MA to CNA Bridge Class

December 7–14, 2026

Class Schedule

December 7	M	7:30-11:30AM	
December 8-9	Tu, W	7:30AM-4:30PM	
December 10-11	Th, F	6:00AM-3:00PM	Clinicals
December 14	M	Announced in class	NAC Skills Exam

September 1	Registration opens ***Review the admissions and registration process on our website: wvc.edu/ced*** **We will not accept applications before this date, but we are happy to review them! Call, email, or stop by our office.**
November 23	Last day to register, if space is available.
December 11	If the next step in the Hepatitis B series is due before this date, documentation of this step **must be provided prior to clinicals** (see application for details).

Bring completed application and <u>official</u> documentation of all requirements to our office to register.

- **Official documentation** means that each record must be on the healthcare provider's letterhead, have the student's name, the date of immunization/test, the signature or electronic documentation of the person administering the immunization/test, and the lot number of the vaccine/test administered.
- Incomplete requirements or unofficial documentation will not be accepted
- If requirements are incomplete registration will not be processed
- Incomplete paperwork will not be collected

We are happy to review applications/documentation and answer questions before submission.

Office location:
Wenatchee campus (1300 Fifth Street, Wenatchee), Mish ee twie Building, Suite 1121 (main floor)

Students will receive information and due dates for the required national and DSHS background checks at the time of registration.

Full payment is due at the time of registration. Registration is first come, first served.

- Visa/Mastercard, check, or cash payments (exact cash) are accepted.
- If a third party (a grant, an employer, or other agency) is paying for the class, an official purchase order, voucher, or a **<u>Commitment to Pay</u>** form must be submitted at time of registration.

Nursing Assistant (CNA)

MA to CNA BRIDGE COURSE

WENATCHEE VALLEY COLLEGE
CONTINUING EDUCATION

WVC Continuing Education
509.682.6900 ceinfo@wvc.edu

OFFICE USE ONLY Reviewed by program director

Signature _____

Date _____

NAME _____

Requirements	Page	Required Action	✓
APPLICATION – Complete and submit pages 1-10			
General Information	1	Complete	
Statement of Ability to Function as a NA Student	2	Complete, sign, and date	
Medical History Questionnaire	3	Complete, sign, and date	
Physical Abilities Requirements	4	Complete, sign, and date	
Health Statement	5	Complete, sign, and date	
Disclosure Form*	6	Complete, sign, and date	
Child and Adult Abuse Information Act Form	7	Complete, sign, date **WITH WITNESS**	
Confidentiality Statement	8	Complete, sign, and date	
Student Release Form	9	Complete, sign, and date	
Photo Release Form	10	Complete, sign, and date	
Active WA State Medical Assistant Certification	N/A	Attach documentation of active WA certification	
CLINICAL SITE & COURSE ENTRY REQUIREMENTS			✓
Tuberculosis: 2-Step PPD or Blood Test	11	Attach official documentation	
Hepatitis B Vaccine or Positive Titer	11	Attach official documentation	
Flu Vaccine	11	Attach official documentation	
Covid Vaccine	12	Recommended	
WA DSHS Background Check	12	**Complete after registration**	
National Background Check (Complio®)	12	**Complete after registration**	
COURSE LOGISTICS & OTHER REQUIREMENTS			✓
General Course Expectations	13	Sign and date	
Clinical Expectations	13	Sign and date	
Course Content and Supplies	14	Review	

This packet must be on file in the Continuing Education Office and required documentation must be submitted by program due date or prior to entering any Nursing program clinical sites.

I certify with my signature that I have read and understand the above requirements and that the information and documentation submitted pertaining to me is complete and accurate.

_____ _____

Signature **Date**

** Students need to be aware that conviction of certain crimes may prevent completion of the clinical course requirements of the Program and may also prevent future licensing and employment in the healthcare field.*

Wenatchee Valley College

Nursing Assistant – MA to CNA Bridge Application

GENERAL INFORMATION

Full **LEGAL** Name _____ Preferred Name _____
(Please print)

Home Address _____
Street *City* *State* *Zip*

Home Phone _____ Cell Phone _____ E-mail _____

Gender: ☐ Male ☐ Female ☐ Other ☐ Prefer not to answer Pronouns: _____

DOB _____

In case of emergency please notify:

Name: _____ Phone: _____

Do you feel more comfortable using a language *other than English* for most of your daily activities? ☐ Yes ☐ No

Ethnic Origin - *Required information for federal/state statistical reporting on the annual nursing report.*

- ☐ Alaskan Native or American Indian
- ☐ Black/African American
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Mexican, Mexican American, Chicano
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Other Spanish/Hispanic/Latino
- ☐ Vietnamese
- ☐ White
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other
- ☐ Multi-racial

Date of last health examination: _____ Name of health care provider *(optional)*: _____

Please identify any health conditions/illnesses or injuries that required medical treatment – please check all that apply.

