



# Stark State COLLEGE

## Certified Nurse Aide (CNA) Information Packet

Stark State College Certified Nurse Aide (CNA) course offers classes on the Main Campus in North Canton, as well as the Akron Perkins Campus. The course consists of classroom, practice lab, and clinical hours. Day and evening classes are available.

The course is approved by the Ohio Department of Health and the Ohio Department of Higher Education. Students are taught by nurses who have successfully completed the Ohio Department of Health's Train the Trainer program and have many years of experience in education.

At the completion of the course, students will be eligible to take the state test to become a Certified Nurse Aide.

Graduates have many opportunities for employment in health care facilities including hospitals, nursing homes, schools, and home care. Graduates may also consider advancing their education by applying for our Practical Nursing program.

A minimum of 8 students is required to offer the class. **If a class is not full, students will be given the opportunity to reschedule to another upcoming class. A maximum of 12 students can be accommodated.**

The CNA website has been created to give you a broad overview about Certified Nurse Aides.

### **Admission requirements for the CNA course:**

1. **Email CNA application to CNA Program Coordinator, Mary Carothers, MCarothers@starkstate.edu or drop off application to the Akron Gateway Center – form included in this CNA information packet**
2. **Complete financial assistance application** section below, if needed. Applicants must provide the required documentation and have a valid Social Security number to be considered.
3. **Complete FBI/BCI Background check through Stark State Security *Valid for 1 year***  
You must obtain a background check from Stark State Security. If applicable, contact the Program Coordinator for a list of offenses that may exclude a student from attending the course. The cost

your background check of the FBI/BCI background check is \$70. Appointments are required. Follow [this link](#) to schedule. **Results may take 3045 days** so completion should be done in time to accommodate.

Security will notify you once the background check is complete. ***You will need to make an appointment to pick up the official report to submit with your application.***

4. **Physical examination** – the physical exam must be performed by a physician or nurse practitioner. They must document your examination on the *physical form included in the CNA information packet*.

5. **Tuberculosis testing** - **ONE** of the following must be completed:

- TB Skin Test: initial test **MUST** be a two-step Mantoux. ***A 2-step means that you have a TB skin test placed in your forearm; return in 48 hours to have it read; then return a week later to have a second TB skin test placed in your forearm; and return in 48 hours to have it read.*** You must submit the documentation for the placement and results of both tests.
- A negative Quantiferon or T-spot blood test within the last year.
- A negative chest x-ray - if you have had a positive TB test, you will need to submit the documentation of a negative chest x-ray (lab report required). Chest x-rays are good for 5 years.

**Annual TB skin tests and Quantiferon blood tests must be updated annually before they expire and be current. Therefore, if the requirement will expire part way through the course, you must have an updated test prior to the start of the course.**

6. **Current season flu shot** – if the course is held anytime during the fall or spring semester.

7. Submit documentation of **initial COVID vaccine(s)** or request a form to submit a religious or medical exemption.

8. Submit a copy of your **current driver's license or Ohio state-issued photo ID**. You must have your actual current driver's license or Ohio state-issued photo ID with you to take the STNA State Test.

9. Submit a copy of your **official Social Security card** - If you do not have an OFFICIAL Social Security card, you can request a replacement card through the Social Security Administration at <https://www.ssa.gov/myaccount/replacement-card.html> You must have your official Social Security card with you to take the CNA State Test.

The **documents** above must be placed in a sealed envelope. On the outside of the envelope, print your name and "CNA Program Coordinator". Submit the envelope to the Akron Gateway Center (main lobby) no later than 14 days prior to the start of the course. ***Failure to submit all documents on time will result in students being unable to start until a later class is offered.***

The documents will be reviewed for completion. If complete, you will be registered for the course of your preference. **CNA Policies – You will receive a copy of the CNA Student Handbook on the first day of class. Here are a few of the policies that you may want to review.**

**ATTENDANCE** – Ohio Department of Health requires that students attend all classroom, practice lab, and clinical hours to be eligible to take the State Test and be certified. Therefore, any absence may disqualify a student from completing the course or may result in a later completion date.

