Basic Nurse Assistant Program
Spring 2016

If you are interested in becoming a CNA, this information will be helpful.

The CNA program has very strict attendance policies. Please note:

ALL CLASS AND LAB TIME ARE REQUIRED BY THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH. Attendance the first day of class is MANDATORY and cannot be made up. If a student must be absent on a subsequent day, no more than two class periods may be made up during a scheduled make-up day which may differ from your regular scheduled class time. Any additional absences or failure to make up missed time will result in dismissal from the program. Attendance the first day of clinical is also MANDATORY.

Requirements:

1. If you are a first-time LLCC student seeking admission to LLCC’s CNA Program you must complete an LLCC Orientation session and meet one of the following criteria prior to registering:
   - ACT reading score of 22 or higher
   - SAT verbal score of 480 or higher
   - Have passed Reading 098
   - LLCC Reading Assessment with a score of 60 or higher

   You may contact Registration at 217-786-2292, your local Education Service Area, or Academic Advising at 217-786-2224, for more information regarding orientation. You may also contact LLCC’s Assessment and Testing office at 217-786-2211 or your local Education Service Area for further information about the Reading Assessment test.

2. Criminal Background Check – Mandatory
   A fingerprint-based criminal background check is required by law for all nurse aide students and must be completed prior to the first day of the course. Students will need to complete the attached Health Care Worker Background Check Authorization and Disclosure and schedule an appointment to turn it in to the CNA Office, 217/786-2447, or local Education Service Area (ESA). Once the disclosure form is processed, students will be given a Livescan form to take to an approved vendor for fingerprinting. The student will be issued a receipt by the vendor that will need to be turned in to the CNA Office or local ESA. Fingerprints must be completed in order to attend the CNA course. NO EXCEPTIONS. The fee for the background check is $25 to $35.

   NOTE: Students with disqualifying convictions on their background checks will not be allowed to participate in the clinical experience. Therefore, they will need to drop the course. However, if the student has a waiver for those disqualifying convictions, they may participate. Students that earn they need a waiver should apply (can take up to 12 weeks to get the waiver), then enroll after getting the waiver. Call the Illinois Department of Public Health at 217/785-5133 to inquire about a waiver. See attached list of disqualifying convictions. If you have any questions or require more information please call the CNA office prior to registering for CNA classes.

3. Physical examination - Mandatory
   - Physicals must be completed by week 2 for 8 week modules and week 4 for 16 week semester classes.
   - Physicals must be completed on the LLCC CNA physical form. The form is attached to this flyer.
   - A recent physical completed within a year of the last day of class, may be transcribed by a physician on the LLCC CNA physical form.

4. Tuberculosis test within 1 year of end date of class - Mandatory
   - 2-step skin test, Quantiferon blood test or chest x-ray prior to attending to the clinical experience
   - If past positive skin test, a chest x-ray or Quantiferon blood test is required.
   - May be obtained at local health department.

5. Uniform - required for clinical experience
   - Clean mostly white or black leather or mesh tennis shoes
   - Watch with second hand.
   - Royal blue scrub top, pants, and gait belt – purchase from LLCC only
6. Twenty-one performance skills have been identified through the federal legislation that gives guidance to the Illinois Nurse Aide Competency Evaluation. Students MUST be able to perform all 21 of these performance skills in order to successfully complete the training program.

7. Book requirement:
   Title: Mosby’s Textbook for Nursing Assistants, 8th Edition by Sorrentino; and accompanying workbook.

8. State competency written examination
   • At monthly scheduled times after successful completion of classroom and clinical portion of class.
   • $65 fee.
   • MUST be taken in order to successfully complete the course and be placed on the Nurse Aide Registry.

II. Program Costs:

1. Tuition & Fees: $786.50

Other Expenses:

2. Textbook and accompanying workbook: Approximately $97.25

3. Competency exam after completion: $65.00

4. Watch/physical/TB skin tests: Prices will vary

5. Criminal background check fee: $25-35.00

6. Royal blue scrub top and pants (must be purchased at LLCC bookstore): Approximately $23-27.00

7. 60 inch gait belt (must be purchased at LLCC bookstore): Approximately $12.50

III. General Information

1. Course content: This course is 136 hours; 88 hours theory and 48 hours clinical. This course includes theory, lab and clinical experience. This course meets the requirements and is approved by the Illinois Department of Public Health.

