



# **LT** | Lively Technical College

## **Certified Nursing Assistant Program Application Packet**

**Full time Days  
6 weeks**

**500 North Appleyard Drive • Tallahassee, FL 32304 • [www.livelytech.com](http://www.livelytech.com)**

# Certified Nursing Assistant Program

## Application Packet

### **PROGRAM DESCRIPTION:**

The Certified Nursing Assistant program prepares students for employment as nursing assistants, nursing aides, and orderlies, nurse aides in nursing homes or nurse aides, orderlies & attendants. Students will perform nursing skills in the clinical and/or simulated laboratory settings under the supervision of a qualified registered nurse instructor. Clinical and simulated laboratory learning experiences must correlate with didactic instruction. For nursing assistant completion a minimum of 40 hours of clinical experience must be obtained. Twenty hours of this clinical experience must be in a licensed nursing home. This course prepares individuals for the CNA certification.

<b>PROGRAM LENGTH</b>	165 Hours
<b>PROGRAM HOURS</b>	<b>Day Program</b> Monday – Thursday: 8:00 am – 4:00 pm Clinical hours vary and may include Saturdays
<b>PROGRAM LOCATION</b>	Lively Technical College Health Education Department, Building 15 500 North Appleyard Drive Tallahassee, FL 32304 (850) 487-7449 (Clinical locations vary)

**During these times, guidance and regulations around mandatory COVID-19 vaccines continue to change. As a clinical requirement, some of our contracted healthcare facilities may be authorized under law to require specific vaccinations. Lively Technical College is committed to closely monitoring the situation in order to communicate changes and requirements to students in a timely manner. However, by applying for a health education program that has clinicals as a requirement for completion of the program, students must acknowledge that they may be required to obtain a COVID-19 vaccine at any point in the program to be in compliance with the clinical site requirements. Students must acknowledge that failure to be in compliance with the COVID-19 vaccine may result in withdrawal from the program.**

*The Leon County School District does not discriminate against any person on the basis of sex (including transgender status, gender nonconforming, and gender identity), marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability, military status, or genetic information.*

## **GENERAL REQUIREMENTS**

Applicants seeking admission to the Certified Nursing Assistant (CNA) Program must:

- Pass random drug screenings throughout the program. Students with positive drug screen results will be withdrawn from the program.
- Eligible for dual enrollment.

To apply for acceptance into the CNA Program students must:

1. Complete the **CNA Application Packet (see below)**

The CNA Application Packet must include:

- **Health Education Student Information Sheet.**  
A printed copy must be submitted with the application packet.
- **Health Assessment Record**
- **Writing Sample**
- **One current reference letters:**
  - One professional references (recent employers, former teachers, counselors, etc.)
- **Level 2 criminal background to Leon County Schools.**  
This must be completed prior to submitting the application, at the student's expense\*. In order to participate in the mandatory clinical practicum, as well as to obtain licensure, students must have a clear background.
- **Electronic Fingerprinting**
- **Vaccination Acknowledgment**

*\*No refunds will be issued.*

## **HEALTH REQUIREMENTS**

Applicants are required to complete a Student Health Assessment Record by a Healthcare Provider (not more than 6 months old. If, after acceptance, a student's health status changes, further documentation may be required stating the student is physically able to continue the program. As stated on the Student Health Assessment Form, applicants are required to provide proof of the following current immunizations:

- Tetanus, within the past 10 years (Td or Tdap)
- MMR x2 (given on or after the applicant's first birthday). Official documentation of immunity is also acceptable.
- Hepatitis B series.
- Varivax x2 - Official documentation of immunity is also acceptable.

- PPD/Tuberculin skin test within past 12 months. *PPD/Tuberculin skin testing is valid for one (1) year from date of administration. Students will be required to maintain current PPD/Tuberculin skin testing throughout the duration of the program. Students who test positive for tuberculosis must show proof of a negative chest x-ray taken within the past five years to satisfy this requirement.*
- Seasonal Flu Vaccine (August-March).

## **ORIENTATION**

After being accepted into the LTC Certified Nursing Assistant Program, applicants will be notified about attending a mandatory orientation. The date(s) and time(s) of this meeting will be given to all accepted students within their acceptance letter. For further information, please contact the Health Education Department at 850-487-7449.

## **DRUG SCREENING**

**Drug screening is not required prior to admission into the program.** However, all students must submit to and **pass** two random drug screenings after entering the Certified Nursing Assistant Program and prior to having access to the clinical health care facilities utilized in the Program. This is a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirement demanded of all acute care facilities in Florida. Students who do not pass a random drug screening will be withdrawn from the program.

## **CRIMINAL BACKGROUND CHECK/LIVESCAN FINGERPRINTING**

All applicants must undergo a Level 2 criminal background through Leon County Schools. In order to participate in the mandatory clinical practicum, as well as to obtain licensure, students must have a clear background.   