- ☐ Heart Defect/Disease
- ☐ Hypertension
- ☐ Asthma or other respiratory condition
- ☐ Diabetes or other endocrine condition
- ☐ Seizure Disorder
- ☐ Neurological problem
- ☐ Other
- ☐ Musculoskeletal problem/condition
- ☐ Any infection within last year
- ☐ Any traumatic injury within last year
- ☐ Mental and/or emotional condition
- ☐ Substance abuse
- ☐ Bleeding or clotting disorder

Further explanation of any items that are checked (attach an additional page if necessary, or include on p. 3):

STATEMENT OF ABILITY TO FUNCTION AS A STUDENT IN A NURSING PROGRAM

Do you have a visual impairment? If so, is it corrected?	Yes ☐	No ☐
Do you have a hearing impairment? If so, is it corrected?	Yes ☐	No ☐
Can you lift to 50 lbs.?	Yes ☐	No ☐
Can you carry up to 20 lbs.?	Yes ☐	No ☐
Can you sit for 4 hours?	Yes ☐	No ☐
Can you stand and/or walk unassisted? For up to 12 hours?	Yes ☐	No ☐
Can you use both hands?	Yes ☐	No ☐

Please rate your ability to cope with stressful situations
I am able to cope with stress

☐ Always ☐ Usually ☐ Not Always ☐ Seldom

Print Name _____

Signature _____

Date _____

Nursing Assistant
MA to CNA BRIDGE

WENATCHEE VALLEY COLLEGE
CONTINUING EDUCATION

MEDICAL HISTORY QUESTIONNAIRE

Full Name _____ DOB _____
Please print

Home Address _____
Street *City* *State* *Zip*

Home Phone _____ Cell Phone _____

Gender: ☐ Male ☐ Female

Check either yes or no. Provide details of a "yes" answer in the next section. ***Being untruthful or withholding information will result in dismissal from the Nursing Assistant Program.***

Have you ever been treated for conditions or had indications of:

Condition	Yes	No	Condition	Yes	No
1. Eye/vision problems			15. Skin rashes or eczema		
2. High blood pressure			16. Fainting or dizziness		
3. Tuberculosis or lung disease			17. Head injury		
4. Asthma			18. Convulsions/Seizures		
5. Diabetes			19. Varicose veins		
6. Emphysema			20. Kidney/bladder problems		
7. Epilepsy or seizure disorder			21. Allergies		
8. Arthritis/Rheumatism/Bursitis			22. Hemorrhoids		
9. Disease or pain of bones/joints			23. Hepatitis		
10. Ear problems			24. Psychiatric problems		
11. Muscle spasms			25. History of substance abuse		
12. Reaction to medications			26. Anemia/blood disorders		
13. Reaction to chemicals			27. Heart problems		
14. Neck, shoulder, or back problems					

List full details to questions answered "YES" above. Use a separate sheet of paper if needed. A medical release may be requested for any of the above conditions. Any other conditions will be considered individually and may require a medical release.

Question #	Condition/Treatment/Management	Date

Do you take medicine regularly? **Yes** ☐ **No** ☐

If yes, list all prescribed and over the counter or herbal medications and reason for taking (use a separate sheet if needed).