2. Class Times: See below for appropriate times. Hours of clinical may vary and may differ from class time. In most cases students will be required to arrive an hour early or stay 30 minutes later than their normal scheduled time. Please check with the C.N.A. office at 217-786-2447 to identify schedule changes during clinicals.

4. Apparel: Students may wear street clothes to class. Uniform consisting of white shoes and royal blue scrub top and pants are required for labs and clinical.

5. Certification: After successful completion of the classroom and clinical portion of the class, students must take and pass the state approved competency evaluation ($65) before they can be placed on the Health Care Worker Registry for employment. Those students will then receive certification, which allows them to work in nursing homes, hospitals and home-health care facilities anywhere in Illinois.

6. Financial Aid: May be available from one of the following:
   • WIA — Contact the local LLCC Education Service Area for the nearest WIA office.
   • Those who qualify may also request tuition deferment by talking with LLCC Registration Services at 1-800-727-4161, extension 6-2292 for further information.
   • Scholarships contact: Foundation Office at 1-800-727-4161, ext. 6-2785

7. Questions: For additional information regarding schedule, enrollment, or registration, please contact LLCC’s Registration office at 217-786-2292 or the appropriate LLCC Education Service Area listed below. Availability of classes is subject to sufficient enrollment.
### IV. Lincoln Land Community College Locations and Contact Information

**Springfield Main Campus**  
5250 Shepherd Road, Springfield, IL 62794  
Registration: 217/786-2292, CNA Office 217/786-2447  
Toll Free: 1-800-727-4161

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Code</th>
<th>Start Date</th>
<th>End Date</th>
<th>Time</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring Semester</td>
<td>NAS 101-03</td>
<td>1/12/16</td>
<td>5/11/16</td>
<td>8:00 am – 12:30 pm</td>
<td>Tuesday, Thursday, Friday</td>
</tr>
<tr>
<td></td>
<td>NAS 101-55</td>
<td>1/12/16</td>
<td>5/11/16</td>
<td>5:00 pm – 9:30 pm</td>
<td>Tuesday, Thursday, Friday</td>
</tr>
<tr>
<td>Mod 3</td>
<td>NAS 101-01</td>
<td>1/11/16</td>
<td>3/3/16</td>
<td>8:00 am – 12:30 pm</td>
<td>Monday through Friday (7am-3pm Clinicals)</td>
</tr>
<tr>
<td></td>
<td>NAS 101-50</td>
<td>1/11/16</td>
<td>3/3/16</td>
<td>5:00 pm – 9:30 pm</td>
<td>Monday through Friday</td>
</tr>
<tr>
<td>Mod 4</td>
<td>NAS 101-02</td>
<td>3/14/16</td>
<td>5/11/16</td>
<td>8:00 am – 12:30 pm</td>
<td>Monday through Friday (7am-3pm Clinicals)</td>
</tr>
<tr>
<td></td>
<td>NAS 101-51</td>
<td>3/14/16</td>
<td>5/11/16</td>
<td>5:00 pm – 9:30 pm</td>
<td>Monday through Friday</td>
</tr>
</tbody>
</table>

LLCC-Beardstown, 109 White Pine Lane, Beardstown, IL 62618  
217/323-4103, toll-free 1-877-800-4406

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Code</th>
<th>Start Date</th>
<th>End Date</th>
<th>Time</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring Semester</td>
<td>NAS 101-B01</td>
<td>1/11/16</td>
<td>5/11/16</td>
<td>8:00 am – 12:30 pm</td>
<td>Monday, Wednesday, Thursday</td>
</tr>
</tbody>
</table>

LLCC-Hillsboro, #1 Lincoln Land Drive, Litchfield, IL 62056  
217/786-3401, toll-free 1-800-858-9193  
Classes held at Hillsboro Area Hospital

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Code</th>
<th>Start Date</th>
<th>End Date</th>
<th>Time</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring Semester</td>
<td>NAS 101-H50</td>
<td>1/11/16</td>
<td>5/11/16</td>
<td>5:00 pm – 9:30 pm</td>
<td>Tuesday, Thursday, Friday</td>
</tr>
</tbody>
</table>

LLCC-Jacksonville, #32 N. Central Park Plaza, Jacksonville, IL 62650  
217/243-6699, toll-free 1-888-494-1622