**DRESS CODE POLICY** – These requirements must be followed during the entire course while in classroom, practice lab, and clinical experiences:

1. Uniform scrubs – any solid color scrub top and pants. Scrubs can be purchased anywhere. Click on this link for one option:

[https://www.amazon.com/CherokeeContrastTieTop/dp/B07SQ3YVV4/ref=sr\\_1\\_8?crid=1E61P6Z86MFZ5&dchild=1&keywords=womens%2Bscrub%2Bsets&qid=1633705299&srefix=womens%2Bscru%2Caps%2C212&sr=8-8&th=1](https://www.amazon.com/CherokeeContrastTieTop/dp/B07SQ3YVV4/ref=sr_1_8?crid=1E61P6Z86MFZ5&dchild=1&keywords=womens%2Bscrub%2Bsets&qid=1633705299&srefix=womens%2Bscru%2Caps%2C212&sr=8-8&th=1)

2. Shoes and socks – Clean shoes with non-skid soles. Must be closed-toed and closed-heeled. Crocs are not acceptable. Socks or hose must be worn with the uniform.

3. Nails -- Must be clean and no longer than ¼ inch beyond your fingertip (state regulation). Nail polish must be clear or neutral. No artificial nails or adornments.

4. Hair – Must be pulled back and clean at all times. Hair must be of natural color and no extreme styles (i.e. red, blue, purple, mohawks, etc...) Head coverings are prohibited in the classroom, lab, and clinical unless for religious purposes – must discuss with Program Coordinator prior to clinical experiences.

5. Jewelry/Piercings – One small stud (no hoop or wire earrings) in each lower earlobe. NO cartilage rings, nose rings, tongue rings, eyebrow rings or facial piercings. No necklaces or bracelets except a watch. No smart watches allowed.

6. Tattoos - may not be visible outside of the uniform. May be covered with a solid color shirt under the uniform scrub top; with a bandage; or with makeup if not in an area that will require frequent washing.

**Textbook/Workbook** – We will provide you with a book and workbook on first day of class. Bring to class EVERY DAY. Hartman's Nursing Assistant Care: The Basics 6th Edition – textbook and workbook (has a hummingbird on the cover – yellow and orange books).

### **Parking**

Parking on Main Campus: park anywhere in the Gateway Parking and enter the door under the Stark State College sign. The security check-in can be found right inside the door. The instructor will meet you by security to take you to the classroom – G106 by the Silk Auditorium.

Parking on Akron Perkins Campus: park anywhere in the lot except where there are reserved parking signs for Faculty and Staff. Enter the main entrance; take the elevators in the main lobby to the third floor. The classroom is A306 – down the hallway halfway on your left.

## Accommodations

Students who have had previous testing accommodations must contact the SSC Disabilities Support Services at <https://www.starkstate.edu/admissions/disability-support-services/> to determine their eligibility and accommodations available. Instructors cannot offer accommodations until they receive guidance from the DSS office. For more information about accommodations for the NATCEP State Test, go to the D&S Technologies website.

## COST SHEET

\*NATCEP State Test cost may vary – see D&S Technologies Rate Structure Form for more info

### **COSTS NOT COVERED BY TRAINING BUNDLE:**

*(See CNA Overview for details)*

Background Check – must be completed by SSC Security Office

NATCEP State Test – Oral additional \$10

| CNA COURSE TRAINING BUNDLE                          |           |                 |
|-----------------------------------------------------|-----------|-----------------|
|                                                     |           |                 |
| Training                                            | \$1834.26 |                 |
| Liability Insurance                                 | \$15.00   |                 |
| Textbook and Workbook                               | \$56.00   |                 |
| NATCEP State Test *                                 |           |                 |
| Knowledge                                           | \$30.00   |                 |
| Skills                                              | \$90.00   |                 |
| <i>ID badge and parking pass included in bundle</i> |           | Total \$2025.26 |

Immunizations including a physical, 2-step TB skin test and flu shot (clinicals October - May) Scrubs White shoes

NATCEP State Retests:

Knowledge = \$30.00 Oral = \$40.00 Skills = \$90.00

## Stark State College - CNA Application

Instructions: Please fill out the application COMPLETELY, circle and check mark all that apply.

