



**Cost of Class**

**\$206**

**Pre-payment for these classes is required.**

**The following is required and must be turned in to Alice Hooker in Admissions, located in the Whitcomb Student Center, before you can be added to a class list:**

- A copy of accredited high school diploma or transcript or GED diploma
- A government issued picture ID (i.e., driver's license or passport)
- Signed social security card (first and last name should match Driver's License).
- A payment receipt for a criminal background check from [www.CastleBranch.com](http://www.CastleBranch.com) (order confirmation page). RCC's package code is **rb06**. (See attached for directions.)

Additional fees:

- State Testing (at the completion of class) \$101
- Textbook/Workbook/Skills Packet approx. \$70  
(located in RCC bookstore)

The following items will be needed (do not purchase until after the first day of class and instructor has discussed the details)

- Stethoscope/blood pressure cuff kit approx. \$20
- Watch with a second hand
- Pocket Notebook with blue or black pen
- Uniforms – navy blue scrub top and navy blue scrub pants, white leather shoes
- Gait/transfer belt approx. \$10

Contact Information:

Alice Hooker in Admissions at 336-342-4261 ext. 2011

or

Katherine Leebrick in RCC Nursing Department at 336-342-4261 ext. 2207

**Immunization Requirements**

Immunizations are required prior to attending any clinical activity. Completed Immunization Record (sample attached) **MUST** be turned in to your instructor on the first day of class with a minimum of the following documented.

- Proof of Negative TB Skin Test within last year
- Hepatitis B Titer or Series of 3
- Rubella Titer
- Varicella Titer or series of 2
- MMR
- Current Flu Vaccine
- Current Td booster

### **Physical Requirements**

Student must be able to stand for up to 8 hours, stoop, bend, balance themselves and the patient and lift up to 50 lbs. The student must be able to hear quiet sounds, changes in tone, fluently speak and understand the English language, have adequate hand/eye coordination to complete skills, and sensation in fingertips to assess tactile changes in pulse, etc.

If at any time the student refuses or is unable to perform these physical activities when asked by the instructor, he/she will be dismissed from the program. Nursing Assistant duties are physically demanding and require routine performance of these activities.

### **Criminal Background Checks and Drug Screens**

Students will be required to obtain a criminal background check and possible drug screen for the clinical site. This is a requirement for clinical participation, not a college requirement. Please see attached instruction sheet for steps in process. The student should be aware particular findings, such as, but not limited to drug abuse, child/elder abuse or theft may result in the facility refusing permission to allow you to enter the clinical site. The clinical facility reserves the right to decide if students with criminal histories will be permitted in the facility. **Students who are denied clinical rotation by the facility will not be eligible to continue in the program. CastleBranch is the only agency background check accepted for CNA program. The clinical site reviews the criminal background check. Each clinical site has the final determination if a student will be allowed at the site. Sites may vary in their requirements to participate in their facility. Please consult with the HR representative if you have questions.**

**Note: Conviction of certain crimes may prevent students from gaining employment.**

## GUIDELINES FOR COMPLETING IMMUNIZATION RECORD

**IMPORTANT – The immunization requirements must be met; or according to NC law, you will be withdrawn from classes without credit.**

Acceptable Records of Your Immunizations May be Obtained from Any of the Following: (Be certain that your name, date of birth, and ID Number appear on each sheet and that all forms are mailed together. The records must be in black ink and the dates of vaccine administration must include the month, day, and year. **Keep a copy for your records.**)

