



MARICOPA COMMUNITY COLLEGES

NURSING ASSISTANT PROGRAM

at

Mesa Community College
Paradise Valley Community College
Scottsdale Community College

Information Packet
July 2009 through June 2010

Course Information

The Nursing Assistant Course (NUR158) is a six (6) credit course, offered at selected Maricopa Community Colleges. It is comprised of 60 hours of classroom instruction, and 90 hours of laboratory experience, which may include on-campus skills demonstration and practice, simulation activities, and direct patient care in a long term care facility. Potential students should check the college web site for course schedule information during the pre-registration periods for the Fall, Spring, and Summer terms. www.mc.maricopa.edu/dept/d31/nursing

Upon satisfactory completion of the Nursing Assistant Course (NUR158), the student is eligible to receive a certificate of completion from the college. Each student must apply for the certificate of completion by the specific date of graduation checkout, approximately 6-8 weeks before the end of the program (Refer to the Course Schedule).

Occupational Information

The Nursing Assistant occupation is one of a series of possible steps on a career ladder in the health care field. Nursing Assistants are an important member of a health care team. Nursing Assistants perform routine tasks in the general care of hospital, clinic, and nursing home patients. They work directly under the supervision of registered and practical nurses. Their role in performing basic patient care assists the licensed staff in providing quality nursing to the patient. Typical patient-care duties include but are not limited to, bathing and dressing patients, helping with personal hygiene, taking vital signs, answering call lights, ambulating and transporting patients, servicing and collecting food trays, and feeding patients. The course and occupation require certain essential skills and functional abilities (see below)

Essential Skills and Functional Abilities for Nursing and Nursing Assistant Students

Individuals enrolled in the nursing program must be able to perform essential skills. If a student believes that he or she cannot meet one or more of the standards without accommodations, the nursing program must determine, on an individual basis, whether a reasonable accommodation can be made.

Functional Ability	Standard	Examples Of Required Activities
Motor Abilities	Physical abilities and mobility sufficient to execute gross motor skills, physical endurance, and strength, to provide patient care.	Mobility sufficient to carry out patient care procedures such as assisting with ambulation of clients, administering CPR, assisting with turning and lifting patients, providing care in confined spaces such as treatment room or operating suite.
Manual Dexterity	Demonstrate fine motor skills sufficient for providing safe nursing care.	Motor skills sufficient to handle small equipment.
Perceptual/ Sensory Ability	Sensory/perceptual ability to monitor and assess clients.	<ul style="list-style-type: none"> • Sensory abilities sufficient to hear alarms, auscultatory sounds, cries for help, etc. • Visual acuity to read calibrations on 10 cc syringe, assess color (cyanosis, • Tactile ability to feel pulses, temperature, palpate veins, etc. • Olfactory ability to detect smoke or noxious odor, etc.

Essential Skills and Functional Abilities for Nursing Students (Cont)		
Behavioral/ Interpersonal/ Emotional	<ul style="list-style-type: none"> • Ability to relate to colleagues, staff and patients with honesty, integrity and nondiscrimination. • Capacity for development of mature, sensitive and effective therapeutic relationships. • Interpersonal abilities sufficient for interaction with individuals, families and groups from various social, emotional, cultural and intellectual backgrounds. • Ability to work constructively in stressful and changing environments with the ability to modify behavior in response to constructive criticism. • Capacity to demonstrate ethical behavior, including adherence to the professional nursing and student honor codes. 	<ul style="list-style-type: none"> • Establish rapport with patients/clients and colleagues. • Work with teams and workgroups. • Emotional skills sufficient to remain calm in an emergency situation. • Behavioral skills sufficient to demonstrate the exercise of good judgment and prompt completion of all responsibilities attendant to the diagnosis and care of clients. • Adapt rapidly to environmental changes and multiple task demands. • Maintain behavioral decorum in stressful situations.
Safe environment for patients, families and co-workers	<ul style="list-style-type: none"> • Ability to accurately identify patients. • Ability to effectively communicate with other caregivers. • Ability to operate equipment safely in the clinical area. • Ability to recognize and minimize hazards that could increase healthcare associated infections. • Ability to recognize and minimize accident hazards in the clinical setting including hazards that contribute to patient, family and co-worker falls. 	<ul style="list-style-type: none"> • Prioritizes tasks to ensure patient safety and standard of care. • Maintains adequate concentration and attention in patient care settings. • Seeks assistance when clinical situation requires a higher level or expertise/experience. • Responds to monitor alarms, emergency signals, call bells from patients, and orders in a rapid and effective manner.
Communication	<ul style="list-style-type: none"> • Ability to communicate in English with accuracy, clarity and efficiency with patients, their families and other members of the health care team (including spoken and non-verbal communication, such as interpretation of facial expressions, affect and body language). • Required communication abilities, including speech, hearing, reading, writing, language skills and computer literacy 	<ul style="list-style-type: none"> • Gives verbal directions to or follows verbal directions from other members of the healthcare team and participates in health care team discussions of patient care. • Elicits and records information about health history, current health state and responses to treatment from patients or family members. • Conveys information to clients and others as necessary to teach, direct and counsel individuals in an accurate, effective and timely manner. • Establishes and maintain effective working relations with patients and co-workers. • Recognizes and reports critical patient information to other caregivers.

