performance Skill # 3  
SHAVE A RESIDENT (CONTINUED)

	<b>B. Electric Shave:</b>	
	a. Checked to be sure that the razor was clean.	
	b. Verified that the resident was prepared with a clean, dry face.	
	c. Turned on razor, observing precautions for using electrical equipment.	
	d. Shaved resident by holding skin taut and moving the razor over a small area of the face in the direction of the hair growth until the hair was removed.	
	e. Cleaned the razor after use.	
	f. Applied after shave product as appropriate.	
4	Performed completion tasks (refer to page 12 in this manual).	

Performance Skill # 4  
PERFORM NAIL CARE

STANDARD: FINGERNAILS ARE CLEAN AND SMOOTH.

This care must be provided to a resident.

**IMPORTANT:** Do not assign residents with diabetes to students for nail care. Facility policies may vary in the area of nail care; at all times, facility policies must be observed.

**NOTE:** CNAs are not to trim the toenails of residents.

Directions: Place a “p” for PASSED in the column to the right of each step when it is performed according to the standard.

1	Performed beginning tasks (refer to page 12 in this manual).	
2	Washed, soaked and dried the resident’s hands.	
3	Cleaned the nails.	
4	Clipped one nail at a time, so that edges are smooth according to resident preference.	
5	Filed nails, as needed, smoothing rough areas.	
6	Applied lotion as needed.	
7	Performed completion tasks (refer to page 12 in this manual).	

Performance Skill # 5  
PERFORM PERINEAL CARE

STANDARD: PERINEAL AREA IS CLEAN.

This care must be provided to a resident.

Directions: Place a “p” for PASSED in the column to the right of the step when it is performed according to the standard.

1	Performed beginning tasks (refer to page 12 in this manual).	
2	Filled basin with water at correct temperature to resident preference, if applicable.	
3	Covered the resident appropriately to avoid exposure and maintain dignity.	
4	Placed a waterproof pad under buttocks.	
5	Positioned resident appropriately.	
6	Wet washcloths and applied cleansing solution.	
7	Washed perineal area: A. Females: Separated the labia, cleaned front to back using downward strokes. Used a clean area of the cloth for each downward motion. Repeated using additional cloths, as needed.  B. Males: Retracted foreskin in uncircumcised male. Grasped penis, cleaned tip of penis using a circular motion, washed down shaft of the penis and washed testicles. Replaced foreskin of uncircumcised male.	
8	Rinsed the perineal area, if applicable.	
9	Turned the patient on their side facing away. Cleaned anal area by washing from front to back.	
10	Patted area dry, if applicable.	
11	Removed waterproof pad and discarded.	
12	Performed completion tasks (refer to page 12 in this manual).	

Performance Skill # 6  
GIVE PARTIAL BATH

STANDARD: DESIGNATED BODY AREAS, INCLUDING THE PERINEAL AREA, ARE WASHED, RINSED AND DRIED.

This care must be provided to a resident.

Directions: Place a “p” for PASSED in the column to the right of each step when it is performed according to the standard.

1	Performed beginning tasks (refer to page 12 in this manual).	
2	Prepared resident for partial bath.	
3	Filled basin with water at correct temperature to resident preference.	
4	Washed, rinsed and dried face, hands, axilla, perineal area and other areas as appropriate.	
5	Removed linen used for bathing and placed in appropriate container.	
6	Prepared resident for dressing.	
7	Performed completion tasks (refer to page 12 in this manual).	

Performance Skill # 7  
GIVE A SHOWER OR TUB BATH

STANDARD: BODY IS CLEAN USING A SHOWER OR TUB BATH.

This care must be provided to a resident.

Directions: Place a “p” for PASSED in the column to the right of the step when it is performed according to the standard.

1	Performed beginning tasks (refer to page 12 in this manual).	
2	Prepared resident for shower or tub bath.	
3	Adjusted water temperature to resident preference throughout bath.	
4	Washed, rinsed and dried in appropriate head to toe sequence allowing for resident independence.	
5	Shampooed hair as appropriate.	
6	Prepared resident to leave shower or tub bath area.	
7	Performed completion tasks (refer to page 12 in this manual).	

Performance Skill # 8  
MAKE OCCUPIED BED

STANDARD: OCCUPIED BED MUST BE NEAT, WRINKLE FREE WITH PERSON AND BED PLACED IN THE APPROPRIATE POSITIONS.

May be tested in the classroom or clinical setting.

The person must be in bed with the side rails up (if applicable) while the bed is being made. If side rails are not available, an alternative safety measure shall be used. When side rails are used as a safety measure during this procedure, care must be taken to prevent personal injury.

Dirty linen is defined as linen that contain no visible body fluids. Gloves may be worn when handling dirty linen. Soiled linen is defined as linen that may be contaminated with body fluids. Gloves shall be worn when handling soiled linen.

At the completion of this task the bed must be left in the appropriate position with side rails up or down as indicated by the needs of the individual (if side rails are available).

Directions: Place a “p” for PASSED in the column to the right of each step when it is performed according to the standard.

1	Performed beginning tasks (refer to page 12 in this manual).	
2	Removed top linen, keeping person covered.	
3	Positioned individual on one side of bed with side rail up (if applicable) using appropriate safety measures on unprotected side, and using appropriate body mechanics.	
4	Tucked dirty linen under individual. Used gloves if linen is contaminated with blood or body fluids.	
5	Replaced bottom linen on first side. Tucked corners and sides neatly under mattress.	
6	Repositioned individual to other side using appropriate safety measures on unprotected side.	
7	Removed dirty linen by rolling together, held away from clothing, and placed dirty linen in appropriate container. Disposed of gloves, if used, and washed hands.	