- High School Records – These may contain some, but not all of your immunization information. Contact Student Services for help if needed. **Your immunization records do not transfer automatically. You must request a copy.**
- Personal Shot Records – Must be verified by a doctor’s stamp or signature or by a clinic or health department stamp.
- Local Health Department
- Military Records or WHO (World Health Organization Documents)
- Previous College or University – **Your immunization records do not transfer automatically. You must request a copy.**

| SECTION A:  | IMMUNIZATION REQUIREMENTS ACCORDING TO AGE |                             |                         |                           |  |
|---|--|-----------------------------|-------------------------|---------------------------|--|
| <b>STUDENTS 17 YEARS OF AGE AND YOUNGER</b>   |  |                             |                         |                           |  |
| DTP or Td <sup>1</sup><br>3   | Polio<br>3                                 | Measles <sup>2</sup><br>2   | Mumps <sup>4</sup><br>1 | Rubella <sup>4</sup><br>1 |  |
| <b>STUDENTS BORN IN 1957 OR LATER AND 18 YEARS OF AGE OR OLDER</b>  |  |                             |                         |                           |  |
| DTP or Td <sup>1</sup><br>3   | Polio<br>0                                 | Measles <sup>2,3</sup><br>2 | Mumps <sup>4</sup><br>1 | Rubella <sup>4</sup><br>1 |  |
| <b>STUDENTS BORN BEFORE 1957</b>  |  |                             |                         |                           |  |
| DTP or Td <sup>1</sup><br>3   | Polio<br>0                                 | Measles<br>0                | Mumps<br>0              | Rubella <sup>4</sup><br>1 |  |
| <b>STUDENTS 50 YEARS OF AGE AND OLDER</b>   |  |                             |                         |                           |  |
| DTP or Td <sup>1</sup><br>3   | Polio<br>0                                 | Measles<br>0                | Mumps<br>0              | Rubella<br>0              |  |
| <b>INTERNATIONAL STUDENTS</b>   |  |                             |                         |                           |  |
| Vaccine Required  |  |                             |                         |                           |  |
| Vaccines are required according to age (refer to appropriate box). Additionally, International students are required to have a TB skin test and negative result within the 12 months preceding the first day of classes (chest x-ray required if test is positive). |  |                             |                         |                           |  |

1. DTP (Diphtheria, Tetanus, Pertussis), Td (Tetanus, Diphtheria): One Td booster within the last ten years
2. Measles: One dose on or after 12 months of age; second at least 30 days later. Must repeat Rubeola (measles) vaccine if received even one day prior to 12 months of age. History of physician-diagnosed measles disease is acceptable, but must have signed statement from physician.
3. Two measles doses if entering college for the first time after July 1, 1994.
4. One dose on or after 12 months of age. Only laboratory proof of immunity to rubella or mumps disease is acceptable if the vaccine is not taken. History of rubella or mumps disease, even from a physician, is not acceptable.

|                   |  |
|-------------------|--|
| <b>SECTION B:</b> | These vaccines are <b>RECOMMENDED</b> . Some may be required by certain departments. Consult your college or department for specific requirements. |
|-------------------|--|

North Carolina House Bill 825 requires public and private institutions with on-campus residents to provide information about meningococcal disease. Attached to this form is information regarding meningococcal disease, including recommendations from the Centers for Disease Control of the U.S. Public Health Service. Please record on page 6 of this form, whether or not you have received the meningococcal vaccine. If **yes**, please note the month, day, and year of the vaccination.

|                   |                                      |
|-------------------|--------------------------------------|
| <b>SECTION C:</b> | These vaccines are <b>OPTIONAL</b> . |
|-------------------|--------------------------------------|

|                            |  |  |  |                    |
|----------------------------|--|--|--|--------------------|
| <b>IMMUNIZATION RECORD</b> |  | (Please print in black ink) To be completed and signed by physician or clinic. A complete immunization record from a physician or clinic may be attached to this form. |  |                    |
| Last Name                  |  | First Name   |  | Personal ID# (PID) |
| Middle Name                |  | Date of Birth (mo./day/year)   |  | *Social Security # |

| <b>SECTION A REQUIRED IMMUNIZATIONS</b> |              |              |                                 |                         |
|---|--------------|--------------|---------------------------------|-------------------------|
|   | mo./day/year | mo./day/year | mo./day/year                    | mo./day/year            |
|   | (#1)         | (#2)         | (#3)                            | (#4)                    |
| • DTP or Td                             |              |              |                                 |                         |
| • Td booster                            |              |              |                                 |                         |
| • Polio                                 |              |              |                                 |                         |
| • MMR (after first birthday)            |              |              |                                 |                         |
| • MR (after first birthday)             |              |              |                                 |                         |
| • Measles (after first birthday)        |              |              | **Disease Date                  | ****Titer Date & Result |
| • Mumps                                 |              |              | *** (Disease Date NOT Accepted) | ****Titer Date & Result |
| • Rubella                               |              |              | *** (Disease Date NOT Accepted) | ****Titer Date & Result |

