

Nurse Aide

Program Requirements Checklist & Forms

In order to participate in the Nurse Aide course, participants must complete all of the following requirements **prior** to the first day of class. **You must bring all completed documents to the first class.**

Please allow at least one month prior to the first class to complete the enrollment requirements. Please use guide below to ensure all requirements are satisfied prior to the first class.

Four weeks prior to course start date:

- Complete Pennsylvania State Police Background Check
- Complete FBI background check, only if you have not resided in PA for past two consecutive years

Three weeks prior to course start date:

- Complete physical examination and NCC Health Form
- Have step one of tuberculin test administered and read

Two weeks prior to course start date:

- Have step two tuberculin test administered and read

Requirements Checklist

Must be completed prior to the first class. All forms are included in this electronic packet.

- Must be at least 18 years of age to attend class.
- Completed Pennsylvania Criminal Background Check (dated less than one year through class completion date).
- FBI Clearance must be completed **only** if you have not resided in PA for the past two consecutive years.

Please note: background checks may not contain prohibitive offenses as cited in Act 14. The Act 14 documentation is included in this electronic packet.

- Completed verification of Residency Form. Two (2) forms of identification must be brought to the first class. Identification documents must include at least one photo ID and one with your signature.
- Completed NCC Health Form with physical examination, dated less than one year through class completion date. Documentation must include participant is: 1) able to lift 50 pounds to waist level without any physical limitation/restrictions, and 2) free from communicable disease in the communicable state. The physical form must be signed by either an M.D., P.A., N.P. or D.O.
- Two Step Tuberculin Test. **Both** steps must be administered and **both** results read prior to the course start date.
- Proof of High School Diploma or GED.
- Uniform: Solid white uniform pants and shirt or solid white scrubs; solid white uniform shoes or white leather/vinyl sneakers and a watch with a second hand.
- Proof of personal health insurance. For those not currently enrolled in a healthcare plan, you may obtain personal health insurance through the College. For more information please visit www.northampton.edu/studentinsurance.
- Completed NCC Student Information Form.
- Enroll in the course. Register online at www.northampton.edu by clicking on search courses or by calling 1-877-543-0998. Please reference course code PTRAO042 when registering. Course fee is due at the time of registration via credit card.

All requirements must be completed prior to the first class.

YOU MUST BRING ALL COMPLETED DOCUMENTS TO THE FIRST CLASS.

If all requirements cannot be met by the first class, please adhere to the college refund policy which states: "You must withdraw one business day prior to the first class to receive a full refund. If you withdraw prior to the start of class but less than one full business day, you will receive a 50% refund. Once class has started, there are NO REFUNDS." Please call 1-877-543-0998 to withdraw.

Please call 610-332-6585 or email healthcare@northampton.edu with any questions.



Northampton Community College
Fowler Family Southside Center
511 East Third Street
Bethlehem, PA 18015
www.northampton.edu/cbi

One source. Countless solutions.

HOW TO OBTAIN A PA CRIMINAL BACKGROUND CHECK THROUGH PATCH

The Pennsylvania State Police established a web-based computer application called "Pennsylvania Access to Criminal History" or PATCH. Using this system, a requestor can apply for a criminal background check on an individual basis.

The information provided by the requestor will be checked against the criminal history database maintained by the Pennsylvania State Police Central Repository. If the subject's information does not hit on any information in the database, the requestor will receive the results instantly over the Internet and the requestor can print out the "No Record" certificate. Eighty percent of the time, "No Record" certificates are returned immediately through the Internet to the requestor. If the subject's information hits on something in the database, the requestor receives an immediate "Request under Review" response.

A "Request under Review" response does not necessarily mean that the individual has a record; it does indicate the information is being manually reviewed. After review, the status will be updated to "No Record" or "Record". The requestor should check the PATCH website periodically for an updated status of their request.

For all "No Record" responses, the certificate must be printed out at the requestor's computer.

All "Record" responses will be mailed to the requestor at the address provided by the requestor. It may take up to two weeks for the status to be updated from a "Request under Review" to a "No Record" or "Record".

TO SUBMIT A NEW RECORD CHECK:

- Log onto <https://epatch.state.pa.us> and select "Submit a New Record Check" under credit card users. The fee for the report is \$10.00.
- When submitting a new record you must enter personal data including your address, social security, birth date, phone number, etc. You will be asked to verify the data entered on every screen to continue the process.
- Do not use spaces when entering your credit card number.
- Please note that the PATCH system will not let you proceed unless you enter the requested information correctly and completely.
- The screen will ask you to wait until the process is complete then click on the control number to view record. (An example of a control number is #R0712222.) Write down your personal control number in the event you need to go back to the site to check on anything.
- The next screen will display the details of a particular record request. To view/print the certification form for this request, click the **CERTIFICATION FORM** link. You should see and print a report which has a state seal in the background.
- **IMPORTANT: WE WILL ONLY ACCEPT THE REPORT WITH THE STATE SEAL IN THE BACKGROUND.**

CUSTOMER SERVICE:

Customer service is no longer being handled by the Pennsylvania State Police Help Desk. Effective immediately, for any questions concerning your criminal background check, the new telephone numbers are: toll free at 1-888-QUERYPA (1-888-783-7972) or (717)425-5546.