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Code</th>
<th>Start Date</th>
<th>End Date</th>
<th>Time</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring Semester</td>
<td>NAS 101-J50</td>
<td>1/11/16</td>
<td>5/11/16</td>
<td>5:00 am – 9:30 pm</td>
<td>Monday, Wednesday, Thursday</td>
</tr>
<tr>
<td>Mod 3</td>
<td>NAS 101-J01</td>
<td>1/11/16</td>
<td>3/3/16</td>
<td>8:00 am – 12:30 pm</td>
<td>Monday through Friday</td>
</tr>
</tbody>
</table>

LLCC-Litchfield, #1 Lincoln Land Drive, Litchfield, IL 62056  
217/786-3401, toll-free 1-800-858-9193

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Code</th>
<th>Start Date</th>
<th>End Date</th>
<th>Time</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring Semester</td>
<td>NAS 101-L01</td>
<td>1/12/16</td>
<td>5/11/16</td>
<td>8:00 am – 1:00 pm</td>
<td>Tuesday, Thursday, Friday</td>
</tr>
</tbody>
</table>

LLCC-Taylorville, 800 S. Spresser, Taylorville, IL 62568  
217/786-2754, toll-free 1-800-572-5448

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Code</th>
<th>Start Date</th>
<th>End Date</th>
<th>Time</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mod 3</td>
<td>NAS 101-T01</td>
<td>1/11/16</td>
<td>3/3/16</td>
<td>8:00 am – 12:30 pm</td>
<td>Monday through Friday</td>
</tr>
</tbody>
</table>
NOTE Re: Textbook/Workbook

Students wishing to pick up their textbooks for the CNA class may do so at the main campus bookstore in Springfield or LLCC Education Service Areas. Since you will be required to complete a large portion of the accompanying workbook, it is recommended that you obtain your books early and start on the workbook. **Instructors prefer students to have completed the first 7 chapters prior to the first class.** You may also work beyond chapter 7.

Following is the order in which the workbook assignments are usually collected and graded. Begin working on the workbook in this order:

1st set Chapters 1, 2, 3, 4, 5, 6, 7, 8, 11, 12, 13, 14 & 15
2nd set Chapters 16, 17, 18, 19, 27, 28 & 29
3rd set Chapters 20, 21, 22, 24, 25, 31, 34 & 48
4th set Chapters 23, 26, 35, 38, 46, 51 & 52

You are not required to complete the following chapters: 9, 10, 30, 32, 33, 36, 37, 39, 40, 41, 42, 43, 44, 45, 47, 49 & 50.

It is not necessary to do the **Optional Learning Exercises** or the **Independent Learning Activities.**
If an individual has certain criminal convictions the Health Care Worker Background Check Act, an Illinois state law, prevents many health care employers from hiring the individual as a direct care worker and in long-term care facilities from being hired as a worker who has or may have access to residents, their living quarters or their financial, medical or personal records. Some of the health care employers are: community living facilities; life care facilities; long-term care facilities; home health agencies; home health, home services, and home nursing agencies; hospice care programs; hospitals; assisted living and shared housing facilities; and other health care facilities listed in the Health Care Worker Background Check Act.

A waiver does not change your criminal record but it does allow an employer to hire you as a direct care worker or an access worker in long-term care.

Many considerations are taken into account when reviewing a waiver application.

- Except in the instance of scheduled payments of court-imposed fines or restitutions, you must have met all obligations to the court and the terms of your parole (i.e. fines must be paid and parole, probation or mandatory supervised release successfully completed).

- You must have satisfactorily completed a drug and/or alcohol recovery program if you were ordered to as part of the judgment.

- Your age at the time of the offense, your work history, your criminal history in Illinois and other states, the amount of time since your last conviction, the severity of your conviction, and the circumstance surrounding your conviction, as well as other evidence that you provide are all considered in determining whether a waiver is granted.

- You are less likely to have a waiver granted if you have several convictions in recent years or if your offenses were violent crimes. There are three categories of disqualifying offenses: Offenses that are always disqualifying except through the appeal process; offenses that may be considered for a rehabilitation waiver without a waiver application being submitted; and offenses that may be considered for a waiver by submitting a waiver application and additional required information.

- Please check our Web site at [http://www.idph.state.il.us/nar](http://www.idph.state.il.us/nar) for a full list of disqualifying offenses and a waiver application.

You may have been convicted and not sent to jail. An individual may be fined, given probation or conditional discharge and it still be considered a conviction. If you are unsure whether an arrest or charge became a conviction, contact the circuit clerk of the county in which you were arrested.

