



Lively
Technical
College



Certified Nursing Assistant/Home Health Aide Program Fall 2022 Application

Application Due Date: Friday, February 1st

LATE APPLICATIONS WILL NOT BE ACCEPTED

Students may apply for admission during their sophomore year. The program consists of three courses, one taught during the junior year and two taught during the senior year, and students will earn 2 high school credits.

Program Structure

GRADE	COURSE NUMBER	COURSE TITLE
11 th	HSC0003	Basic Healthcare Worker (1 credit)
12 th	HCP0121	Nurse Aide and Orderly (1/2 credit)
12 th	HCP0332	Advanced Home Health Aide (1/2 credit)

All students **MUST** sit for the Certified Nursing Assistant certification exam during their final semester of their senior year.

Program Overview

This program offers a sequence of courses that provides coherent and rigorous content aligned with challenging academic standards and relevant technical knowledge and skills needed to prepare for further education and careers in the Health Science career cluster; provides technical skill proficiency, and includes competency-based applied learning that contributes to the academic knowledge, higher-order reasoning and problem-solving skills, work attitudes, general employability skills, technical skills, and occupation-specific skills, and knowledge of all aspects of Health Science career cluster.

The Certified Nursing Assistant Program covers:

- Activities of daily living
- Aging process
- Anatomy and physiology
- Body mechanics
- Client rights
- Communication
- Cultural and spiritual needs
- Data collection
- Ethics and legal issues
- Infection control
- Medical terminology
- Mental health
- Nutrition
- Personal care
- Range of motion
- Role and responsibility of the CNA
- Safety
- Vital signs and testing

The course curriculum includes textbook lecture and in-depth instruction in the following areas:

- The Art of Caregiving
- Promoting Safety
- Providing Care
- Special Care Instructions
- Transitioning from Student to Employee

Student Information & Code of Conduct

STUDENT SECTION

Student Name:

Student ID:

Email:

Address:

SCHOOL USE ONLY

Total absences for current school year: Excused _____ Unexcused _____ Unweighted GPA: _____

Total disciplinary referrals for school year: ISD _____ OSS _____ Saturday School _____

Student Code of Conduct for Participation in Program

The student agrees to abide by the following guidelines as a condition to participate in the Certified Nursing Program:

- Adhere to the school code of conduct in reference to both in-class and off-campus activities. *The applicant may not have more than TWO referrals per academic school year as defined by the Code of Student Conduct.*
- Maintain punctual and daily attendance throughout school term.
- Maintain an overall unweighted grade-point average (GPA) of 2.5; with a grade of "C" or higher in all academic courses.
- Work cooperatively, productively and independently when required.
- Be self-disciplined.
- Must follow the Certified Nursing Assistant program, as well as the school dress code, at all times. (This includes wearing scrubs weekly to class on assigned days and wearing scrubs while in a clinical setting off campus.)
- Any student not adhering to the above criteria may face dismissal from the program.

Please sign below acknowledging the Student Code of Conduct for participation in the Certified Nursing Program:

Student Signature

Date

Parent Signature

Date

Teacher Recommendation:

When filling out this recommendation, please be mindful of the student's work habits, attendance, discipline and commitment to academic success.

STUDENT NAME	Excellent	Good	Fair	Poor	N/A

Self-Motivation					
Classroom Attendance					
Behavior					
Homework					
Ability to collaborate with other students					

Teacher Signature

Date

Teacher signature indicates that you currently teach this student and that you, the teacher, believe this student is capable of successful completion of the program.

Teacher Comment (optional):

Do you know of any reason this student should not be considered for Lively's Certified Nursing

Program? YES _____ NO _____

Teacher Recommendation:

When filling out this recommendation, please be mindful of the student's work habits, attendance, discipline and commitment to academic success.

STUDENT NAME	Excellent	Good	Fair	Poor	N/A

Self-Motivation					
Classroom Attendance					
Behavior					
Homework					
Ability to collaborate with other students					

Teacher Signature

Date

Teacher signature indicates that you currently teach this student and that you, the teacher, believe this student is capable of successful completion of the program.