**SECTION B RECOMMENDED IMMUNIZATIONS**

The following immunizations are recommended for all students and may be required by certain colleges or departments (for example, health sciences). Please consult your college or department materials for specific requirements.

|   |  |
|---|--|
| <b>Meningococcal</b>  | Received the meningococcal vaccine? No <input type="checkbox"/> Yes <input type="checkbox"/> |
| If Yes, please indicate date(s) vaccine was received (mo./day/year) |  |

|   | mo./day/year            | mo./day/year | mo./day/year |                         |
|---|-------------------------|--------------|--------------|-------------------------|
| • Hepatitis B series only   |                         |              |              | ****Titer Date & Result |
| OR  |                         |              |              |                         |
| • Hepatitis A/B combination series  |                         |              |              |                         |
| • Varicella (chicken pox) series of two doses or immunity by positive blood titer |                         |              | Disease Date | ****Titer Date & Result |
| • Tuberculin (PPD) Test (within 12 months)  | Date read mm induration |              |              |                         |
| Chest x-ray, if positive PPD  | Date Results            |              |              |                         |
| Treatment if applicable   | Date                    |              |              |                         |

**SECTION C OPTIONAL IMMUNIZATIONS**

|                                 | mo./day/year | mo./day/year | mo./day/year |
|---------------------------------|--------------|--------------|--------------|
| • Haemophilus influenzae type b |              |              |              |
| • Pneumococcal                  |              |              |              |
| • Hepatitis A series only       |              |              |              |
| • Other                         |              |              |              |
|                                 |              |              |              |
|                                 |              |              |              |

Signature or Clinic Stamp REQUIRED:

\_\_\_\_\_  
Signature of Physician/Physician Assistant/Nurse Practitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Physician/Physician Assistant/Nurse Practitioner

\_\_\_\_\_  
Area Code/Phone Number

\_\_\_\_\_  
Office Address City State Zip Code

\* Provision of Social Security number is voluntary, is requested solely for administrative convenience and record-keeping accuracy, and is requested only to provide a personal identifier for the internal records of this institution.

\*\* Must repeat Rubeola (measles) vaccine if received even one day prior to 12 months of age. History of physician-diagnosed measles disease is acceptable, but must have signed statement from physician.

\*\*\* Only laboratory proof of immunity to rubella or mumps is acceptable if the vaccine is not taken. History of rubella or mumps disease, even from a physician, is not acceptable.

\*\*\*\* Attach Lab report

|                            |
|----------------------------|
| Do Not Write in This Space |
|----------------------------|

## Order Instructions for Rockingham Community College - CNA

1. Go to <https://mycb.castlebranch.com>
2. In the upper right hand corner, enter the Package Code that is below.

Package Code **RB06**: Background Check

### About CastleBranch

Rockingham Community College - CNA and CastleBranch – one of the top ten background screening and compliance management companies in the nation – have partnered to make your onboarding process as easy as possible. Here, you will begin the process of establishing an account and starting your order. Along the way, you will find more detailed instructions on how to complete the specific information requested by your organization. Once the requirements have been fulfilled, the results will be submitted on your behalf.

### Order Summary

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#### **Payment Information**

Your payment options include Visa, MasterCard, Discover, Debit, electronic check and money orders. Note: Use of electronic check or money order will delay order processing until payment is received.

#### **Accessing Your Account**

To access your account, log in using the email address you provided and the password you created during order placement. Your administrator will have their own secure portal to view your compliance status and results.

#### **Contact Us**

For additional assistance, please contact the Service Desk at 888-723-4263 or visit <https://mycb.castlebranch.com/help> for further information.