Performance Skill # 8  
MAKE OCCUPIED BED (CONTINUED)

8	Completed tucking clean linen under mattress with corners and sides tucked neatly under mattress on the second side.	
9	Repositioned the individual to a comfortable position.	
10	Placed top sheet over individual. Removed dirty covering. Tucked bottom corners and bottom edge of sheet under mattress, as indicated.	
11	Placed blanket/spread over person. Tucked bottom corners and bottom edge of blanket/spread under mattress, as indicated. Pulled top edge of sheet over top edge of blanket/spread.	
12	Removed and replaced pillowcase appropriately. Replaced pillow under individual's head.	
13	Placed bed in appropriate position.	
14	Performed completion tasks (refer to page 12 in this manual).	

Performance Skill # 9  
DRESS A RESIDENT

STANDARD: RESIDENT IS DRESSED IN OWN CLOTHING, INCLUDING FOOTWEAR, WHICH IS NEAT AND CLEAN. RESIDENT IS COMFORTABLE DURING DRESSING PROCEDURE AND CHOOSES OWN CLOTHING WHEN ABLE.

This care must be provided to a resident.

Clothing should consist of undergarments, dress, or shirt or blouse and pants, socks and footwear.

Directions: Place a "p" for PASSED in the column to the right of each step when it is performed according to the standard.

1	Performed beginning tasks (refer to page 12 in this manual).	
2	Asked resident preference and gathered resident's own clean clothing.	
3	Dressed the resident in undergarments, top, pants (or dress) and footwear, as appropriate.	
4	Performed completion tasks (refer to page 12 in this manual).	

## Performance Skill # 10

## TRANSFER RESIDENT TO WHEELCHAIR USING A TRANSFER BELT

STANDARD: APPLIED TRANSFER BELT; ASSISTED RESIDENT TO STAND, PIVOT AND SIT IN WHEELCHAIR WITH BODY ALIGNED.

This care must be provided to a resident.

This skill requires that a resident be transferred from the bed to a wheelchair with the use of a transfer belt which is also referred to as a gait belt.

Directions: Place a “p” for PASSED in the column to the right of each step when it is performed according to the standard.

1	Performed beginning tasks (refer to page 12 in this manual).	
2	Lowered bed to appropriate position.	
3	Positioned wheelchair at bedside.	
4	Locked brakes.	
5	Assisted resident to sitting position.	
6	Applied transfer belt firmly around the resident’s waist (should be adjusted to allow evaluator to place one or two fingers between the belt and the resident).	
7	Adjusted transfer belt over clothing so that buckle is off center.	
8	Applied non-skid footwear to resident.	
9	Grasped transfer belt on both sides with underhand grasp.	
10	Assisted resident to stand; pivot and sit in wheelchair.	
11	Placed resident’s feet on foot rests, if applicable.	
12	Aligned resident’s body in wheelchair.	
13	Performed completion tasks (refer to page 12 in this manual).	

Performance Skill # 11  
TRANSFER USING A MECHANICAL LIFT

STANDARD: TRANSFERRED PERSON SAFELY UTILIZING A MECHANICAL LIFT.

May be tested in the classroom or in the clinical setting.

Followed facility policy for use of lift according to manufacturer's instructions.

Directions: Place a "p" for PASSED in the column to the right of the step when it is performed according to the standard.

1	Performed beginning tasks (refer to page 12 in this manual).	
2	Identified appropriate lift for resident.	
3	Applied correct sling/belt.	
4	Attached sling/belt to mechanical lift.	
5	Verified resident's readiness for transfer.	
6	Operated the mechanical lift controls according to manufacturer's instructions.	
7	Maneuvered the lift safely.	
8	Lowered resident safely.	
9	Disconnected sling/belt from lift.	
10	Removed sling/belt if applicable.	
11	Performed completion tasks (refer to page 12 in this manual).	

## Performance Skill # 12

## AMBULATE WITH TRANSFER BELT STANDARD: AMBULATED PERSON

SAFELY UTILIZING TRANSFER BELT. May be tested in the classroom or in the clinical setting.

Directions: Place a "p" for PASSED in the column to the right of the step when it is performed according to the standard.

1	Performed beginning tasks (refer to page 12 in this manual).	
2	Locked bed or chair wheels, if appropriate.	
3	Ensured the person was appropriately attired including non-skid footwear.	
4	Applied transfer belt firmly around person's waist (should be adjusted to allow evaluator to place two fingers between the belt and the person.)	
5	Assisted the person to standing position.	
6	Stood at the person's affected side (if applicable) while balance is gained.	
7	Ensured the person stood erect with head up and back straight, as tolerated.	
8	Assisted the person to walk. Walked to the side and slightly behind the person. Held transfer belt using under hand grasp.	
9	Encouraged the person to ambulate normally with the heel striking the floor first. Discouraged shuffling or sliding, if noted.	
10	Ambulated the required distance, if tolerated.	
11	Assisted the person to return to bed or chair.	
12	Removed transfer belt appropriately.	
13	Performed completion tasks (refer to page 12 in this manual).	