Teacher Comment (optional):

Do you know of any reason this student should not be considered for Lively's Certified Nursing

Program? YES _____ NO _____

Certified Nursing Program at Chiles High School

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Application Checklist:

Admission is competitive. The admission process includes completion of application, writing sample, and GPA requirements.

- **Student Information & Code of Conduct Form** _____
- **Two Teacher Recommendations** _____
- **Writing Sample** _____
- **Signed Parent Letter** _____

The Florida Board of Nursing is responsible for protecting the public. In carrying out this responsibility, the Board of Nursing reserves the right to deny licensure to anyone who has been convicted of a crime other than minor traffic violations. Pursuant to Section 456.0635, Florida Statutes, the Florida Board of Nursing shall refuse to issue a license, certification or registration and shall refuse to admit a candidate for examination if the applicant has been:

- Convicted or plead guilty or nolo contendere (no Contest) to a felony violation regardless of adjudication of chapters 409, 817 or 893, Florida Statutes; or 21 U.S.C. ss. 801- 970 or 42 U.S.S. ss 1395-1396, unless the sentence and any probation or pleas ended more than 15 years prior to the application.
- Terminated for cause from Florida Medicaid Program (unless the applicant has been in good standing for the most recent five years).
- Terminated for cause by any other State Medicaid Program or the Medicare Program (unless the termination was at least 20 years prior to the date of the application and the applicant has been in good standing with the program for the most recent five years).

Upon notification of admission, you are required to complete the following prior to the start of the program course:

- Physical health exam and a record of immunizations from a licensed physician or nurse practitioner (form to be provided upon notification of admission).
- Florida Department of Law Enforcement fingerprinting to be scheduled before classes begin.
- Drug screen, information provided upon notification of admission.

500 North Appleyard Drive • Tallahassee, FL 32304 • Phone: 850.487.7555 • Fax: 850.922.3880 • www.livelytech.com

Dear Parent/Guardian,

Students dual enrolled in Lively Technical College's Nursing Assistant/Home Health Aide program participate in clinical activities as a requirement of the program. Please be advised that health facilities now require that students pass an FDLE background check as well as an initial drug screening in order to participate in clinical experiences in their facilities.

To accommodate the program requirements, Lively Technical College has made arrangements for the students to undergo the background checks and drug screening at no cost to the student. The drug screening will be administered by Lively Technical College staff in a classroom setting using a mouth swab drug test.

If the screening returns a positive or inconclusive result, the sample will be retested. If the re-test is also positive, the principal of the school will be notified and will hold a conference with the student and his or her parent/guardian. At that time, the student will be given an opportunity to submit documentation to justify a positive result. Failure to provide satisfactory explanation for a positive test result may result in further action from the school including removal from the Certified Nursing Assistant program. Re-testing opportunities and pending results will be explained if necessary.

Additionally, all students must provide their own transportation to and from clinical sites. Students must be picked up within twenty minutes of the end of their clinical experience. Failure to pick up your child on time may result in dismissal from the program. The school district assumes no liability should you choose for your child to ride with someone other than a parent or guardian to their clinical experience.

All students must also have a completed immunization record submitted to their instructor. A copy of the Lively Health Record, required for clinical participation, has been provided to your child.

If you have any questions or concerns, please contact your child's instructor or you may contact me directly at 850.487.7418 or through email at bells@leonschools.net.

Sincerely,



Shelly L. Bell
Director

Please return the bottom portion of this letter.

I, the parent/guardian of _____, understand that, my child will be administered a drug screening and must undergo a background check as part of the Nursing Assistant Program. Additionally, I understand that the Leon County School Board is not responsible for transporting my child to and from their clinical site.

Parent Printed Name

Parent Signature



Vaccination Acknowledgement Form

As a student in the Nursing Assistant (CNA program):

During these times, guidance and regulations around mandatory vaccines continue to change. As a clinical requirement, some of our contracted healthcare facilities may be authorized under law to require specific vaccinations. We are committed to closely monitoring the situation in order to communicate these changes to you in a timely manner.

By signing this agreement, you hereby acknowledge that you may be required to obtain a COVID vaccine at any point in the program to be in compliance with my clinical site requirements. Students acknowledge that failure to comply may result in withdrawal from my program.

Student Signature

Parent Signature

Student Print Name

Parent Print Name

Date