WENATCHEE VALLEY COLLEGE
CONTINUING EDUCATION

PHYSICAL ABILITIES REQUIREMENTS

Student Name: _____

Mark each of the following abilities you are able to do either **R: Regularly or O: Occasionally**			
Abilities	R	O	**Measurable Descriptor**
Vision: Corrected or Normal			Ability to read syringes, labels, instructions, and equipment
Color Vision			Color coded equipment
Hearing			Ability to hear through some equipment and noisy environments
Touch Temperature Discrimination			Palpation pulses & discriminate temperature & sensation; Use equipment requiring fine motor skills
Smell			Differentiate body odors, drainage, skin, and stool odor
Finger Dexterity			Manipulation of equipment, dressings, IV and other functions requiring finger dexterity; assessment
Intelligible oral communication			Communication with clients, staff members, peers and faculty
Appropriate non-verbal communication			Therapeutic communication with client, rapport and trust with client and health care team
Pushing			Lbs/ft: 100, equipment, carts with and without clients
Pulling			Lbs/ft: 50, equipment, and client carts
Lifting			Lbs/ft: 50, clients, equipment, and supplies
Floor to waist			Lbs 75: 3 man lift of patients
Reaching forward			Moving clients and equipment
Carrying			Lbs 50
Standing and Walking			Long periods, up to eight hours
Sitting			Infrequent and short periods, break and lunch
Stooping/Bending			Infrequent and short periods; adjusting equipment
Kneeling/Crouching			Infrequent and short periods; adjusting equipment
Running			Infrequent, emergency situations
Crawling			Short periods, emergency, adjusting equipment
Climbing			Infrequent, patient care activities
Stairs (ascending/descending)			Infrequent, emergency situations
Turning (head/neck/waist)			Frequent extended periods; may position for long periods
Repetitive arm movement			Keyboards/Computer

I have read, understand, and accept the above working conditions expected of an Allied Health student in the academic and clinical setting and certify that I am able to meet these requirements.

Student Signature: _____ **Date:** _____

STUDENT HEALTH STATEMENT/MEDICAL RELEASE FORM

If at any time during the program, your health status changes, you must notify the instructor. A medical release may be requested in certain situations.

All Allied Health and Nursing students must be physically, emotionally, and academically able to safely demonstrate completion of all required learning activities. Learning activities include successful completion of course, clinical, and theory objectives to successfully complete the curriculum. Allied Health students will be treated in their academic opportunities and in turn treat their clients respectfully regardless of race, color, national origin, gender, age, religion, or disability. Wenatchee Valley College provides reasonable accommodation and services to otherwise qualified students who are physically and learning disabled unless making the accommodation poses an undue hardship on the college or jeopardizes client safety.

Allied Health and Nursing students will be in clinical courses, requiring the safe application of both gross and fine motor skills, as well as critical thinking skills. All these skills are inherent elements of practice. Usual and required activities routinely conducted by students include care for clients that may be ambulatory or comatose and involves all age ranges from premature infants to gerontology clients. Required abilities are walking, standing for up to eight hours, bending, reaching, turning, listening, observation, and moderate to heavy lifting (at least 50 pounds). There always exists potential exposure to communicable diseases and other pathogens.

STUDENT INSTRUCTIONS: I understand the student academic role and clinical performance requirements and agree that I have the primary responsibility of my own health status. I agree that I will not knowingly place myself, clients, or others in unsafe situations based upon my physical, mental, or emotional limitations. I have completed and signed the physical abilities requirements form. I authorize my health care provider to release to Wenatchee Valley College Allied Health and Nursing Programs the information requested below concerning my health status. **Printed name of student:**
Signature of student: **Date:**

Note: This form with the student's signature is required prior to return to clinical ***following absence due to health problems or changes in health status.*** *The faculty reserves the right to request the student to complete a student health statement in the event the student demonstrates evidence of clinical performance affected by physical, emotional, or mental limitations.*

Office Use Only	
Date and Time Received:	
Program Director:	Clinical Site:
Comments:	
Approval for class/clinical: □Yes □No	Program Director Signature:

WENATCHEE VALLEY COLLEGE
CONTINUING EDUCATION

STUDENT DISCLOSURE FORM

1. Have you ever been convicted of a crime?
   Yes ☐ **No** ☐ **Initials:** _____

Students need to be aware that conviction of certain crimes may prevent completion of the clinical course requirements of the Program and may also prevent future licensing and employment in the health field.
If yes, please list the conviction(s) and the degree(s):

_____

_____

_____

2. Are you aware that you must provide background checks through Complio® and DSHS for certain programs?
   Yes ☐ **No** ☐ **Initials:** _____

3. Do you have charges (pending) against you for any crime?
   Yes ☐ **No** ☐ **Initials:** _____

4. Do you understand that some criminal convictions may prevent you from completing a program of study?
   Yes ☐ **No** ☐ **Initials:** _____

5. Do you understand that you need to provide documentation of specified immunizations or evidence of immunity to specified diseases to participate in Allied Health programs?
   Yes ☐ **No** ☐ **Initials:** _____

6. The CNA FastTrack and Bridge courses do not require a drug screen. However, are you aware that you must provide a negative drug screen for all other Allied Health and Nursing programs, should you choose to pursue another program?
   Yes ☐ **No** ☐ **Initials:** _____