If granted a waiver it is in effect until you are convicted of another disqualifying offense, which causes the waiver to be automatically revoked. **Health care employers must check the Health Care Worker Registry ([http://www.idph.state.il.us/nar](http://www.idph.state.il.us/nar)) to see if you have met the requirements to be a certified nurse assistant and to determine if you have disqualifying offenses or a waiver. No other source of information (i.e. a waiver letter, certificate of achievement, etc.) may be accepted.**

If you have pending convictions or are about to have a conviction expunged or sealed, please wait until these processes are completed before applying for a waiver.

This is not meant to discourage you. There is a need for responsible, hardworking, and caring certified nurse assistants. However, if you have been convicted of a crime that disqualifies you from working for certain health care employers, you may want to seek a waiver before investing your time and money in training.
Crimes that **disqualify** (that means that you cannot work in a direct care position, like a CNA, with these convictions) you from working as a nurse’s aide (these include both felonies and misdemeanors):

- Battery, domestic battery, aggravated domestic battery, aggravated battery with a machine gun, et al.
- Assault
- Forgery
- Theft
- Retail theft
- Robbery, armed robbery, aggravated robbery
- Burglary, residential burglary
- Armed violence
- Criminal trespass to a residence
- Financial exploitation of an elderly or disabled person
- Murder, homicide, manslaughter
- Kidnapping, child abduction
- Unlawful restraint, forcible detention
- Indecent solicitation of a child, sexual exploitation of a child
- Tampering with food, drugs, or cosmetics
- Aggravated stalking
- Home invasion
- Sexual assault, sexual abuse
- Endangering the life or health of a child
- Abuse or gross neglect of a long-term care facility resident
- Criminal neglect of an elderly person
- Ritual mutilation, ritualized abuse of a child
- Vehicular hijacking, aggravated vehicular hijacking
- Arson, aggravated arson, or residential arson
- Unlawful use of a weapon
- Manufacture and delivery of controlled substances (drugs) or cannabis (marijuana)
- Possession with intent to deliver (either drugs or marijuana)
- Receiving stolen credit cards or debit cards
- Receiving a credit or debit card with intent to use, sell, or transfer
- Selling or buying a credit card
- Using a credit or debit card with the intent to defraud
- Altering an electronic transmission with the intent to defraud
- Practicing nursing without a license

**Please note:** You may have been convicted and not sent to jail. Often people are fined or given probation, but these are still convictions. If you are unsure whether an arrest ended up to be a conviction, contact the County in which you were arrested and speak to the people at the Circuit Clerk or State’s Attorney’s office, or your attorney.

Some convictions that are **not** disqualifying (In other words, you can work if these are your only convictions):
- Prostitution
- Possession of cannabis or a controlled substance
- DUI
- Deceptive practices (writing “bad” checks on your own account)
- Trespass to property
## Health Care Worker Background Check

### Authorization and Disclosure for Criminal History Records Information (CHRI) Check

I hereby authorize the Illinois Department of Public Health (the Department), the Department's designee, educational entities that train and/or test health care workers, staffing agencies, my current or potential employer, or a health care facility where I want to volunteer to initiate/request a CHRI check on me. I further authorize the Illinois State Police (ISP) and/or the Federal Bureau of Investigation (FBI) to release information and photographs relative to the existence or nonexistence of any criminal record, which it may have concerning me, to any initiator/requestor solely to determine my suitability for training or testing in a health care training program, employment, continued employment, or to work as a volunteer. I further authorize any entity that maintains criminal records and photographs relating to me, including but not limited to a local unit of government in any State, to release those records and photographs to the ISP, FBI, or the Department. I authorize the Department to provide any health care facility, training program or staffing agency, to which I have provided this authorization and disclosure form, a copy of my ISP CHRI and a determination of eligibility of the FBI CHRI. I certify that the ISP, FBI, any entity that maintains criminal records and photographs, the Department, and any of their employees or officers who furnish this information shall be held harmless from all liability, which may be incurred as a result of releasing such information. I further acknowledge that a educational entity or a health care employer shall not be liable for the failure to hire or retain me as an applicant, student, employee, or volunteer if I have been convicted of committing or attempting to commit one or more of the offenses stated in the Health Care Worker Background Check Act (225 ILCS 46/25).