Performance Skill # 13  
FEED A RESIDENT

STANDARD: RESIDENT IS FED PRESCRIBED DIET IN A COURTEOUS AND SAFE MANNER.

This care must be provided to a resident.

The student should be assigned to feed someone without any special feeding techniques required.

Directions: Place a “p” for PASSED in the column to the right of each step when it is performed according to the standard.

1	Performed beginning tasks (refer to page 12 in this manual).	
2	Prepared the resident for the meal (i.e. allowed resident to use toilet and wash hands).	
3	Positioned resident in sitting position as appropriate.	
4	Matched food tray/diet items with resident’s diet order.	
5	Matched food tray/dietary items with appropriate resident.	
6	Protected resident’s clothing, as appropriate or as resident prefers.	
7	Noted temperature of food and liquids to avoid food that is too hot or too cold.	
8	Fed moderate-sized bites with appropriate utensil.	
9	Interacted with resident as appropriate (i.e., conversation, coaxing, cueing, being positioned at eye level with the resident).	
10	Alternated liquids with solids, asking resident preference.	
11	Ensured the resident has swallowed food before proceeding.	
12	Cleaned resident as appropriate when completed.	
13	Removed tray, cleaned area.	
14	Performed completion tasks (refer to page 12 in this manual).	

Performance Skill # 14  
CALCULATE INTAKE AND OUTPUT

STANDARD: TOTAL INTAKE AND OUTPUT QUANTITIES CALCULATED WITHOUT ERROR.

May be tested in the classroom or the clinical setting.

The student is to measure intake and output in cubic centimeters (cc) or milliliters (ml). The student may be told the fluid capacity of the containers (glasses, cups, bowls).

Directions: Place a “p” for PASSED in the column to the right of each step when it is performed according to the standard.

1	Performed beginning tasks (refer to page 12 in this manual).	
2	Wrote down the intake and output amounts in the units used to measure the intake and output quantities (i.e., cc=cubic centimeters, ml=milliliters, oz=ounces).	
3	Converted the measured unit into the units to be recorded on resident intake and output chart.	
4	Calculated all the measured quantities listed as resident intake to obtain a total amount of intake for the time period.	
5	Added all the measured quantities listed as resident output to obtain a total amount of output for the time period.	
6	Recorded the total intake and output to be compared to the recorded intake and output calculation of the evaluator.	
7	Performed completion tasks (refer to page 12 in this manual).	

Performance Skill # 15  
PLACE RESIDENT IN SIDE-LYING POSITION

STANDARD: BODY ALIGNED WITH DEPENDENT EXTREMITIES SUPPORTED AND BONY PROMINENCES PROTECTED.

This care must be provided to a resident.

Either of two positions is acceptable: side-lying position or a variation in which knees are flexed with appropriate padding between the knees and ankles.

Directions: Place a “p” for PASSED in the column to the right of each step when it is performed according to the standard.

1	Performed beginning tasks (refer to page 12 in this manual).	
2	Raised side rail on unprotected side of bed (if applicable).	
3	Positioned resident on side in the center of the bed in side-lying position.	
4	Placed appropriate padding.	
	a. Behind back.	
	b. Under head.	
	c. Between legs.	
	d. Supporting dependent arm.	
5	Ensured resident is in good body alignment.	
6	Raised side rails, if appropriate.	
7	Performed completion tasks (refer to page 12 in this manual).	



Performance Skill # 16  
PASSIVE RANGE OF MOTION

**STANDARD: COMPLETED THREE DIFFERENT RANGE-OF-MOTION EXERCISES WITHOUT GOING PAST THE POINT OF RESISTANCE OR PAIN.**

This care must be provided to a resident.

The body part to be exercised must be supported. The student is not to force a joint beyond its present range of motion or to the point of pain. The student is required to name the exercise being performed (e.g., abduction, flexion). The approved evaluator will verify the number of repetitions for the selected ROM exercise with the student.

Directions: Place a “p” for PASSED in the column to the right of each step when it is performed according to the standard.

1	Performed beginning tasks (refer to page 12 in this manual).	
2	Demonstrated three different range of motion movements.	
	a. Flexion and extension.	
	b. Abduction and adduction.	
	c. Pronation and supination.	
	d. Dorsal and plantar flexion.	
	e. Opposition.	
	f. Internal/External rotation.	
	g. Radial deviation and ulnar deviation.	
3	Supported the proximal and distal ends of the extremity or the joint itself.	
4	Observed the resident’s reaction during the procedure.	
5	Demonstrated or verbalized the need to stop moving if pain or resistance was noted.	
6	Performed completion tasks (refer to page 12 in this manual).	

## Performance Skill # 17

## APPLY AND REMOVE PERSONAL PROTECTIVE EQUIPMENT

STANDARD: APPLIED AND REMOVED PERSONAL PROTECTIVE EQUIPMENT WITHOUT CONTAMINATION.

May be tested in the classroom or in the clinical setting.

Directions: Place a “p” for PASSED in the column to the right of the step when it is performed according to the standard.