## **DISABILITY SUPPORT SERVICES**

If you have question regarding adult students with disabilities and accommodations, please contact LTC Student Services located in Building 9 or at 850-487-7473.

## **ACCEPTANCE INTO PROGRAM / REGISTRATION**

Lively Technical accepts applicants into all Health Education programs on a rolling admission basis. As we receive applications, potential students are scheduled for an interview with the Health Education Program Director or their assignee. Once an applicant has completed the interview, they will be notified of their admission status. Accepted applicants will be given an acceptance letter, which will allow them to register for the program they have applied to. Lively Tech Health Education programs may be closed prior to the posted application deadline date once that program has reached capacity.

## **UNIFORMS**

Upon acceptance Students are expected to wear the specified program uniform (Dark/Smoke Gray) whenever they are in the classroom, clinical simulation or clinical facility. Therefore, you must have your scrubs by the first day of class. Uniforms may be purchased in the Lively Technical College Bookstore in Building 8. Questions regarding proper attire and uniforms should be directed to the Health Education Program Director at 850-487-7443.

### **Late and/or incomplete packets will not be considered**

**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 contender (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).

**ENROLLMENT IN LIVELY TECH'S CERTIFIED NURSING ASSISTANT PROGRAM**  
**APPLICATION CHECKLIST**

- COMPLETE This Packet
- MEET WITH High School Guidance Counselor**  
HIGH SCHOOL TRANSCRIPT

Complete the **Certified Nursing Assistant Application Packet**. The CNA Application Packet must include:

- HEALTH EDUCATION STUDENT INFORMATION SHEET
- HEALTH ASSESSMENT RECORD
- WRITING SAMPLE
- ONE CURRENT REFERENCE LETTERS:
- LEVEL 2 CRIMINAL BACKGROUND TO LEON COUNTY SCHOOLS
- ELECTRONIC FINGERPRINTING
- VACCINATION ACKNOWLEDGEMENT



# Lively Health Education Student Information Sheet

## PERSONAL INFORMATION

Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone# \_\_\_\_\_

## EDUCATION

High School \_\_\_\_\_ City/State \_\_\_\_\_

Highest grade completed \_\_\_\_\_ Year \_\_\_\_\_ Choose one:  High School Diploma  GED

Previous Nursing School \_\_\_\_\_ City/State \_\_\_\_\_

College \_\_\_\_\_ Degree awarded \_\_\_\_\_ City/State \_\_\_\_\_

Military \_\_\_\_\_

Education as Certified Nursing Assistant, Patient Care Assistant, Patient Care Technician or Medical Assistant

Name of School \_\_\_\_\_

Certification Awarded  Yes  No Date the Certificate Awarded \_\_\_\_\_  
*Proof required at time of application.*

## EMPLOYMENT RECORD

Present \_\_\_\_\_ Title/Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Previous \_\_\_\_\_ Title/Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Previous \_\_\_\_\_ Title/Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

**The information on this application is true and factual.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed required enrollment application to Lively Tech. Advisor Initials: \_\_\_\_\_



## Student Health Assessment Record

**THIS FORM MUST BE COMPLETED BY YOUR HEALTH CARE PROVIDER.** Any falsification of this record will result in immediate dismissal from the program (if accepted).

NAME (please print): \_\_\_\_\_  
Last First MI

DATE OF BIRTH: \_\_\_\_\_ Male Female

1. **MMR** (Need proof of two MMR vaccines or one mumps, two measles, and one rubella. Any person born before 1/1/57 will need proof of rubella immunization or positive titer.)  
Date of MMR #1: \_\_\_\_\_ Date of MMR #2: \_\_\_\_\_  
**OR**  
**Antibody titers:**  
Mumps titer date: \_\_\_\_\_ Results:  Immunity  Not immune  
Rubeola titer date: \_\_\_\_\_ Results:  Immunity  Not immune  
Rubella titer date: \_\_\_\_\_ Results:  Immunity  Not immune  
If not immune, will require MMR x2.

2. **Tetanus** (Td or Tdap with the last ten years): Date: \_\_\_\_\_

3. **Hepatitis B series:**  
\_\_\_\_\_  
Hepatitis B #1 date Hepatitis B #2 date Hepatitis B #3 date  
**OR**  
Antibody titer date: \_\_\_\_\_ Results:  Immunity  Not immune

4. **Varicella:** History of having Chicken Pox is not accepted.  
Date of 1<sup>st</sup> dose: \_\_\_\_\_ Date of 2<sup>nd</sup> Dose: \_\_\_\_\_  
**OR**  
Varicella titer date: \_\_\_\_\_ Results: \_\_\_\_\_ (Lab value)

5. **PPD** (TB Skin Test): Date taken: \_\_\_\_\_  
Results: \_\_\_\_\_ Positive \_\_\_\_\_ Negative  
**Chest x-ray, if positive PPD:** Date: \_\_\_\_\_ Results: \_\_\_\_\_

