



# Nurse Aide

NUR 3240

This program is designed to prepare graduates to provide personal care and perform basic nursing skills for the elderly and other adults. Emphasis on aging process including mental, social and physical needs of the elderly, patients' rights, nutrition management, elimination procedures, safe environment, restorative services, personal and special care procedures and activities, human body structure and function and related common disease/disorders, communication and documentation, death and dying, and roles of the nursing assistant and health team members.

A skill/competency evaluation is required.

The course includes class, laboratory and clinical learning experiences. Upon satisfactory completion of the course and skill/competency evaluation, the graduate is eligible to apply for listing as a Certified Nurse Aide I by the N.C. Division of Facility Services.

## REGISTRATION CHECKLIST

- STEP 1:** Complete [NC Residency \(RDS\) and the RCC application](#) on the college website.
- STEP 2:** [Schedule an appointment](#) to talk with an admissions counselor to discuss the Nurse Aide program requirements and registration process.
- STEP 3:** Send your official high school or GED transcript to the Admissions Office. Official transcripts can be emailed to [transcripts@rockinghamcc.edu](mailto:transcripts@rockinghamcc.edu).
- STEP 4:** After your appointment, submit the Nurse Aide Registration Form and required documentation to the Admissions Office. You will receive the Nurse Aide Registration Form link by email after your appointment with RCC Admissions.

*The following items are required for enrollment in the course:*

- Nurse Aide Registration Form
- Official high school or GED transcript on file with the Admissions Office
- Copy of government-issued photo ID (i.e., driver's license, passport)
- Copy of signed social security card (first and last name must match photo ID)
- Payment receipt for a criminal background check from Viewpoint Screening (Order confirmation page) - [Viewpoint Screening Instructions](#)

- STEP 5:** Submit the \$218 registration payment to the Business Office.

## CONTACT INFORMATION

RCC Admissions Office  
(336) 342-4261 x2333

# Nurse Aide Course Information

## COST & ADDITIONAL FEES

- Course Registration & Fees - \$218
- Background check - \$101

### Additional Fees

- State Testing (at the completion of the class) - \$140
- Printed course materials – Approx. \$35  
(Available in the RCC Bookstore)

### Additional Items

(Do not purchase until **after the first day of the class** and instructor has discussed the details)

- Stethoscope/blood pressure cuff (RCC Bookstore) - approx. \$43
- Gait/transfer belt (RCC Bookstore) - approx. \$11
- Watch with second hand – approx. \$25
- Pocket notebook with blue or black pen – approx \$5

### Uniform

(Do not purchase until **after the first day of the class** and instructor has discussed the details)

- Caribbean Blue scrub top and Caribbean blue pants - approx. \$50
- White, non-slip, leather shoes – approx. \$50
- Lab jacket (optional) - approx. \$30

**Total Cost Estimate** - approx. \$700

## IMMUNIZATION REQUIREMENTS

Immunizations are required prior to attending any clinical activity. Completed Immunization Record

(Sample form attached) **MUST** be turned in to your instructor on the first day of class with a minimum of the following documented:

- |   |   |
|---|---|
| • Proof of two step negative TB skin test within last year or negative QuantiFERON blood test | • Current Flu Vaccine   |
| • Hepatitis B Titer or series of 3  | • Current Td booster  |
| • Positive Varicella Titer or series of 2   | • Covid-19 Vaccine series and Booster if greater than 5 months since series completed |
| • MMR series of 2 or positive Titers for Measles, Mumps, and Rubella                          |   |

## PHYSICAL REQUIREMENTS

Students must be able to stand for up to 12 hours, stoop, bend, balance themselves and the patient and lift 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.

#### NURSE AIDE PROGRAM DRESS CODE

- Fingernails must be no longer than ¼ inch. No artificial nails, overlays or fingernail polish.
- No jewelry other than a wedding band and a watch with a second hand.
- No visible body piercings.
- Natural hair color only.
- No cologne or perfume.
- Light make-up.
- No visible tattoos or body art.
- Caribbean Blue scrubs must be worn to lab and clinical site (free of animal hair and/or dirt).

#### CRIMINAL BACKGROUND CHECK 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 instructions below for steps in the process. The student should be aware of 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. Viewpoint Screening is the only agency background check accepted for the CNA program.** The clinical site reviews the criminal background check. Each clinical site has the final determination if a student will be allowed at their site. Sites may vary in their requirements to participate in their facility. Please consult with the HR representative if you have any questions.

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

Please see the [Viewpoint Screening Step by Step Instructions](#) for Students to order your background check, drug screen, and health portal.

<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	Middle Name	Date of Birth (mo./day/year)
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<b>SECTION A REQUIRED IMMUNIZATIONS</b>				
	mo./day/year	mo./day/year	mo./day/year	mo./day/year
• DTP or Td	(#1)	(#2)	(#3)	(#4)
• 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
• COVID Vaccination				

**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 specifics.

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

<b>SECTION C OPTIONAL IMMUNIZATIONS</b>				
	mo./day/year	mo./day/year	mo./day/year	
• Haemophilus influenzae type b				
• Pneumococcal				
• Hepatitis A series				
• Typhoid (specify type)				
• 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 physician, is not acceptable.

\*\*\*\* Attach lab report.

Medform/4-00