1	Performed beginning tasks (refer to page 12 in this manual).	
2	Identified type of isolation required.	
3	Applied appropriate personal protective equipment outside the isolation room.	
	<ul style="list-style-type: none"> <li>Mask: Placed mask over nose and mouth, secured appropriately.</li> </ul>	
	<ul style="list-style-type: none"> <li>Gown: Applied gown and secured it at neck and waist.</li> </ul>	
	<ul style="list-style-type: none"> <li>Gloves: Applied gloves appropriately.</li> </ul>	
4	Removed Personal Protective Equipment inside the isolation room.	
	<ul style="list-style-type: none"> <li>Gloves: Removed gloves appropriately. Washed hands.</li> </ul>	
	<ul style="list-style-type: none"> <li>Gown: Removed gown appropriately. Washed hands.</li> </ul>	
	<ul style="list-style-type: none"> <li>Mask: Removed mask appropriately. Washed hands.</li> </ul>	
5	Discarded Personal Protective Equipment appropriately.	
6	Performed completion tasks (refer to page 12 in this manual).	

## Performance Skill # 18

## MEASURE AND RECORD TEMPERATURE, PULSE, AND RESPIRATION

STANDARD: ORAL TEMPERATURE IS MEASURED TO WITHIN + OR – 0.2 DEGREES OF EVALUATOR’S READING UNLESS A DIGITAL THERMOMETER IS USED. RADIAL PULSE IS MEASURED TO WITHIN + OR – TWO BEATS OF EVALUATOR’S RECORDING OF RATE. RESPIRATION IS MEASURED TO WITHIN + OR – TWO RESPIRATIONS OF EVALUATOR’S RECORDING OF RATE.

May be tested in the classroom or in the clinical setting.

The evaluator must simultaneously count the rate for the length of time specified by the student and determine the correct rate.

Pulse and Respiration can not be a combined procedure; they must be measured separately.

Directions: Place a “p” for PASSED in the column to the right of the step when it is performed according to the standard.

	<b>MEASURE ORAL TEMPERATURE:</b>	
1	Performed beginning tasks (refer to page 12 in this manual).	
2	Positioned resident, sitting or lying down.	
3	Activated the thermometer.	
4	Covered thermometer as appropriate.	
5	Placed the thermometer probe appropriately.	
6	Instructed the resident to close mouth around the thermometer.	
7	Stayed with the resident during the entire procedure.	
8	Removed the thermometer when appropriate.	
9	Read the thermometer.	
10	Recorded and reported the results within + or – 0.2 degrees of the evaluator’s recorded temperature reading.	

Performance Skill # 18  
MEASURE AND RECORD  
TEMPERATURE, PULSE, AND RESPIRATION (CONTINUED)

11	Performed completion tasks (refer to page 12 in this manual).	
	<b>MEASURE RADIAL PULSE:</b>	
1	Performed beginning tasks (refer to page 12 in this manual).	
2	Positioned resident, sitting or lying down.	
3	Located radial pulse at wrist.	
4	Placed fingers over radial artery. Student does this first, then evaluator locates pulse on opposite wrist.	
5	Determined whether to count for 30 seconds or 60 seconds.	
6	Counted pulsations for 30 seconds and multiplied the count by 2; or for one minute if irregular beat. Student must tell when to start and end count.	
7	Recorded the pulse rate within + or – two beats per minute of pulse rate recorded by evaluator.	
	<b>MEASURE RESPIRATION:</b>	
8	Positioned hand on wrist as if taking the pulse as appropriate.	
9	Determined whether to count for 30 seconds or 60 seconds.	
10	Counted respirations for 30 seconds and multiplied the count by 2; or for one minute if irregular. Student must tell when to start and end count.	
11	Recorded the respiratory rate within + or – two respirations per minute of respiratory rate recorded by evaluator.	
12	Performed completion tasks (refer to page 12 in this manual).	

Performance Skill # 19  
MEASURE AND RECORD BLOOD PRESSURE

STANDARD: MEASURE AND RECORD BLOOD PRESSURE TO WITHIN + OR – 4MM OF THE EVALUATOR’S READING USING DUAL STETHOSCOPE.

May be tested in the classroom or the clinical setting.

A teaching/training (dual head design) stethoscope must be used simultaneously by the student and the evaluator. On the exam itself, a safety issue is listed, “cuff deflated in a timely manner.” This means that the cuff should not be left inflated over the resident’s arm long enough to cause discomfort, discoloration or injury. In the event that a student is hearing impaired, that student will be allowed to use an amplified stethoscope.

Directions: Place a “p” for PASSED in the column to the right of each step when it is performed according to the standard.

1	Performed beginning tasks (refer to page 12 in this manual).	
2	Cleaned earpieces of stethoscope.	
3	Positioned resident sitting or lying.	
4	Made sure the room was quiet; turned down loud TV or radio.	
5	Selected the appropriate size cuff and applied it directly over the skin, above the elbow.	
6	Positioned the stethoscope over the brachial artery.	
7	Inflated the cuff per the instructor’s direction.	
8	Identified the systolic and diastolic measurements while deflating the cuff.	
9	Deflated the cuff in a timely manner.	
10	Re-measured, if necessary, to determine the accuracy (waited one minute if using the same arm or use the other arm, if appropriate).	
11	Recorded blood pressure measurement to be compared with the blood pressure recorded by the evaluator.	
12	Performed completion tasks (refer to page 12 in this manual).	

Performance Skill # 20  
MEASURE AND RECORD WEIGHT

STANDARD: MEASURE AND RECORD WEIGHT TO WITHIN + OR – ½ POUND.

May be tested in the classroom or the clinical setting.

Directions: Place a “p” for PASSED in the column to the right of each step when it is performed according to the standard.

