

NURSING ASSISTANT PROGRAM

STUDENT ACKNOWLEDGMENT

I have been given orientation to D2L where the syllabus, handbook and other class documents are found. I have read and understand the nursing assistant program student handbook and specific course syllabi for NUA 101, 170 and 171. I know that I am responsible for the content. I further agree to abide by all policies stated herein.

I have received the information on additional cost associated to the nursing assistant program, including the cost of testing for certification by the state of Colorado. Information on the certification of nursing assistants is found on <https://www.colorado.gov/pacific/dora/Nursing>. Information and documents related to state testing can be found at <http://www.pearsonvue.com/co/nurseaides/>.

**ALL PPCC CAMPUS POLICIES WILL BE STRICTLY ENFORCED**

**Responsibilities of Student**

I understand that I am responsible for providing the nursing assistant program with required documentation as listed in the course syllabus, outlined on the paperwork collection form and presented on the first day of class. I understand that lack of proper documentation means that I am not eligible to attend clinical under any circumstances and that late paperwork will not be accepted. The PPCC nursing assistant program does not provide copies of prior immunizations, CPR cards, health records or syllabi, this is the responsibility of the student.

While involved in any clinical learning experience I understand that I will adhere to facility/agency policies. Including but not limited to, confidentiality, HIPAA, smoking, break time and parking. **Facility resident transfer policy must be adhered to, any questions should be discussed with the clinical instructor.**

My signature authorizes PPCC to release information concerning program requirements (such as CPR, immunizations, background check and drug screen information) to clinical facilities if requested by the facility.

***I understand that just registering for clinical in Banner does NOT mean I can attend.*** I must have all of the appropriate documentation submitted and approved by my classroom instructor on the assigned due date in order to be given a clinical assignment. I also understand that I must have a clear drug screen and background check in order to be given a clinical assignment and that anyone who fails either the background check or drug screen will be ineligible to attend the program for two years and must repeat NUA 101 regardless of grade earned in the current NUA 101 course.

**I have read and understand the nursing assistant program student handbook and specific course syllabi for NUA 101, 170 and 171. I know that I am responsible for the content. I further agree to abide by all policies stated herein.**

**I will address any questions on the policies to my classroom, clinical or lab instructor or the NUA Program Coordinator.**

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

Student Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PIKES PEAK COMMUNITY COLLEGE COLORADO SPRINGS, CO**

**The policies remain in effect regardless of student’s signature.**

**Policies may be changed at any time. Students will be notified on D2L.**