I understand that any false statements or deliberate omissions on this document may be grounds for disqualification from employment, training, or volunteering, if discovered after employment, training, or volunteering begins, and can result in discipline up to and including my termination of employment, being a volunteer, or a student.

I understand that the information requested below regarding gender, race, height, eye color, hair color, weight, place of birth and date of birth is for the sole purpose of identification and the accurate gathering of the criminal history record information, and that it will not be used to discriminate against me in violation of the law. I understand that the provision of my Social Security number is required by law. A facsimile or photographic copy of this authorization will be as valid as the original.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Full Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City:</th>
<th>State:</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Names Used</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>States Where You Have Lived?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>□ Male □ Female</th>
<th>Race</th>
<th>Height</th>
<th>Weight</th>
<th>Date of Birth</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Enter a letter from below)

<table>
<thead>
<tr>
<th>Hair Color</th>
<th>Eye Color</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Race
- A Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or any other Pacific Islander.
- B Black or African American (Not Hispanic or Latino)
- H Hispanic or Latino (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin)
- I American Indian, Eskimo, or Alaskan native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition.
- U Of undetermined race. Of Unknown or mixed race.
- W Caucasian (not Hispanic or Latino)

Have you ever had an administrative finding of Abuse, Neglect or Theft?  □ Yes □ No If "Yes," give full details and state. Continue on back if more space is needed.

Have you ever been convicted of a criminal offense other than a minor traffic violation (do not include convictions that have been expunged, sealed or adjudicated delinquent)? □ Yes □ No If "Yes," give full details of each offense and the state in which convicted. Continue on back if more space is needed.

I certify that the above is true and correct and give my consent for my name to appear on Department's Health Care Worker Registry with the results of my criminal history records check.

(Signature)  (Date)

As the parent or guardian of the above named individual, who is younger than the age of 17, I give my consent for this named individual to have a criminal history records check.

(Signature of Parent or Guardian when applicable)  (Date)

Health Care Worker Registry, 525 W. Jefferson St., Springfield, IL 62761 Phone: 217-785-5133

*** ALL FIELDS MUST BE COMPLETED OR APPLICATION WILL NOT BE PROCESSED***
Lincoln Land Community College  
Nursing Assistant Physical Examination

Name: ____________________________  
Last, First, Middle, & Maiden

Address: ____________________________  
Street, City, & Zip

Past History: ____________________________

General Condition: ____________________________

Age ______  Weight ________  Height ________  Pulse ________  Resp. ________

Blood Pressure ______  Head and Neck ______  Eyes ______  Mouth ______  Chest/Lungs ______

Heart/Cardiovascular ______  Abdomen_______  Genitourinary______  Skin ______  Bones & Joints ______

Glandular ________  Neuromuscular ________  Mental Alertness ______

Comments: ____________________________

Program not recommended for those pregnant students who are considered at high risk by their OB/Gyn.

I certify the above-named person to be free from communicable, contagious and/or infectious disease and also to be physically and mentally able to perform the physical activities required of a nursing assistant, and to have no restrictions on lifting a minimum of 50# unassisted.

________________________________________  ____________________________  ____________________________
Physician Signature  Date  Printed name of Physician

Location, address, and phone of verifying physician (Hospital or clinic name, address, city, zip & phone)

Student Certification:

________________________________________  ____________________________  ____________________________
Student Name (printed)  Student Signature  Date

This form must be returned to the instructor by week 2 for 8 week module courses and week 4 for semester 16 week courses
Student Name: ____________________________________________________________

Last, First, Middle

According to the Illinois Department of Public Health regulations, each student shall have a record of tuberculin skin test (Mantoux 2-step) and, if positive, a chest x-ray or Quantiferon blood test on record before going to the clinical area.

T.B. Skin Tests

<table>
<thead>
<tr>
<th>Date 1st Placed</th>
<th>Date Read</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(MUST be read 48-72 hrs. after given)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date 2nd Placed</th>
<th>Date Read</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(MUST be placed 7-21 days after 1st test and read 48-72 hrs. after given)</td>
</tr>
</tbody>
</table>

OR

Chest X-Ray or Quantiferon Blood Test

Date Given ________________

Results ________________

[Must attach copy of results]

__________________________  ____________  _______________________
Physician/Nurse Signature Date Printed name of Physician/Nurse

Location, address, and phone of verifying physician/nurse (Hospital or clinic name, address, city, zip & phone)

This form must be returned to the instructor by the date listed on the Dates to Remember sheet.