1	Performed beginning tasks (refer to page 12 in this manual).	
2	Balanced scale at zero.	
3	Weighed individual.	
	<b>A. Individual who is able to stand to be weighed:</b>	
	a. Placed paper towel on scale platform.	
	b. Assisted individual to stand on scale platform without footwear.	
	c. Read weight measurement.	
	d. Recorded weight measurement to be compared to the weight measurement recorded by the evaluator.	
	e. Assisted individual off of scale with appropriate assistance as necessary.	
	<b>OR</b>	
	<b>B. Individual who is weighed by wheelchair or bed scale:</b>	
	a. Sanitized wheelchair/bed scale according to facility policy.	
	b. Assisted individual on wheelchair scale or bed scale as appropriate.	
	c. Read weight measurement.	
	d. Recorded weight measurement to be compared to the weight measurement recorded by the evaluator.	
	e. Assisted resident off wheelchair/bed scale as appropriate.	
4	Returned scale balanced to zero.	
5	Performed completion tasks (refer to page 12 in this manual).	

Performance Skill # 21  
MEASURE AND RECORD HEIGHT

STANDARD: HEIGHT IS MEASURED TO WITHIN ½ INCH IN EITHER STANDING OR NONSTANDING INDIVIDUAL.

May be tested in the classroom or the clinical setting.

Directions: Place a “p” for PASSED in the column to the right of each step when it is performed according to the standard.

1	Performed beginning tasks (refer to page 12 in this manual).	
2	Measured height.	
	<b>A. Individuals who are ABLE TO STAND:</b>	
	a. Used appropriate measuring device.	
	b. Placed paper towel on platform as appropriate.	
	c. Instructed individual to stand erect without shoes.	
	d. Read height measurement.	
	e. Recorded height measurement and converted appropriately to be compared to the height measurement recorded by the evaluator.	
	<b>OR</b>	
	<b>B. Individuals who are UNABLE TO STAND:</b>	
	a. Position individual on side or back without shoes.	
	b. Used appropriate measuring device.	
	c. Read height measurement.	
	d. Recorded height measurement and converted appropriately to be compared with the height measurement recorded by the evaluator.	
	e. Repositioned individual, as necessary.	
3	Performed completion tasks (refer to page 12 in this manual).	

**Magnificent Healthcare & CPR Inc.**  
**Basic Nursing Assistant Program**  
**Clinical Affiliation Requirement Checklist**

Name of Student: \_\_\_\_\_

- Physical exam signed by physician
- Annual PPD: Dates #1 \_\_\_\_\_, neg or pos #2 \_\_\_\_\_ neg or pos
- OR** chest x-ray date: \_\_\_\_\_
- Hepatitis B titer proving immunity **OR**
- Hepatitis B vaccine (series of 3)
- Documentation of immunity to varicella, rubeola, rubella, measles, mumps through blood titers verifying immunity to these diseases (If titers do not prove immunity, student must receive appropriate vaccine).
- Complete blood count (CBC) and Rapid Plasma Reagin (RPR) tests
- Influenza (flu) vaccine
- Tetanus-Diphtheria-Pertussis (Tdap) vaccine
- 10 Panel urine drug screen
- HR 6 Form- Consent to drug testing
- Liability Insurance
- HR 5 form (background check) negative or positive
- Payment of fees at registration
- CNA Handbook signature
- American Heart Association BLS Certification for Healthcare Providers card
- Valid Social Security number
- Fingerprint Form

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: These results will be sent to the clinical settings or an acceptable alternative to the clinical setting in a letter from the school attesting to the presence of this information in the student's files.





Magnificent Healthcare & CPR Inc.

## PHYSICAL EXAMINATION AND HEALTH RECORD

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AGE: \_\_\_\_\_

SEX: M \_\_\_\_\_ F \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT \_\_\_\_\_

T.P.R. \_\_\_\_\_ B/P: \_\_\_\_\_

**ATTENTION EXAMINING PHYSICIAN:** Please indicate any history of any current or relevant past illness and/or treatment associated with any of the following. In addition please indicate any medications prescribed.

SKIN DISEASE: \_\_\_\_\_

HEAD, EYES, EARS, NOSE & THROAT: \_\_\_\_\_

TEETH & GUMS \_\_\_\_\_

RESPIRATORY: \_\_\_\_\_

CARDIOVASCULAR: \_\_\_\_\_

GENITOURINARY: \_\_\_\_\_

GYNECOLOGICAL: \_\_\_\_\_

MUSCULOSKELETAL: \_\_\_\_\_

NEUROPSYCHIATRIC: \_\_\_\_\_

ENDOCRINE: \_\_\_\_\_

LYMPHATIC & HEMATOLOGIC: \_\_\_\_\_

Do you feel that the above mentioned student is capable of physically and emotionally undertaking a course in a healthcare occupation?

LABORATORY WORK REQUIRED: DTAP, MEASLES - RUBEOLA TITER, RUBELLA TITER, MUMPS TITER, VARICELLA ZOSTER, HEPATITIS B TITER OR VACCINE, 10 PANEL URINE DRUG TEST, FLU VACCINE, DOUBLE TB TEST (CHEST X-RAY IF TB TEST POSITIVE)

SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

(Form must be stamped by facility)

**Magnificent Healthcare & CPR Inc**

**CLINICAL REQUIREMENTS**

STUDENT'S NAME \_\_\_\_\_

PROGRAM: Basic Nursing Assistant

The above named student will soon be involved in clinical duties which may expose the student to a number of potentially harmful infectious diseases. To assure that the student is adequately protected from harm from these diseases, the following immunizations and tests should be administered and recorded. Please complete and sign the attached form so the student may return it on the first day of class along with copies of the physical, lab reports and immunizations.

