

PITT COMMUNITY COLLEGE
Information and Requirements
NURSE ASSISTANT I
(144 Hours)

Description of Course:

The Nurse Assistant I Course prepares graduates to perform nursing skills for patients or residents regardless of the setting. The course includes class, laboratory and clinical learning experiences. Upon satisfactory completion of the course and skill/competency evaluation, the graduate will be eligible for listing with the Division of Health Services Regulation as a Nursing Assistant I. In all employment settings, the Nursing Assistant I will work under the direction and supervision of licensed personnel.

Registration:	Check off requirements listed below, complete application forms and pay.		
Testing Fee:	\$92.00 for testing to NACES Plus Foundation Inc. Payment is due the end of class		
Cost of books:	(Textbook) (Workbook) (Handbook) Total \$73.00 + Tax Purchase at PCC Bookstore		
Tuition-Insurance:	Registration Fee \$65.00 Tech Fee \$5.00	Malpractice: \$16.00 Lab Fee \$10.20	Accidental: \$1.30 Total \$97.50

PLEASE MAKE COPIES OF REQUIRED DOCUMENTS BELOW AND KEEP COPIES FOR YOUR RECORDS. PLEASE MAKE COPIES BEFORE YOU COME!

1. Copy of HS Diploma or Transcript or GED.
2. Copy of placement testing within the last three years with (scores 32-51 in Reading 22-45 in Math for Compass) (Scores 34-37 in Reading 34-41 for Math on the Asset test). **(30 + on Acuplacer in reading & Arithmetic)**
Placement Testing held in the Warren Bldg. or call 493-7561. Please call Glenda Cannon at 493-7225 for Nursing Assistant information. No testing is required if you have proof of college courses in Math & English.
3. Must bring proof of the following health screening **COPIES** to give to the Health Care Officials before registration.
 - a. **Varicella** (chicken pox) (positive history (note from parent or titer documented)
 - b. **Rubella** or positive titer (German Measles)
 - c. **Rubeola** (measles) 1 dose and (2 doses after 1st birthday for any person born after 1957 or positive titer)
 - d. **Mumps** (1 dose for any person born on or after January 1, 1957 or positive titer)
 - e. **PPD Skin Test** (TB) (must have done yearly)
 - f. Chest x-ray if PPD is positive and Chest x-ray if known to be PPD positive in the past
4. Copy of current Healthcare Provider CPR, Driver License, and Social Security Card. We also offer this class.

Accepting Requirements and Registration MTWTH Only.
We offer a class in HCP CPR for \$61.00 if you are not certified



**NURSE ASSISTANT I COURSE
NUR 33240
ENROLLMENT APPLICATION**

Name: _____
Last First M. Maiden

Address: _____
Street City State Zip

Phone Number: _____
Home Work

Present Employment: Employer _____ Dates Employed _____

Education: High School Diploma? _____ GED? _____

IN ORDER FOR THIS APPLICATION TO BE CONSIDERED, IT MUST BE RETURNED TO THIS OFFICE WITH: (No Exceptions)

1. Completed Application Forms
2. Copy of High School Transcript or Diploma or GED.
3. Copy of Compass, Asset, or Accuplacer scores in Math and Reading or proof of college Math/English.
4. Copy of your Social Security card and (1) State issued picture ID (license etc. Social and ID must match identically).
5. Copy of Immunization verification and keep copies for yourself.
6. Copy of current Healthcare Provider CPR

****Note: The first 20 eligible people to pay will be accepted into the class. Applications will not be considered unless all information required is attached.****

Signature of Student

Date



STUDENT DATA FORM

Economic & Community Development Division
 • P.O. Drawer 7007 • Greenville, NC 27835

Tel (252) 493-7388 • Fax (252) 321-4626 or 321-4433 • www-coned.pittcc.edu

To apply, you must be 18 years of age or older. **If you are age 16, or have not yet reached age 18**, then you must have a Release Form signed by your High School Principal or his/her designated representative in order to be eligible to enroll in Continuing Education courses. (This form may be obtained from our office.)