Essential Skills and Functional Abilities for Nursing Students (Cont)

<p>Cognitive/ Conceptual/ Quantitative Abilities</p>	<ul style="list-style-type: none"> • Ability to read and understand written documents in English and solve problems involving measurement, calculation, reasoning, analysis and synthesis. • Ability to gather data, to develop a plan of action, establish priorities and monitor and evaluate treatment plans and modalities. • Ability to comprehend three-dimensional and spatial relationships. • Ability to react effectively in an emergency situation. 	<ul style="list-style-type: none"> • Analyzes and synthesizes data and develop an appropriate plan of care. • Collects data, prioritize needs and anticipate reactions. • Recognizes an emergency situation and responds effectively to safeguard the patient and other caregivers. • Transfers knowledge from one situation to another. • Accurately processes information on medical records, monitor and equipment calibrations, printed documents, flow sheets, graphic sheets, medication administration records, other medical records and policy and procedure manuals.
<p>Punctuality/ work habits</p>	<ul style="list-style-type: none"> • Ability to adhere to MCCDNP policies, procedures and requirements as described in the Student Nurse Handbook, college catalog and student handbook and course syllabus. • Ability to complete classroom and clinical assignments and submit assignments at the required time. • Ability to adhere to classroom and clinical schedules. 	<ul style="list-style-type: none"> • Attends class and clinical assignments punctually. • Reads, understands and adheres to all policies related to classroom and clinical experiences. • Contact instructor in advance of any absence or late arrival. • Understand and complete classroom and clinical assignments by due date and time.

Certification Information

The Maricopa Community Colleges offer a comprehensive Nursing Assistant Course that is approved by the Arizona State Board of Nursing. Upon satisfactory completion of this course, the student is eligible to take the Arizona State Board of Nursing certification exam. Upon successful passage of the certification exam, the individual will become a Certified Nursing Assistant, and choose to go directly to work or continue to pursue education opportunities in other health care careers.

Information on the Arizona State Board of Nursing application process is available at <http://www.azbn.gov>. The certification exam is administered by state certified evaluators. Students may take the exam scheduled at nearby testing centers. The fee for this exam is \$85 (subject to change) and is payable to the state evaluators.

An additional and separate Fingerprint Clearance Card is required for certification. The Department of Public Safety card required for enrollment in nursing classes at the colleges will not meet the requirements for state certification. Allow a minimum of six (6) weeks for fingerprint clearance when applying for nursing assistant certification.



The Arizona State Board of Nursing office is located at 4747 North 7th Street, Suite 200, Phoenix, Arizona, 85014-3653. Phone 602.889.5150, FAX 602.889.5155. <http://www.azbn.gov>

Effective January 1, 2008 applicants for licensure in Arizona must provide evidence of citizenship or nationality. If there are any questions about eligibility for licensure and the documents required showing eligibility to apply for licensure, contact the Arizona State Board of Nursing <http://www.azbn.gov> or 602-889-5150.