7. Do you understand that your behavior during the time of training for a particular occupation needs to comply with both the WVC Student Code of Conduct (see the WVC Student Handbook related to your program) and the code of conduct/ethics/standards that regulate the occupation for which you will be trained?
   Yes ☐ **No** ☐ **Initials:** _____

8. Do you understand that by breaking the code of conduct for an occupation or the WVC Student Code of Conduct you may be subjected to disciplinary action, including suspension from the program?
   Yes ☐ **No** ☐ **Initials:** _____

9. Do you understand that there are procedures and policies at Wenatchee Valley College that govern student grievances and disciplinary actions?
   Yes ☐ **No** ☐ **Initials:** _____

Signature: _____ **Date:** _____ **Name:** _____
(Printed legible)

WENATCHEE VALLEY COLLEGE
CONTINUING EDUCATION

CHILD AND ADULT ABUSE INFORMATION ACT FORM

DISCLOSURE PURSUANT TO RCW 43.43.834

Answer each item. If the answer is YES to any item, indicate the charge or finding, the date, and the court(s) involved.

1. Have you ever been convicted of any crimes against children or other persons, as follows: aggravated murder; first or second degree murder; first or second degree kidnapping, first, second, or third degree assault; first, second or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation, first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution?
   ANSWER: **Yes** ☐ **No** ☐ **If YES, explain:** _____

2. Have you ever been convicted of crimes relating to the financial exploitation if the victim was a vulnerable adult, as follows: first, second, or third-degree theft; first or second-degree robbery, forgery?
   ANSWER: **Yes** ☐ **No** ☐ **If YES, explain:** _____

3. Have you ever been found guilty in any dependency action under RCW 13.34.030(2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor?
   ANSWER: **Yes** ☐ **No** ☐ **If YES, explain:** _____

4. Have you ever been found in any domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?
   ANSWER: **Yes** ☐ **No** ☐ **If YES, explain:** _____

5. Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?
   ANSWER: **Yes** ☐ **No** ☐ **If YES, explain:** _____

6. Have you ever been found in any protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?
   ANSWER: **Yes** ☐ **No** ☐ **If YES, explain:** _____

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

YOUR SIGNATURE *MUST BE WITNESSED* BY A NON-FAMILY MEMBER.

Name (Please print)	**Signature**	**Date**
Witness Name	**Witness Signature**	**Address (City, State, ZIP)**

CONFIDENTIALITY STATEMENT

Student Name: _____ Program: _____

Student Address: _____
Street City State Zip

Mobile Phone: _____

CONFIDENTIALITY STATEMENT: I understand that, as a Nursing Assistant student at Wenatchee Valley College, I am not considered to be an employee of the clinical agency where I may participate in clinical learning experiences. I agree to abide by all Wenatchee Valley College policies, procedures, standards and regulations that guide my conduct. I understand and agree that in the performance of my duties as a student at Wenatchee Valley College, I must hold medical information in confidence. Further, I understand that intentional or involuntary violation of confidentiality may result in punitive action, immediate termination of access to further data, and the immediate termination of my participation in any clinical learning experience at Wenatchee Valley College.

_____
Student Signature

_____
Date

STUDENT RELEASE

The clinical facilities you will be working in may require copies of your abuse statement, background check and immunization records. Please sign this form as your approval to release this information.

If requested, by the clinical facility to which I have been assigned, you have my permission to release my abuse statement, background check and immunization records to that clinical facility.

By signing the below, I agree to the above statements regarding records release.

Student Name: _____ Program: _____

Student Signature: _____ Date: _____

PHOTO RELEASE

Wenatchee Valley College (WVC) may take and use photographs of me or excerpts of statements I provided to be used for promotional purposes, such as college publications, the Web site, displays, video presentations, and advertisements, with the understanding that my image and statements will be used to promote WVC only. I do this willingly, expecting no compensation or gratuity of any kind from WVC.

Name: _____

Address: _____

Phone: _____ E-mail: _____

_____ _____

Signature of individual or parent/guardian Date

Community Relations / P: 509.682.6420 / F: 509.682.6401 / 1300 Fifth Street / Wenatchee, WA 98801

INSTRUCTIONS FOR CLINICAL SITE ENTRY REQUIREMENTS

Official documentation is required: *Each record must be on the healthcare provider's letterhead, have the student's name, the date of immunization/test, the signature/documentation of the person administering the immunization, and the lot number of the vaccine/test administered.*

Documentation of student immunization status is essential to ensure the health and safety of students and the patients/clients/residents in healthcare agencies that provide clinical learning experiences. It is the student's responsibility to ensure that adequate documentation of the listed requirements is submitted to WVC Continuing Education.