| Required Student Information                                                                                                           |                                                                                     |                            |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------|
| First Name:                                                                                                                            | Middle:                                                                             | Last Name:                 |
| Address:                                                                                                                               |                                                                                     |                            |
| City:                                                                                                                                  | State:                                                                              | Zip:                       |
| Email Address:                                                                                                                         |                                                                                     |                            |
| Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell                                                                     |                                                                                     | Accuplacer Reading Score:  |
| Requirement Documents                                                                                                                  | Program Preference<br><i>Choose the preferred campus, class times AND semester)</i> |                            |
| <b>BCI/FBI Background Checks – Official report obtained through SSC Security</b><br><i>*Must be free of ALL disqualifying offenses</i> |                                                                                     | Main Campus (North Canton) |
|                                                                                                                                        |                                                                                     | Akron Campus               |
|                                                                                                                                        |                                                                                     |                            |
| <b>PHYSICAL EXAM FORM</b><br><i>*Must use the form in information packet</i>                                                           |                                                                                     |                            |
| <b>2-STEP TB SKIN TEST OR T-SPOT/QUANTIFERON BLOOD TEST</b><br><br><i>See details in information packet</i>                            |                                                                                     | Day Class                  |
|                                                                                                                                        |                                                                                     | Evening Class              |
|                                                                                                                                        |                                                                                     |                            |
| <b>CURRENT SEASON FLU SHOT</b><br><i>*If class will be held between October-May</i>                                                    |                                                                                     | Fall Semester              |
|                                                                                                                                        |                                                                                     | Spring Semester            |
|                                                                                                                                        |                                                                                     | Summer Semester            |

|                                                               |                                                                                                                                                 |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>INITIAL COVID VACCINE(S) or APPROVED EXEMPTION</b>         | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> |
| <b>OHIO DRIVER'S LICENSE</b><br><i>Attach copy of license</i> |                                                                                                                                                 |
| <b>SSC CARD</b><br><i>Attach copy of card</i>                 |                                                                                                                                                 |

### Financial Assistance Information:

*NOTE: Must have a Social Security number to be considered for funding*

*Please check all checkboxes that accurately describe your financial situation:*

- ☐ I am currently receiving government assistance (SNAP, Medicaid, OWF, HEAP, etc.) **\*\*Please provide picture or photo copy proof of card/document**
- ☐ I am currently a recipient of Federal Pell Grants / Federal Financial Aid.
- ☐ I am experiencing unexpected or sudden severe financial hardship.
- ☐ I work part-time or full-time to self-fund my tuition and living expenses.

In the space below, please provide a brief statement describing your financial need and explaining how successfully completing the CNA Program at SSC will contribute to your educational, professional or personal development:

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### ACKNOWLEDGEMENT & SIGNATURE

By signing below, I certify that all information provided on this application is true, accurate, and complete to the best of my knowledge. Additionally, I understand that the NEO-WIN (Northeast Ohio Nursing) funds are limited, and submitting this application does not guarantee that financial assistance will be granted.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

By signing this form, the student attests that all items are ready for review, accurate, and complete.

*Applicants must place all required documents in a sealed envelope with student name and "Attention CNA Program Coordinator" written on the envelope. Envelope must be submitted to the Akron Gateway Center no later than 14 days prior to the start of the class. Failure to submit on time will result in students being unable to start until a later class is offered.*

**STARK STATE COLLEGE**  
**Health and Public Services Division**

**PHYSICAL EXAM FORM – required to use this form**  
(completed by a doctor, nurse practitioner, or physician assistant)

Student Name \_\_\_\_\_ Student ID **\_S00\_** \_\_\_\_\_

Program \_\_\_\_\_

*This section is to be completed by your physician/healthcare provider (DO, MD, NP, PA).*

Office Name \_\_\_\_\_

Office Phone \_\_\_\_\_

HealthCare Provider Printed Name \_\_\_\_\_

Contact Person \_\_\_\_\_

This is to certify that the above student had a physical exam on \_\_\_\_\_ (date) and is in apparent good health, has no condition that would endanger the health and well-being of students, College staff, or patients, and is physically/mentally able to participate in the \_\_\_\_\_ program at Stark State College.

\_\_\_\_\_  
Provider Printed Name Healthcare

\_\_\_\_\_  
Healthcare Provider Signature

\_\_\_\_\_  
Date