Cost Estimate for the Nursing Assistant Program *

Registration Fee/Course Fee	45.00 *
NUR158 Nursing Assistant Courses, 6 credits x \$71 Subject to change (Maricopa County Resident)	426.00 *
Fingerprinting fee Cost will Vary	50.00 *
Textbooks Approx.	90.00 *
Urine Drug Screen (Subject to change.)	85.00 *
Uniform and Clinical Supplies Cost will Vary	100.00 *
Physical Exam and Immunizations Cost will Vary	<u>250.00 *</u>

Total Estimated Cost of Nursing Assistant Program \$1046.00 *

*Fees are subject to change by the Maricopa Community Colleges Governing Board. All costs quoted are subject to change

HOW to register for Nursing Assistant Courses:

1. **Advisement:** Following review of the Information and Application Packet, see an Advisor/Admissions Officer.

Colleges	Advisor/Admission Officers	Phone Numbers
Mesa Community College	Tuesdee Pfeiff	480-461-7208
	Carol Johnson	480-461-7208
	Betty Earp Program Coordinator*	480-461-7106*
Paradise Valley Community College	Beth Guerra	602-787-7069
	Susan Hundere	602-787-7060
Scottsdale Community College	Nursing Department	480-423-6226

* Program Coordinator appointments are only for students with completed application forms with supporting documents. No photo-coping of documents will occur within the Nursing Department.

2. **Complete Required Forms**

- a. The college *Student Information Form* if you have not taken classes previously at MCC.
- b. *Request for Registration* form (page 7)
- c. Health and Safety Documentation Checklist. (page 9)
 - Attach required photo- copies of all documents to the checklist.
 - Once documents are accepted by the college, no document will be returned to the student.
- d. Health Care Provider Signature Form (page 10)
Students are responsible for their own medical expenses.

3. **Return completed forms and attached documentation** to the Advising/Admission Officers.

4. Once the Advisor/Admissions Officer verifies the requirements, the student is eligible for registration. When requirements are met and space is available, the student will receive notification of the registration process. If the student fails to register in the specified time, the next student will be taken. The number of available positions in the nursing course is limited.

* Arizona State Board of Nursing Proof of Citizenship:

“Effective January 1, 2008, based on Federal and State Laws, all applicants must provide evidence of citizenship or nationality. Federal law, 8 U.S.C. § 1641, and a state law, A.R.S. § 1-501, require documentation of citizenship or nationality for licensure. If the documentation does not demonstrate that the applicant is a United States citizen, national, or a person described in specific categories, the applicant will not be eligible for licensure in Arizona.....you will be required to complete a form and submit documentation evidencing citizenship or nationality prior to receiving your license/certification.”

Complete information can be obtained at this web site: www.azbn.gov

Additional Information for registering into the Nursing Assistant (NA) course:

• Attendance:

Any student not attending class or clinical on the first day will be withdrawn from the course. The NA course has strict attendance policies. The state and federal governments regulate this course. Attendance at all classroom and clinical meetings are mandatory. In order to successfully complete the course, all attendance requirements must be met.

• Drug Screen/Background check:

All students will be responsible for obtaining a urine drug screen and background check at specific time designated by the instructor. Failure to comply with this requirement or a report of a positive drug screen will result in withdrawal from the course. **NOTE:** Do not obtain a drug test on your own, drug screening without directions from the instructor will not be accepted.

• Nursing Uniforms:

You will receive the Nursing Assistant Student Handbook before the start of the class or during the first class that includes dress code guidelines.

• Supplies:

Students may purchase course materials prior to the first day of class in the campus bookstore. The bookstore staff will tell you which textbooks and classroom materials are required for the NA course.

• In event of Withdrawal:

If you are registered for the NA class and decide not to attend for any reason, you must call the Admissions office and withdraw in advance of the start date.

INFORMATION FOR STUDENTS

• **ZERO TOLERANCE POLICY:**

The Nursing Program supports a Zero Tolerance Policy for the following behaviors:

- Intentionally or recklessly causing physical harm to any person on the campus or at a clinical site, or intentionally or recklessly causing reasonable apprehension of such harm.
- Unauthorized use or possession of any weapon or explosive device on the campus or at a clinical site.
- Unauthorized use, distribution, or possession for purposes of distribution of alcohol or any controlled substance or illegal drug on the campus or at a clinical site.

Nursing students engaging in this misconduct are subject to immediate dismissal from nursing classes and disciplinary action as described in the Student Handbook of the college.