Lack of compliance with any of these requirements will prevent a student from entering the clinical area and completing his/her clinical training.

TUBERCULOSIS: 2-STEP PPD or QuantiFERON TB Gold Test

An initial negative two-step PPD is required, which means that two (2) separate tuberculin skin tests have been placed one (1) to three (3) weeks apart. Each test is read 48 to 72 hours after it has been placed. **This requires four (4) visits to your healthcare provider.**
Documentation must show the dates and results of the tests. Students should not get any other vaccination with the first PPD.

Students with a positive PPD must provide documentation of a chest x-ray, treatment (if necessary), and a release to work in a healthcare setting from a doctor or healthcare provider.

As some facilities now utilize the QuantiFERON® TB Gold Test in place of the PPD, WVC will accept this method. WVC will also accept the T-Spot blood test. The blood tests do not require a two-step initial skin test.

All tests for tuberculosis expire annually. If your test expires before or during class, you must initiate a new test(s) beforehand.

PPD 2-Step Skin-Test Timeline for Tuberculosis Testing:

Healthcare Provider/Clinic	Action	Time interval
1st Appointment	Initial injection	
2nd Appointment	Read results	**48 to 72 hours from date/time of initial injection**; cannot be earlier than 48 hours or later than 72 hours.
3rd Appointment	Second injection	**One to three weeks AFTER initial injection**; cannot be less than one week or more than three weeks.
4th Appointment	Read results	**48 to 72 hours from date/time of second injection**; cannot be earlier than 48 hours or later than 72 hours.

HEPATITIS B VACCINE or Positive Titer

Students must provide documentation of the complete Hepatitis B series. If you are restarting the series, you must provide documentation of the first injection. If the second injection is due before or during the class, documentation of the second injection must be provided. If the second injection isn't due until after class is complete, you must provide documentation that the second injection is scheduled. Your healthcare provider can tell you about other dosing schedules that might be used in certain circumstances.
A positive titer (blood test for immunity) is also acceptable. Official documentation required.

FLU VACCINE

Depending on the availability of the flu vaccine, students are required to be vaccinated during most fall, winter, and early spring classes.

COVID VACCINE

The Covid vaccine is recommended but not required.

Complio® NATIONAL BACKGROUND CHECK * ORDER AFTER REGISTRATION *

Washington State law (RCW 43.43.832) permits businesses or organizations that provide services to children, vulnerable adults, or developmentally disabled persons to request criminal history records. Facilities used for clinical work experience require clearance prior to the student being allowed to work in the facility. Prior to beginning any clinical work experience, a criminal record check (Complio®) is required of all students accepted into the health science programs at WVC, **dated not more than forty-five (45) days prior to the beginning of the Program**. Clinical sites can request a background check to be repeated.

Students need to be aware that conviction of certain crimes may prevent completion of the clinical course requirements of the Program and may also prevent future licensing and employment in the health field.

Order your background check from:

http://www.wenatcheevalleycompliance.com. Select the background check only option. A drug screen is not required for CNA FastTrack or CNA Bridge courses.

The Complio® background check cannot be dated more than 45 days before the start of the program.

DSHS WASHINGTON STATE BACKGROUND CHECK * ORDER AFTER REGISTRATION *

Order your DSHS background check (Washington State background check) here: **https://fortress.wa.gov/dshs/bcs.**

Please provide the confirmation page.

WVC will submit the confirmation number to the clinical facility. The facility will access your DSHS background check directly. If the DSHS background check as a disqualifying crime or pending crime, the student will not be able to attend the clinical portion of the class, and will not complete the course.

REMINDER: Keep your original documents for your personal records.

NOTE: Wenatchee Valley College reserves the right to add to or modify these requirements as needed.