Procedural Process for Procuring a FBI Report and Letter of Approval for Nurse Aide Training

PROCEDURAL PROCESS	PREPARATION	OUTCOME
<p>Step 1 Applicant Registers with Cogent Systems</p> <p>a. 1-888-439-2486 Monday - Friday 8:00 AM - 6:00 PM EST</p> <p>b. www.pa.cogentid.com - available 24 hours/day</p> <p>* select the Pennsylvania Department of Education (PDE) service</p> <p>* select any item listed for reason for fingerprinting</p>	<p>➔ Credit/debit card acceptable for on-line registration</p> <p>➔ \$33.00 Money Order/Cashier's Checks ONLY</p> <p>-Payable to Cogent System at the print location</p> <p>* Have demographic information available (i.e. Name, Address, Social Security number, etc.)</p> <p>* Have a pen/pencil and a piece of paper available</p> <p>* Request a copy for \$2.50 extra The COPY is NOT AN OFFICIAL COPY. It is for the Applicants Use Only and cannot be used for admission into a nurse aide training program.</p> <p><u>Follow Steps #2, #3, #4, #5.</u></p>	<p>* Registration ID Number will be given to applicant i.e. PAE102B035159067</p> <p>* FBI reports are not transferable between Departments. If another Department, such as Department of Public Welfare is accidentally selected, the PDE cannot process the FBI report. The applicant will be required to complete a second registration process and fee.</p> <p>* Students who are employed or offered employment by a long term care facility must access FBI reports through the Department of Aging. 717-265-7887</p> <p>* Report is available (on-line) within 2 days.</p>
<p>Step 2 Applicant goes to a Fingerprint Location</p> <p>a. www.pa.cogentid.com - to view listings</p> <p>b. Location determined during phone call</p> <p>c. Applicant Livescan Operator (ALO) will identify the applicant and scan all 10 digits</p>	<p>* No scheduled appointments</p> <p>* Have Registration Number available</p> <p>* Have photo identification available (driver's license) * To see other types of ID go to www.pa.cogentid.com</p>	<p>* 1 reprinting is available, if needed. Cogent will contact applicant.</p> <p>* If fingerprints are rejected or unreadable, reprinting can be applied one time only after which a name check would be performed through the FBI.</p>
<p>Step 3 Cogent forwards Finger prints to FBI and FBI returns Report to Cogent</p>		<p>* Wait at least 2 days, then check "Proof of Transaction" at https://www.pa.cogentid.com/index_pde.htm</p>
<p>Step 4 Applicant Contacts PDE designated and approved staff Arthur Richardson 717-772-0814 arichardso@state.pa.us (complete/return release letter below)</p>	<p>* Have Registration Number available</p> <p>* Valid demographic information</p>	<p>* PDE reviews reports then determines eligibility for enrollment into a nurse aide training program.</p>
<p>Step 5 PDE mails Applicant an Official Letter of Approval</p>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>Effective June 1, 2009</p> </div>	<p>* Applicant submits an official letter of approval on state letterhead to the state-approved nurse aide program.</p>



RELEASE of APPROVAL LETTERS

I, _____ authorize the PA Department of
(Requester - Print Name Clearly)

(Address of the Requester - Please print)

Education - Nurse Aide Training Program, to release my approval letter for enrollment in a state-approved nurse aide training program based on my FBI Criminal Background Check provided by Cogent Systems. I understand that only approval letters will be released. If additional information is needed to complete the FBI clearance process, a letter will be mailed to the above address. To complete this release request, the requester (the Applicant's name as printed above) must provide the following:

Name of Facility Representative: Judith Rex

Educational institution/sponsor

Name of Facility: Northampton Community College - Healthcare Education

Address: Fowler Center, 511 E. Third Street, Room 510

City: Bethlehem **State:** PA **Zip:** 18015

Office Number: (610)332-6585 **Fax Number:** (610)332-6556

Registration Number provided by Cogent: PAE _____
If applicable

Fax or mail form to the: *Department of Education: Attention: NATCEP 11th Floor, 333 Market Street, Harrisburg, PA 17126* **Fax: (717) 783-6672.**

I hereby declare that the above information is complete, accurate, true and correct and I authorize the above named facility to receive by fax or mail this information. I make this declaration subject to the penalties of 18 PA.C.S. 4904 relating to unsworn falsification to authorities.