INFORMATION FOR STUDENTS Continued

• **HEALTH DECLARATION:** It is essential that nursing students be able to perform a number of physical activities in the clinical portion of the program. At a minimum, students will be required to lift patients, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement direct patient care. The clinical nursing experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should give careful consideration to the mental and physical demands of the program prior to making application. **All must provide documentation of compliance with all health and safety requirements required to protect patient safety.** Only students in compliance are permitted to enroll in nursing courses. Students will meet these requirements by providing the required documentation for the Health/Safety Requirements Documentation Checklist and the signed Health Declaration Form.

• **DRUG SCREENING:** All students are required to complete the urine drug screening procedure under the program account number, within the specified timeframe, and according to directions given at the time of notification. Only students in compliance with the screening guidelines and receiving a negative drug screen, as reported by the Medical Review Officer (MRO), will be permitted to continue their enrollment in nursing courses.

• **DUTY TO REPORT:** Students with certification and/or licensure from allied health regulatory boards are included under this provision. Students receiving any disciplinary actions against their certificate or license must notify the Nursing Director within five (5) school days. The Nursing Director reserves the right to restrict the student's participation in clinical experiences and involvement in patient care until the certificate and/or license is valid and unrestricted and terms of the action are met and the action dismissed.

• **BACKGROUND CLEARANCES:** The Fingerprint Clearance Card must remain current and valid throughout enrollment in the program. All nursing students must undergo a background check to verify identity, social security number, and to show proof that they do not appear on the List of Excluded Individuals/Entities (LEIE) database. Any student who becomes sanctioned or excluded while enrolled in the program will not be permitted to continue in nursing courses.

• **WAIVER OF LICENSURE/CERTIFICATION GUARANTEE:** Admission or graduation from the Nursing Program does not guarantee obtaining a certificate or license to practice nursing. Certification and licensure and subsequent procedures are the exclusive right and responsibility of the State Boards of Nursing. Students must satisfy the requirements of the Nurse Practice Act: Statutes, Rules and Regulations, independently of any college or school requirements for graduation.

Pursuant to A.R.S. § 32-1606(B)(17), an applicant is not eligible for certification or licensure if the applicant has any felony convictions and has not received an absolute discharge from the sentences for all felony convictions. The absolute discharge must be received five or more years before submitting this application. If you cannot prove that the absolute discharge date is five or more years, the Board may not consider your application. All nurse applicants for certification or licensure will be fingerprinted to permit the Department of Public Safety to obtain state and federal criminal history information. The Fingerprint Clearance Card required for application to the nursing program will not meet the requirements for certification or licensure through the State Board of Nursing. **Effective January 1, 2008** applicants for licensure in Arizona must provide evidence of citizenship or nationality. If there are any questions about eligibility for licensure and the documents required showing eligibility to apply for licensure, contact the Arizona State Board of Nursing <http://www.azbn.gov> or 602-889-5150.



REQUEST FOR REGISTRATION

(PRINT) Name _____ **Student ID Number** _____

Phone: Day _____ **Evening** _____ **Cell** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

(PRINT) E-Mail Address _____

E-mail will be used to contact you about registration for classes.

Important Information Regarding Registration for Nursing Courses:

During the admission and registration process, all students are required to apply for a background check to verify identity, social security number, and that names do not appear on the List of Excluded Individuals/Entities (LEIE) database. Once admitted, any student who becomes sanctioned or excluded while enrolled in the program will not be permitted to continue. The web site for additional information: <http://oig.hhs.gov/fraud/exclusions.html>. Students will receive specific instructions on completing the background checks during the registration process.

CHECKLIST: Are You Ready to Apply?

Complete all required forms:

- _____ Request for Registration form, and include:
the Health and Safety Documentation Checklist
 - a copy of the front and back of the Fingerprint Clearance Card,
 - a copy of the front and back of the CPR card, and
- _____ Health Care Provider Signature Form with all documentation attached,
 - a copy of the front and back of the Fingerprint Clearance Card,
 - a copy of the front and back of the CPR card.

_____ **Verify** that all Health and Safety Requirements remain current through the last day of the Nursing Assistant course.

_____ **Submit** completed documents to the advisor/admission officer at the college

• Only students with complete documentation of health and safety requirements will receive permission to register for the nursing assistant course.