Links to Washington State Legislation pertaining to background checks:

RCW 43.43.830	Background checks – Access to children or vulnerable persons-Definitions.
RCW 43.43.832	Background checks – Disclosure of information – Sharing of state criminal background information by healthcare facilities
RCW 43.43.834	Background checks by business, organization, or insurance company – Limitations – Civil liability
RCW 43.43.838	Record checks – Transcript of conviction record – Fees – Immunity – Rules
RCW 43.43.839	Fingerprint identification account
RCW 43.43.840	Notification to licensing agency of employment termination for certain crimes against persons
RCW 43.43.842	Vulnerable adults – Additional licensing requirements for agencies, facilities, and individuals providing services
RCW 43.43.845	Notification of conviction or guilty plea of certain felony crimes – Transmittal of information to superintendent of public instruction

GENERAL COURSE EXPECTATIONS

ATTENDANCE: FULL ATTENDANCE IS MANDATORY

This is a fast-paced, intensive course. Full-time attendance is critical to student success and a **requirement for completion**.

- Excused absences (illness or emergency) may be accommodated by transfer into a future class session.
- Unexcused absences will result in removal from the course and forfeiture of payment. Transfer to a different class may be possible but the full payment for the next class will be required at time of transfer.
- There will be NO makeup days.

ILLNESS: MUST BE IN CONTACT WITH WVC CONTINUING EDUCATION DEPARTMENT

- Student must be in immediate contact with WVC Continuing Education (509.682.6900 or ceinfo@wvc.edu) or the instructor if you are vomiting for have a fever and will not be present in class.

UNIFORM: SCRUBS ARE REQUIRED FOR ALL ELEMENTS OF THE COURSE

- During on-campus classroom sessions, any color of scrubs may be worn
- During clinicals, students must provide their own **black** scrub pants and clean **black** shoes (details below).

Student Name (Printed): _____

Student Signature: _____ Date: _____

CLINICAL EXPECTATIONS

Students must be in full uniform at the clinical facility. Students who arrive for clinical experiences lacking full uniform requirements will be sent from the clinical area and may not be able to complete the class.

- A WVC scrub top will be checked out to each student prior to the first clinical day. This scrub top MUST BE worn every day of the clinical experience with black scrub pants provided by the student. The top MUST BE returned at the end of the class. If your scrub top is lost or damaged, you will be charged $50 and your certificate will be withheld until full payment is made.
- The uniform is to be washed daily to control cross infection and odors.
- Clean black shoes. No open-toed or open-heeled shoes. Clogs must have a back strap. Neutral socks/hose/undergarments. Black athletic shoes are acceptable as long as the laces are black and the shoes are kept clean.
- Jewelry is to be kept to a minimum as a safety measure.
- Pierced body parts are considered a hazardous risk to the student in the clinical setting and are unacceptable, apart from one small stud-like earring on each earlobe.
- Tattoos must be covered.
- No artificial fingernails; nails should be short and without polish.
- Hair should be clean and secured in a manner to prevent it from falling into the face.

Students are expected to maintain a professional appearance as representatives of the WVC Nursing Assistant Program.

If you do not pass the clinical portion of the course you will not receive a certificate of completion from the State of Washington and no refund will be given.

Student Name (Printed): _____

Student Signature: _____ Date: _____

COURSE CONTENT

The nursing assistant program at WVC provides the basics in care-giving skills for entry-level employment in healthcare. It includes instruction of personal care skills, roles and responsibilities of nursing assistants, communication skills, and safe and emergency procedures. Upon successful completion and evaluation by nursing faculty, students are eligible to take the licensure exam for nursing assistants under OBRA, fulfilling requirements as set forth by the State of Washington for healthcare professionals. This course, or its equivalent, meets the requirements as a prerequisite for entry into the Wenatchee Valley College Nursing Program.

The nursing assistant course consists of classroom hours and clinical instruction that will take place in the college lab and in a long-term care facility that contracts with Wenatchee Valley College for this purpose.

- Students must demonstrate competency of knowledge at a passing rate of 80% -- compiled score on exams, quizzes, clinical competency and written skills/personal learning skills.
- Students must demonstrate competency of skills in the practice lab and in the clinical setting.
- Attendance is mandatory for successful completion of the course. There will be NO makeup days.
- Textbooks will be checked out to students on the first day of class and must be returned on the last day of class.
- CPR for Healthcare Providers training is included. CPR cards will be issued for completion of this training. Participation in this training is **required**, even if you have a current HCP CPR card.
- A certificate will be provided upon successful completion of this course.

COURSE SUPPLIES

Students will need to provide:

- Scrubs
  - Any color of scrubs (tops and bottoms) for classroom time
  - Black scrub bottoms and black shoes for clinicals
- A journal-type notebook and pen/pencil
- Watch with a second hand

Application version **October 2024** was approved on: 9 / 30 / 24