NOTE: Shaded blocks are for office use only.

I certify that I am 18 years or older and not enrolled in public school, or, a public school release form is attached with all required signatures.

Instructions: Type or print in ink, respond to all questions completely, use your legal name, and return completed application to the PCC Representative.			Colleague ID		
Last Name Jr./Sr./III		First		Middle	
Address			City		State
					Zip
County		Country		Home Phone + Area Code	
				Work Phone + Area Code	
US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		State of Residence _____		County of Residence _____	
How did you hear about this course? Please check only one of the boxes below:					
<input type="checkbox"/> Advertisement <input type="checkbox"/> Corporate Contact <input type="checkbox"/> Personal Initiative <input type="checkbox"/> Recruitment Activities <input type="checkbox"/> Referral <input type="checkbox"/> Other _____					
Social Security Number		Date of Birth		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name of High School attended or GED received from:					
Student Type: <input type="checkbox"/> Inmate <input type="checkbox"/> Dual Enrollment <input type="checkbox"/> Employee <input type="checkbox"/> Fire/Rescue/EMS/Law Enforcement <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Non-applicable					
Employer Name			Address:		
Ethnic Background: (Check one)					
1 <input type="checkbox"/> Caucasian		2 <input type="checkbox"/> African-American		3 <input type="checkbox"/> American Indian/Alas	
4 <input type="checkbox"/> Hispanic		5 <input type="checkbox"/> Asian/Pacific Island		6 <input type="checkbox"/> Other	
Employment Status: Check One			Check Highest Educational Level Attained/Graduation Type		
<input checked="" type="checkbox"/> R Retired		<input type="checkbox"/> Did not graduate High School		<input type="checkbox"/> Adult High School graduate	
<input type="checkbox"/> UN Unemployed-Not Seeking employment		<input type="checkbox"/> 1 st grade		<input type="checkbox"/> 7 th grade	
<input type="checkbox"/> US Unemployed-Seeking employment		<input type="checkbox"/> 2 nd grade		<input type="checkbox"/> 8 th grade	
<input type="checkbox"/> E1 Employed 1-10 hours per week		<input type="checkbox"/> 3 rd grade		<input type="checkbox"/> 9 th grade	
<input type="checkbox"/> E2 Employed 11-20 hours per week		<input type="checkbox"/> 4 th grade		<input type="checkbox"/> 10 th grade	
<input type="checkbox"/> E3 Employed 21-39 hours per week		<input type="checkbox"/> 5 th grade		<input type="checkbox"/> 11 th grade	
<input type="checkbox"/> E4 Employed 40 or more hours per week		<input type="checkbox"/> 6 th grade		<input type="checkbox"/> 12 th grade	
		<input type="checkbox"/> Graduated HS		<input type="checkbox"/> GED Completion	
				<input type="checkbox"/> Adult High School Diploma	
				<input type="checkbox"/> Current HS/GED Student	
				<input type="checkbox"/> Post High School Vocational	
				<input type="checkbox"/> Associate Degree	
				<input type="checkbox"/> Bachelor's Degree	
				<input type="checkbox"/> Master's Degree or Higher	
Is your tuition being paid by an agency/organization? If yes, what organization _____ (Copy of authorization to pay must be on file or attached)					
Email Address			Are you taking this course for certification? <input type="checkbox"/> yes <input type="checkbox"/> No		
<i>Please complete the following if it applies to you:</i> I hereby give permission to Pitt Community College and the NC Department of Community Colleges to release my grades to: <input type="checkbox"/> NC Department of Insurance Fire/Rescue Commission <input type="checkbox"/> NC Criminal Justice's Training & Standards Commission and/or NC Sheriff's Commission <input type="checkbox"/> Employer or <input type="checkbox"/> Potential Employer _____ <input type="checkbox"/> Other _____					
BY MY SIGNATURE, I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.					
Signature _____			Date _____		