**CLINICAL AGENCIES REQUIRE LAB REPORTS OF THE FOLLOWING TESTS:  
MEASLES TITER, RUBELLA TITER, MUMPS TITER, RUBEOLA TITER,  
VARICELLA TITER, HEPATITIS B TITER, 10 PANEL URINE DRUG SCREEN**

**IF TITER RESULTS ARE NON-IMMUNE, ADMINISTER APPROPRIATE  
VACCINE AND REPEAT TITER IN 8 WEEKS.**

**TDAP DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

(Most recent booster must be within 10 years)

**HEPATITIS B VACCINE**

DATE: FIRST DOSE \_\_\_\_\_ SECOND DOSE \_\_\_\_\_ THIRD DOSE \_\_\_\_\_

**FLU VACCINE (REQUIRED): DATE ADMINISTERED:** \_\_\_\_/\_\_\_\_/\_\_\_\_

(Must be administered on or after 10/1 of current year)

Students are required to have a double TB skin test. If first test is positive, the student must have a chest x-ray. If first test is negative and second test is positive, student must also have a chest x-ray. Students with a previously positive TB test should only have a chest x-ray. A copy of the chest x-ray report (if necessary) is required for the student's file; please add results above. If a suburban resident, this test may be obtained at The Suburban Cook County Tuberculosis Sanitarium District – 708-366-5000.

**DOUBLE TUBERCULIN:  
(Purified Protein Derivative)**

**1ST STEP: DATE ADMINISTERED: \_\_\_\_/\_\_\_\_/\_\_\_\_ RESULTS: \_\_\_\_\_**  
**(TESTS SHOULD BE DONE 7 – 10 DAYS APART)**

**2ND STEP: DATE ADMINISTERED: \_\_\_\_/\_\_\_\_/\_\_\_\_ RESULTS: \_\_\_\_\_**

**Physician Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**(Form must be stamped by facility)**

## STUDENT SIGNATURE PAGE AGREEMENTS

**Directions: Please read, check each statement, print your name, sign your name and date at the bottom.**

- I agree to maintain confidentiality regarding all aspects of clinical situations.
- I agree to abide by the patient's right to confidentiality.
- I hereby authorize Magnificent Healthcare & CPR Inc to release requested clinical requirements to agencies as required.
- I have read, understand, and agree to comply with the rules and regulations as stated in the Magnificent Healthcare & CPR Inc. Basic Nurse Assistant Training Program Course Syllabus and Student Handbook, School Catalog and Clinical Facilities.

*My signature acknowledges my receipt of this Handbook for Basic Nursing Assistant Training students, and the understanding that I am held accountable for knowing and abiding by the policies of the Magnificent Healthcare & CPR Inc Nursing Assistant Program.*

Student Name  
(print)\_\_\_\_\_

Student  
Signature\_\_\_\_\_

Date\_\_\_\_\_

**Return to Nursing Coordinator, Room 3, by first day of class.**  
*A copy of this form is maintained in student files kept in the program office.*

## Students Information Update Form

Nursing Assistant Students:

For communication purposes, it is necessary for us to have this information in your file. Please PRINT the requested information and return it to the program coordinator immediately.

If your information changes, please report these changes to the program coordinator as soon as possible!

Thank you!

Name

---

ADDRESS

---

CITY, STATE & ZIP

---

HOME PHONE

---

CELL PHONE

---

EMAIL ADDRESS

---

SOCIAL SECURITY NUMBER

---

**Return to the program coordinator when completed.**

**Magnificent Healthcare & CPR Inc**

**STUDENT AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CRIMINAL HISTORY RECORD CHECK AND THE DISCLOSURE OF THE RESULTS OF SAID CHECK**

*Directions: Please print your name on the first line and complete the information and sign below.*

I, \_\_\_\_\_, am a student of Magnificent healthcare & CPR Inc nursing assistant program and desire to participate in a practical learning and/or clinical program (the "Clinical Program") offered by Magnificent healthcare & CPR Inc nursing assistant program and a third-party clinical site with whom Magnificent healthcare & CPR Inc nursing assistant program has contracted to provide the Clinical Program to Magnificent healthcare & CPR Inc nursing assistant program students ("Affiliated Entity"). In consideration of the ability to apply for and/or participate in the Clinical Program, I hereby consent Magnificent healthcare & CPR Inc nursing assistant program to have Magnificent healthcare & CPR Inc nursing assistant program, or an outside entity or individual contracted by Magnificent healthcare & CPR Inc nursing assistant program, conduct a criminal history record check at any time prior to and during my participation in the Clinical Program and to disclose the results of the said criminal history record check to the Affiliated Entity. Further, I understand that the results may be entered in the Illinois Health Care Worker Registry pursuant to the Illinois Healthcare Worker Background Check Act (225 ILCS 46/1 et seq.) (the "Act") and the corresponding Illinois Administrative Code of Regulations (Title 77 of the Illinois Administrative Code, Chapter 1, Subchapter U, Part 955 et seq.) (the "Code").