(Signature of Requester/Student)

(Date signed)

Please allow a minimum of 48 hours for this request to be processed. Thank you.

Nurse Aide Resident Abuse Prevention Training Act 14 (P.L. 169)

Prohibitive Offenses Contained in Public Law 169 and ensuing amendments

Offense Code	Prohibitive Offense Description	Type/Grading of Conviction
CC2500	Criminal Homicide	Any
CC2502A	Murder I	Any
CC2502B	Murder II	Any
CC2502C	Murder III	Any
CC2503	Voluntary Manslaughter	Any
CC2504	Involuntary Manslaughter	Any
CC2505	Causing or Aiding Suicide	Any
CC2506	Drug Delivery Resulting in Death	Any
CC2702	Aggravated Assault	Any
CC2901	Kidnapping	Any
CC2902	Unlawful Restraint	Any
CC3121	Rape	Any
CC3122.1	Statutory Sexual Assault	Any
CC3123	Involuntary Deviate Sexual Intercourse	Any
CC3124.1	Sexual Assault	Any
CC3125	Aggravated Indecent Assault	Any
CC3126	Indecent Assault	Any
CC3127	Indecent Exposure	Any
CC3301	Arson and Related Offenses	Any
CC3502	Burglary	Any
CC3701	Robbery	Any
CC3901	Theft	1 Felony or 2 Misdemeanors
CC3921	Theft by Unlawful Taking	1 Felony or 2 Misdemeanors
CC3922	Theft by Deception	1 Felony or 2 Misdemeanors
CC3923	Theft by Extortion	1 Felony or 2 Misdemeanors
CC3924	Theft by Property Lost	1 Felony or 2 Misdemeanors
CC3925	Receiving Stolen Property	1 Felony or 2 Misdemeanors
CC3926	Theft of Services	1 Felony or 2 Misdemeanors
CC3927	Theft by Failure to Deposit	1 Felony or 2 Misdemeanors
CC3928	Unauthorized Use of a Motor Vehicle	1 Felony or 2 Misdemeanors
CC3929	Retail Theft	1 Felony or 2 Misdemeanors
CC3929.1	Library Theft	1 Felony or 2 Misdemeanors
CC3929.2	Unlawful Possession of Retail or Library Theft Instruments	----- *2 Misdemeanors
CC3929.3	Organized Retail Theft	1 Felony or 2 Misdemeanors
CC3930	Theft of Trade Secrets	1 Felony or 2 Misdemeanors
CC3931	Theft of Unpublished Dramas or Musicals	1 Felony or 2 Misdemeanors
CC3932	Theft of Leased Properties	1 Felony or 2 Misdemeanors
CC3933	Unlawful Use of a Computer	1 Felony or 2 Misdemeanors
CC3934	Theft From a Motor Vehicle	1 Felony or 2 Misdemeanors
CC4101	Forgery	Any
CC4114	Securing Execution of Document by Deception	Any
CC4302	Incest	Any
CC4303	Concealing Death of a Child	Any
CC4304	Endangering Welfare of a Child	Any
CC4305	Dealing in Infant Children	Any
CC4952	Intimidation of Witnesses or Victims	Any
CC4953	Retaliation Against Witness or Victim	Any
CC5902B	Promoting Prostitution	Felony
CC5903C	Obscene and Other Sexual Materials to Minors	Any
CC5903D	Obscene and Other Sexual Materials	Any
CC6301	Corruption of Minors	Any
CC6312	Sexual Abuse of Children	Any
CS13A12	Acquisition of Controlled Substance by Fraud	Felony
CS13A14	Delivery by Practitioner	Felony
CS13A30	Possession with Intent to Deliver	Felony
CS13A35 (i), (ii), (iii)	Illegal Sale of Non-Controlled Substance	Felony
CS13A36	Designer Drugs	Felony
CS13Axx*	*ANY OTHER FELONY DRUG CONVICTION APPEARING ON PA RAP SHEET	

• *At the time of publication of this list, section 3929.2 could not constitute a felony
 • For questions pertaining to codes, offenses, or convictions; contact PA Dept of Education at (717) 772-4868 or ra-natcep@state.pa.us January 2011

VERIFICATION OF PA RESIDENCY

Please type or print legibly in ink.

Date of Application _____ Proposed Date of N.A. Class Enrollment _____

I. Personal Information

A) Name: _____

B) Current Address: _____

City State Zip Code

C) Months/Years at this Address: _____ D) Telephone: _____

If you have resided at your current address for less than two years:

Previous Address: _____

City State Zip Code

Months/Years at this Address _____

*If necessary, attach a list of other places of residence to demonstrate that you have lived in Pennsylvania for the past two (2) years.