6. **Seasonal Flu Vaccine:** Date of Vaccine: \_\_\_\_\_ Injection Site: \_\_\_\_\_  
(August-March) Lot Number Expiration: \_\_\_\_\_ Examiner's Initials: \_\_\_\_\_

Verified by:

\_\_\_\_\_  
Name of Physician's Office/Health Center

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

\_\_\_\_\_  
Address of Office

\_\_\_\_\_  
Date





## LEVEL 2 BACKGROUND SCREENING INSTRUCTIONS

Level 2 screening standards (Fingerprints) return criminal history results on arrests (including juvenile) nationwide. Under Florida Statute 1012, persons with specified access require level 2 screening. Offences outlined in Florida State Statute 435.04 (crimes of moral turpitude) can be disqualifying when persons have been found guilty of or entered a plea of nolo contendere (no contest).

### Instructions:

1. Go to the Fingerprinting Office at the **Leon County Schools District main office, located at 2757 W. Pensacola St., Building 1** (to the right of the main district office). The hours for the Fingerprinting Office are: Monday-Friday, 8:00 am-5:00 pm - Take this form with you.
2. Submit payment for screening. Payment can be via credit card or money order.
3. Obtain a receipt for the screening.

*Submit the receipt of the background screening along with the Health Education program application.*

If your background screening does not come back "clear," you will be notified. Additional information may be required.



### LEVEL 2 Background Screening Request Form

The following individual needs to obtain a Level 2 Background Screening, per Florida Statute 1012:

**IMPORTANT:**  
The ORI number for the screening is V37020031

### PLEASE PRINT

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVER LICENSE NUMBER: \_\_\_\_\_ PHONE: \_\_\_\_\_

The above individual will be at Lively Technical College/Externship/Clinical Site for the following purpose:  
\_\_ Student

Entity/Individual from Lively Technical College making this request: Lively Administration

Please submit print results to:

ATTENTION:  
Shelly Bell, CTE Director  
Lively Technical College  
500 North Appleyard Drive, Tallahassee, Florida 32304 Fax: 850.487.7478  
*Any questions regarding this request, should be directed to  
Student Services at 850-487-7457 or email [grahamy@leonschools.net](mailto:grahamy@leonschools.net)*

## Electronic Fingerprinting

Take this form with you to the Livescan service provider. Please check the service provider's requirements to see if you need to bring any additional items.

- Background screening results are obtained from the Florida Department of Law Enforcement and the Federal Bureau of Investigation by submitting to a fingerprint scan using the Livescan method;
- You can find a Livescan service provider at:  
<http://www.flhealthsource.gov/background-screening/>
- Livescan screenings done by a Florida Police or Sheriff's Department require that you login to the FDLE Civil Applicant Payment System (CAPS) at <https://caps.fdle.state.fl.us> and pay a fee before results will be released to our office.
- Out of State/Country Livescan directions are included in the electronic fingerprinting section of this application.
- If you do not provide the correct Originating Agency Identification (ORI) number to the Livescan service provider the Board office will not receive your background screening results;
- You must provide accurate demographic information to the Livescan service provider at the time your fingerprints are taken, **including your Social Security number (SSN)**;
- The ORI number for the Board of Nursing is: **EDOH0380Z**.
- Typically background screening results submitted through a Livescan service provider are received by the Board within 24-72 hours of being processed.
- If you obtain your Livescan from a service provider who does not capture your photo you may be required to be reprinted by another agency in the future.

Name: \_\_\_\_\_

Aliases: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Citizenship: \_\_\_\_\_ Race: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(W-White/Latino(a); B-Black; A-Asian; NA-Native American; U-Unknown)

Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
(M=Male; F=Female)

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Transaction Control Number (TCN#): \_\_\_\_\_  
(This number will be provided to you by the Live Scan Vendor.)

*You will need to keep this form for your records. Do not send this form to the Board Office.*



## Vaccination Acknowledgement Form

I am a student of one of the following programs: (please circle appropriate program):

Medical Assisting

Nursing Assistant

Patient Care Technician

Phlebotomy

Practical Nursing

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, I hereby acknowledge that I may be required to obtain a COVID vaccine at any point in the program to be in compliance with my clinical site requirements. I acknowledge that failure to be in compliance may result in withdrawal from my program.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness Signature

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500 North Appleyard Drive • Tallahassee, FL 32304 • Phone: 850.487.7555 • Fax: 850.922.3880 • [www.livelytech.com](http://www.livelytech.com)

Dear Parent/Guardian,

Students enrolled in the Nursing Assistant 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 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](mailto:bells@leonschools.net).

Sincerely,



Shelly L. Bell  
Director

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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.

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Parent Printed Name

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Parent Signature