I understand that the criminal history record check may be finger-print based. Further, I hereby authorize, without reservation, any law enforcement agency, governmental agency, institution, information service bureau, school, employer, person, firm, company, corporation, court, reference or insurance company contacted by an employee or agent of, Magnificent healthcare & CPR Inc nursing assistant program or any entity or individual hired by Magnificent healthcare & CPR Inc nursing assistant program to conduct the aforementioned criminal history record check, to furnish the information requested in connection therewith.

This Authorization and Release for the Procurement of a Criminal History Record Check and the Disclosure of the Results of Said Check described herein shall hereinafter be referred to as the "Authorization".

I acknowledge that the criminal history record check herein authorized, including the disclosure of the same to the Affiliated Entity, is required for consideration of my suitability to participate in the Clinical Program. Further, I understand that my application to the Clinical Program or, if conditionally selected, my participation in the Clinical Program, will be terminated if my criminal history report indicates a conviction for a disqualifying offense as enumerated in the Act and/or the Code. I also understand that if I am convicted of a disqualifying offense as enumerated in the Act and/or the Code after I am admitted into the Clinical Program, my participation in the Clinical Program will be terminated.

I am aware that the criminal history record check to which I am hereby consenting may include information obtained from a variety of sources, as well as from my own fingerprints. I am aware that if I so choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me pursuant to this Authorization by submitting a written request to Magnificent healthcare & CPR Inc nursing assistant program for the same within a reasonable time after I execute this Authorization. Further, I understand that I may challenge the accuracy and completeness of the report through an established Department of State Police procedure for Access and Review in accordance with the Act and/or the Code. **STUDENT AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CRIMINAL HISTORY RECORD CHECK AND THE DISCLOSURE OF THE RESULTS OF SAID CHECK** By the execution of this Authorization, I hereby forever release, discharge, exonerate, hold harmless and indemnify Magnificent healthcare & CPR Inc nursing assistant program, the Affiliated Entity and their respective affiliates, past and present officials (whether elected or appointed), officers, employees, volunteers, fiduciaries, trustees, representatives, agents, attorneys, subcontractors and any other person, entity, organization, agency or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, misuse of information obtained from Magnificent healthcare & CPR Inc nursing assistant program and any other claim or cause of action arising out of the furnishing, receipt of, request for, release of, inspection or copying of any documents, files, records and other such information, or in any way related to the investigation made by or on behalf of Magnificent healthcare & CPR Inc nursing assistant program and the disclosure herein authorized to the Affiliated Entity, unless such release is determined to violate the public policy of the State of Illinois or the United States of America, and in that event, this release shall be permitted to the maximum extent allowed by governing law.

By the execution of this Authorization, I hereby knowingly intend that the same serve as written consent, to the extent that the same is required under state and federal law, including without limitation the Family Educational Rights and Privacy Act of 1974, to the disclosure of the criminal history record check by Magnificent healthcare

& CPR Inc nursing assistant program to the Affiliated Entity to the extent that such disclosure is required for my participation in the Clinical Program.

The student is completely responsible for all costs incurred in conducting the criminal history record check authorized by this Authorization.

**The following information is required** by law enforcement agencies and other entities for positive identification purposes when checking public records. This information will be kept confidential to the fullest extent permitted by law.

**Print Name:** \_\_\_\_\_

Other Names That You Have Used and When They Were Last Used: \_\_\_\_\_

**\*Social Security No. or Other Federal / State Issued Identifying No.:** \_\_\_\_\_

**\*Date of Birth:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ City

\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Sex: Male or Female

\*Race (please check all that apply): Black, non-Hispanic; American Indian; Alaskan Native; Native Hawaiian/Pacific Islander; Hispanic or Latino; White, non-Hispanic; and/or Asian

**Driver's License Number** \_\_\_\_\_ State Issuing License: \_\_\_\_\_

**Name as it Appears on Your Driver's License/State I:**

\_\_\_\_\_  
 \*Responses to these questions are only used to assure the accuracy of the criminal history check and will be kept confidential. Responses to these questions will not be kept in the Student's Academic File.

\_\_\_\_\_ (over)

Student's Signature Date

If Student is less than 18 years old as of the date written above, Parent or Legal Guardian's Printed Name and Signature:

\_\_\_\_\_  
 Parent's or Legal Guardian's Signature

\_\_\_\_\_  
 Date

**Magnificent Healthcare & CPR Inc**

**CLINICAL PROGRAM:**

**STUDENT CONSENT TO CHEMICAL TESTING AND RELEASE FOR THE DISCLOSURE OF THE RESULTS OF SAID TESTING**

I, \_\_\_\_\_, am a student of Magnificent Healthcare & CPR Inc nursing assistant program and desire to participate in a practical learning and/or clinical program (the "Clinical Program") offered by Magnificent Healthcare & CPR Inc nursing assistant program and a third-party clinical site with whom Magnificent Healthcare & CPR Inc nursing assistant program has contracted to provide the Clinical Program to Magnificent Healthcare & CPR Inc nursing assistant program students ("Affiliated Entity"). In consideration of the ability to apply for and/or participate in the Clinical Program, I hereby consent to have Magnificent Healthcare & CPR Inc nursing assistant program, or an outside entity or individual contracted by Magnificent Healthcare & CPR Inc nursing assistant program, collect a sample of my urine, saliva, blood, and/or hair follicle, and test the same for the presence of certain drugs and substances listed in 720 ILCS 570 et seq., known as the Controlled Substances Act, and 720 ILCS 550 et seq., known as the Cannabis Control Act, as well as for "designer drugs" which may not be listed in the Controlled Substances Act or the Cannabis Control Act but which have adverse effects on perception, judgment, memory or coordination, which include the following: Opium, Psilocybin- psilocin, Morphine, MDA, Codeine, PCP, Heroin, Chloral Hydrate, Meperidine, Methylphenidate, Marijuana, Hash, Barbiturates, Hash Oil, Gluthethimide, Steroids, Methaqualone, Tranquilizers, Cocaine, Amphetamines, Phenmetrazine, LSD, Mescaline, at any time prior to and during my participation in the Clinical Program (the "Chemical Testing"), I further authorize Magnificent Healthcare & CPR Inc nursing assistant program to disclose the results of the Chemical Testing to the Affiliated Entity. This Consent to Chemical Testing and the Disclosure of the Results of Said Testing described herein shall hereinafter be referred to as the "Release". I acknowledge that the Chemical Testing, including the disclosure of the same to the Affiliated Entity, is required for consideration of my suitability to participate in the Clinical Program. I am aware that if I so choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me pursuant to this Release by submitting a written request to Magnificent Healthcare & CPR Inc nursing assistant program for the same within a reasonable time after I execute this Release and that I may revoke this Release at any time by providing Magnificent Healthcare & CPR Inc nursing assistant program with a written evidence of my intent to do the same. By the execution of this Release, I hereby forever release, discharge, exonerate, hold harmless and indemnify Magnificent Healthcare & CPR Inc nursing assistant program, the Affiliated Entity and their respective affiliates, past and present officials (whether elected or appointed), officers, employees, volunteers, fiduciaries, trustees, representatives, agents, attorneys, subcontractors from any and all liability arising from the Chemical Testing and the disclosure of the results of the same, unless such release is determined to violate the public policy of the State of Illinois or the United States of America, and in that event, this release shall be permitted to the maximum extent allowed by governing law. To the extent that the results of the Chemical Testing is protected health information under the Health Information Portability and Accountability Act of 1996, an educational or other record protected by the Family Educational Rights and Privacy Act of 1974, and/or subject to any other privilege under state or federal law, I hereby knowingly and voluntarily authorize and consent to the release of the same to the extent set forth in this Release.

The Student is completely responsible for all costs incurred in conducting the Chemical Testing authorized by this Release.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

If Student is less than 18 years old as of the date written above, Parent or Legal Guardian's Printed Name and Signature:

\_\_\_\_\_  
Parent's or Legal Guardian's Printed Name

\_\_\_\_\_  
Parent's or Legal Guardian's Signature

\_\_\_\_\_  
Date



**STUDENT ACKNOWLEDGMENTS**

1. I hereby acknowledge receipt of the school's catalog, which contains information describing programs offered, and equipment or supplies provided. The school catalog is included as part of this enrollment agreement and I acknowledge that I have received a copy of this catalog.

**Student Initials** \_\_\_\_\_

2. I have carefully read and received an exact copy of this enrollment agreement.

**Student Initials** \_\_\_\_\_

3. I understand that the school may terminate my enrollment if I fail to comply with attendance, academic, and financial requirements or if I fail to abide by established standards of conduct, as outlined in the school catalog. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school catalog and that my financial obligation to the school must be paid in full before a certificate or credential may be awarded.

**Student Initials** \_\_\_\_\_

4. I hereby acknowledge that the school has made available to me all required disclosure information listed under the Consumer Information section of this Enrollment Agreement.

**Student Initials** \_\_\_\_\_

5. I understand that the school does not guarantee transferability of credit and that in most cases, credits or coursework are not likely to transfer to another institution. In cases where transferability is guaranteed, Magnificent Healthcare & CPR Inc must provide me copies of transfer agreements that name the exact institution(s) and include agreement details and limitations.

**Student Initials** \_\_\_\_\_

6. I understand that the school does not guarantee job placement to graduates upon program completion.

**Student Initials** \_\_\_\_\_

7. I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance to its written grievance policy, may be filed with the Illinois Board of Higher Education, 1 N. Old State Capitol Plaza, Suite 333, Springfield, Illinois 62701 or at [www.complaints.ibhe.org](http://www.complaints.ibhe.org)

**Student Initials** \_\_\_\_\_

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The student acknowledges receiving a copy of this completed agreement, the school catalog, and written confirmation of acceptance prior to signing this contract. The student by signing this contract acknowledges that he/she has read this contract, understands the terms and conditions, and agrees to the conditions outlined in this contract. It is further understood that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. The student and the school will retain a copy of this agreement.

Student's Signature	Date	Program Director's Signature	Date
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**“COMPLAINTS AGAINST THIS SCHOOL MAY BE REGISTERED WITH THE BOARD OF HIGHER EDUCATION” AT EITHER OF THE FOLLOWING ADDRESSES AND TELEPHONE NUMBERS AT ONE OF THE ADDRESSES LISTED BELOW:**

Illinois Board of Higher Education  
 Division of Private Business and Vocational Schools  
 1 N. Old State Capitol Plaza, Suite 333, Springfield, Illinois 62701  
 (217) 782-2551  
[www.complaints.ibhe.org](http://www.complaints.ibhe.org)

Department of Financial and Professional Regulation  
 Division of Professional Regulation  
 320 West Washington Street Springfield, IL 62767  
 (217) 785-0820  
[www.idfpr.com](http://www.idfpr.com)