II. Forms of Identification – must be verified by program representative, who will circle and initial presented forms of ID below.

A) Birth Date: Month/Day/Year ___ / ___ / _____

B) Please provide two (2) additional forms of official, signature-bearing identification (**one of which must be a current photo identification document**). Examples of proper identification include:

- Driver's License
- Clinic card
- Credit card
- State-issued identification card
- Passport
- Library card
- Alien registration card
- Other _____

III. Education

A) Do you have a high school diploma or GED? Yes No

B) Name of high school: _____

Address	City & State	Dates Attended	Date of Graduation
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C) Did you attend an educational institution beyond high school? Yes No

If yes, enter the name of the school (s): _____

IV. Nurse Aide Signature

I understand that by submitting this completed form for Verification of PA Residency to enroll in a nurse aide Training program, I am certifying that all of the information I have provided on this application is complete, accurate, true and correct. I make this declaration subject to the penalties of 18 PA.C.S 4904 relating to unsworn falsification to authorities.

Signature: _____ Date: _____



Northampton Community College

HEALTHCARE EDUCATION – HEALTH FORM

Name: _____
Last First Middle

Address: _____

City/State/Zip: _____

Phone: _____ Date of Birth: ____/____/____

Health Insurance (Required):

Name of Company _____ Phone number: _____

Address _____ City/State/Zip _____

Agreement/ID Number _____ Group Number _____

Guarantor _____

Student Eligibility Requirements for Nurse Aide Training:

Physical exam must be completed by **MD, DO, CRNP, or PA**

The student must pass a physical examination and must be free of communicable diseases.

Student must have an administered and read two-step tuberculin skin test **prior to the first day of class.**

The student must be able to lift 50 pounds to waist level without restrictions.

PLEASE NOTE: All students must undergo a physical examination as well as a two-step tuberculin skin test. Both are acceptable only if performed within one year prior to the start of class and must be submitted on the first day of class. A tuberculin test expiring during the course of the class will require an annual (one-step) test in addition to proof of the two-step test.

TWO-STEP TUBERCULIN SKIN TESTING IS REQUIRED (Form is not complete until the results are read and reported.)

Step 1 Date administered: _____ By whom: _____ Site: _____
Date read: _____ By whom: _____ Site: _____
Results: _____ mm Signature: _____

****7-21 days after the first test is read, Step 2 must be administered****

(For example: if 1st is administered Monday (2/5) and read Wednesday (2/7), the 2nd is administered Thursday (2/14))

Step 2 Date administered: _____ By whom: _____ Site: _____
Date read: _____ By whom: _____ Site: _____
Results: _____ mm Signature: _____

***If induration of either test is greater than 5 mm, a chest x-ray is required. Attach written copy of x-ray report.**

Yes No I certify that the applicant is free from communicable diseases in the communicable state.

Yes No I certify that the applicant has no medical conditions or restrictions which will prevent the applicant from performing the essential functions of the job. (If the applicant has restrictions that require accommodation, please note them in the comments section below.)

Yes No Is the applicant able to lift 50 pounds to waist level?

Comments: If applicant has any limitations, please explain:

Date of Examination: _____

Examiner's Name and Title: _____

(MUST BE COMPLETED BY MD, DO, CRNP OR PA)

Examiner's Signature: _____

Address: _____

City/State/Zip: Phone: _____



Northampton Community College

HEALTHCARE EDUCATION STUDENT INFORMATION SHEET

PLEASE PRINT:

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

COUNTY _____

PHONE(H) _____ (W) _____ (C) _____

SOCIAL SECURITY NO. _____ MALE ____ FEMALE ____

BIRTHDATE _____ MARITAL STATUS S M W D SEP (Circle one)

EMAIL ADDRESS _____

Please check here if we may send you periodic email updates about our classes and programs.

*******HAVE YOU RESIDED CONTINUOUSLY IN THE STATE OF PENNSYLVANIA FOR THE PAST TWO YEARS?*******

_____ Yes _____ No

SCHOOL BACKGROUND

- Are you a high school graduate? _____ Yes _____ No
- If not a high school graduate, do you have a G.E.D.? _____ Yes _____ No
- Have you previously attended college? _____ Yes _____ No
Degree(s) earned _____

WORK EXPERIENCE

- Are you currently employed? _____ Yes _____ No
If yes, what is your job title? _____
- If you are employed by a health care facility, please state which one.

MINORITY INFORMATION

The following information is requested to monitor the compliance posture of the institution and will be used only to collect and maintain data on the race, sex, and ethnic identity of all students. This information may be requested on national and state statistical reports. *Please check all that apply to you. (OPTIONAL)*

- | | |
|---|--|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Other | |

Primary Language Spoken: _____

Secondary Language Spoken: _____

Have you taken ESL courses: Yes No