• Request registration into the following class and term:

SUMMER _____ FALL _____ SPRING _____

Nursing Department Check of Registration Requirements

Name: _____ Date _____ Nursing Staff Initials _____

Requirement	Check	Notes
Health Care Provider form		
Fingerprint Card		
CPR card		
Td		
MMR x 2/ Titer x3	MMR # 1 _____ #2 _____ Rubeola # 1 _____ #2 _____ Titer _____ Mumps #1 _____ #2 _____ Titer _____ Rubella #1 _____ #2 _____ Titer _____	
Varicella/ x 2/ Titer	1 st _____ 2 nd _____ Titer _____	
TB skin test/2 step Copy of Chest x-ray results with Health Care Provider's interpretation of no active disease.	1 st step _____ Results _____ 2 nd step _____ Results _____ X-ray Results _____	
Hep. B/Titer	1 st _____ 2 nd _____ 3 rd _____ Titer _____	
Recommendation for Registration		



**NURSING PROGRAM
HEALTH AND SAFETY DOCUMENTATION CHECKLIST
Health & Safety Document Checklist**

Applicant: _____ Student ID _____ Date: _____

Student's Date of Birth _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

A. MMR (Measles/Rubeola, Mumps, Rubella): Requires documented proof of two MMRs in lifetime or a positive titer for each of these diseases. CHILDHOOD DISEASE DOES NOT COUNT AS IMMUNITY. MUST HAVE SUPPORTING DOCUMENT(S)

1st MMR Date: _____ 2nd MMR Date: _____ **OR**
Date & results of titer: Measles/Rubeola _____ Mumps _____ Rubella _____

Yes ___ or No ___ I have attached documented proof as specified above.

B. Varicella (Chickenpox): Requires documented proof of two (2) vaccinations or positive IgG titer. CHILDHOOD DISEASE DOES NOT COUNT AS IMMUNITY. MUST HAVE SUPPORTING DOCUMENT(S)

1st Varicella Date: _____ 2nd Varicella Date: _____ **OR** Date & results of IgG titer: _____

Yes ___ or No ___ I have attached documented proof as specified above.

C. Tetanus/Diphtheria (Td) immunization within the past 10 years. Td Date: _____

Yes ___ or No ___ I have attached documented proof as specified above.

D. Tuberculosis: Documentation of an initial **Two-Step TB skin test** (PPD) and annual Update of TB skin test. If positive skin test, provide documentation of chest X-ray within the last 2 years, and annual documentation of a TB disease free status. **All skin testing must have been completed within the previous six (6) months. MUST HAVE SUPPORTING DOCUMENTS WITH HEALTH CARE PROVIDER'S LETTERHEAD.**

1ST Initial Test: Date: _____ Date of Reading: _____ Results: Negative ___ **OR** Positive ___ **AND**
2nd Boosted Test: Date: _____ Date of Reading: _____ Results: Negative ___ **OR** Positive ___

OR
Annual Update: Date: _____ Date of Reading: _____ Results: Negative ___ **OR** Positive ___ **OR**
Chest x-ray Date: _____ Results: _____ Date of Symptom Sheet _____
HEALTH CARE PROVIDER INTERPETATION OF CHEST X-RAY SHOWING NO ACTIVE DISEASE.

Yes ___ or No ___ I have attached documented proof as specified above.

E. Hepatitis B: Documented evidence of completed series or positive antibody titer. If beginning series, first injection must be prior to admission, the second in one month and third in 6 months.

Date of 1st injection: _____ **OR** Hep B Titer Date: _____
Date of 2nd injection: _____ Titer Results: _____
Date of 3rd injection: _____ **OR** HBV Vaccination Declination Form Date: _____

Yes ___ or No ___ I have attached documented proof as specified above.

F. CPR Card: Date CPR card Issued: _____ Expiration Date: _____
Yes ___ or No ___ I have attached a copy of both sides of the CPR Card. CPR certification must remain current through the semester of enrollment.

G. Fingerprint Clearance Card: Date Card Issued: _____ Expiration Date: _____
Yes ___ or No ___ I have attached a copy of both sides of the Fingerprint Clearance Card current through the semester of enrollment. **NO ADMISSION WITHOUT PROOF OF CLEARANCE CARD.**



NURSING PROGRAM
Health Care Provider Signature Form
 Health & Safety Document Checklist

Instructions for Completion of Health Care Provider Signature Form

A health care provider **must** sign Health Care Provider Signature Form **within 12 months of application** and indicate whether the applicant will be able to function as a nursing student. Health care providers who qualify to sign this declaration include a licensed physician (M.D., D.O.), a nurse practitioner, or physician’s assistant.

(Please Print)

Applicant Name _____ Student ID Number _____

It is essential that nursing students be able to perform a number of physical activities in the clinical portion of the program. At a minimum, students will be required to lift patients, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement direct patient care. The clinical nursing experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients’ lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should give careful consideration to the mental and physical demands of the program prior to making application.

I believe the applicant _____ WILL OR _____ WILL NOT be able to function as a nursing student as described above. (MUST MAKE A CHECK MARK.)

If not, explain:

Licensed Healthcare Examiner (M.D., D.O., N.P., P.A.)

Print Name: _____ Title: _____

Signature: _____ Date: _____

Address: _____

City: _____

State: _____

Phone: _____

NURSING PROGRAM
Health & Safety Document Checklist
INSTRUCTIONS FOR COMPLETING HEALTH AND SAFETY FORMS

IMPORTANT: All students placed in the MCCDNP must provide documentation of compliance for the vaccinations and TB testing required to protect patient safety. Only students providing documentation of health and safety requirements are enrolled in nursing courses. The Nursing Department will accept only photocopies of all documentation of health related materials. Students are responsible for maintaining their records and must submit documentation when due.

All immunization records must include your name and signature of the healthcare provider. A health care provider's signature on the Health Declaration form, without proof of immunization status, is NOT acceptable.

REQUIREMENTS

A. MMR (measles/rubeola, mumps, rubella)

Options to meet this requirement:

- a. Attach a copy of proof of two previous MMR vaccinations to the health declaration form.

OR

- b. If you had all three illnesses OR you have received the vaccinations but have no documented proof, you must have a titer drawn for each illness.

1. If the titer results are POSITIVE, attach a copy of the results to the health declaration form.
2. If the titer results are NEGATIVE, you must get your first MMR vaccination and attach documentation to the health declaration form. The second MMR must be completed within one month and proof submitted to the nursing department.

B. Varicella (chickenpox)

Options to meet this requirement:

- a. Attach a copy of proof of a positive IgG titer for varicella.

OR

- b. If the titer is NEGATIVE, attach a copy of proof to the health declaration form that you received the first vaccination. Complete the second vaccination in 4 to 8 weeks and submit proof to the nursing department.

C. Tetanus/Diphtheria (Td) immunization within the past 10 years. Attach a copy of proof of Td vaccination.

D. Tuberculosis (TB)

- a. Attach a copy of proof of an initial two-step TB skin test (PPD). Submit the initial result and the 2nd result of test given 1 to 3 weeks later. If you have the initial 2-step test, include the annual update within the last 6 months. Records for skin testing for TB require name and signature of the healthcare provider.

Source: *Core Curriculum on Tuberculosis What the Clinician Should Know*, Dept of Health and Human Services, Center for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of Tuberculosis Elimination, Atlanta, Georgia, 4th Ed. 2000.

OR

- b. If positive skin test, provide documentation of chest X-ray within the last 2 years and annual documentation of a TB disease free status by completing the Tuberculosis Screening Questionnaire.

E. Hepatitis B

If you have not received the injections in the past, do not test for titer. You must obtain the first injection and attach a copy of proof of the injection to the health declaration form. You must receive the 2nd injection in one month and the 3rd five months after the second. Submit documentation to the nursing department.

- a. Attach a copy of proof of completion of three Hepatitis B injections to the health declaration form.

OR

- b. If received entire series, attach a copy of proof of a positive HbsAB antibody titer to the health declaration form.

OR

- a. Signed Hepatitis B Virus (HBV) Vaccination Declination Form

F. CPR Card:

Attach a copy of both sides of the CPR card to this form. CRP certification must include infant, child, and adult, 1 and 2 man rescuer, and evidence of a land-based demonstration component. **CPR certification** must remain current through the semester of enrollment.

G. Fingerprint Clearance Card:

Attach a copy of the front and back of the Fingerprint Clearance Card. The Fingerprint Clearance Card must remain current through the semester of enrollment.