



**Certified Nursing
Assistant Program
Application Packet**

500 North Appleyard Drive | Tallahassee, FL 32304 | 850.487.7555
www.livelytech.com

Certified Nursing Assistant Program

Application Packet

PROGRAM DESCRIPTION:

The Certified Nursing Assistant program prepares students for employment as nursing assistants, nursing aides, and orderlies, nurse aides in nursing homes or nurse aides, orderlies & attendants. Students will perform nursing skills in the clinical and/or simulated laboratory settings under the supervision of a qualified registered nurse instructor. Clinical and simulated laboratory learning experiences must correlate with didactic instruction. For nursing assistant completion a minimum of 40 hours of clinical experience must be obtained. Twenty hours of this clinical experience must be in a licensed nursing home. This course prepares individuals for the CNA certification.

PROGRAM LENGTH	165 Hours
PROGRAM HOURS	Day Program Monday – Thursday: 8:00 am – 4:00 pm
PROGRAM LOCATION	Lively Technical College Health Education Department, Building 15 500 North Appleyard Drive Tallahassee, FL 32304 (850) 487-7449 (Clinical locations vary)

The Leon County School District does not discriminate against any person on the basis of sex (including transgender status, gender nonconforming, and gender identity), marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability, or genetic information.

GENERAL REQUIREMENTS

Applicants seeking admission to the Certified Nursing Assistant (CNA) Program must:

- Be at least 18 years of age at projected time of program completion.
- Have a high school diploma or equivalent.
- Pass random drug screenings throughout the program. Students with positive drug screen results will be withdrawn from the program.
- Eligible for dual enrollment.

To apply for acceptance into the CNA Program students must:

1. Complete the **Lively Student Online Application**. (This application is required for all Lively students)
This application can be completed at: <https://lively.focusschoolsoftware.com/focus/apply>
2. Complete the **CNA Application Packet (see below)**

The CNA Application Packet must include:

- **Health Education Student Information Sheet.**
A printed copy must be submitted with the application packet.
- **Three current reference letters:**
 - Two professional references (recent employers, former teachers, counselors, etc.)
 - One personal reference (may not be family member)
- **Receipt of payment for a Level 2 criminal background to Leon County Schools.**
This must be completed prior to submitting the application, at the student's expense*. In order to participate in the mandatory clinical practicum, as well as to obtain licensure, students must have a clear background.

****No refunds will be issued.***

ORIENTATION

After being accepted into the LTC Certified Nursing Assistant Program, applicants will be notified about attending a mandatory orientation. The date(s) and time(s) of this meeting will be given to all accepted students within their acceptance letter. For further information, please contact the Health Education Department at 850-487-7449.

DRUG SCREENING

Drug screening is not required prior to admission into the program. However, all students must submit to and **pass** two random drug screenings after entering the Certified Nursing Assistant Program and prior to having access to the clinical health care facilities utilized in the Program. This is a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirement demanded of all acute care facilities in Florida. Students who do not pass a random drug screening will be withdrawn from the program.

CRIMINAL BACKGROUND CHECK/LIVESCAN FINGERPRINTING

All applicants must undergo a Level 2 criminal background through Leon County Schools. In order to participate in the mandatory clinical practicum, as well as to obtain licensure, students must have a clear background. **The cost for both is \$95.00.**

DISABILITY SUPPORT SERVICES

If you have question regarding adult students with disabilities and accommodations, please contact LTC Student Services located in Building 9 or at 850-487-7473.

ACCEPTANCE INTO PROGRAM / REGISTRATION

Lively Technical accepts applicants into all Health Education programs on a rolling admission basis. As we receive applications, potential students are scheduled for an interview with the Health Education Director or their assignee. Once an applicant has completed the interview, they will be notified of their admission status. Accepted applicants will be given an acceptance letter, which will allow them to register for the program they have applied to. Lively Tech Health Education programs may be closed prior to the posted application deadline date once that program has reached capacity. Questions regarding the application process should be directed to Ms. Yolanda Graham, Health Education Director or her secretary at 850-487-7449.

Late and/or incomplete packets will not be considered

The Florida Board of Nursing is responsible for protecting the public. In carrying out this responsibility, the Board of Nursing reserves the right to deny licensure to anyone who has been convicted of a crime other than minor traffic violations. Pursuant to Section 456.0635, Florida Statutes, the Florida Board of Nursing shall refuse to issue a license, certification or registration and shall refuse to admit a candidate for examination if the applicant has been:

- Convicted or plead guilty or nolo contendere (No Contest) to a felony violation regardless of adjudication of chapters 409, 817 or 893, Florida Statutes; or 21 U.S.C. ss. 801- 970 or 42 U.S.S. ss 1395-1396, unless the sentence and any probation or pleas ended more than 15 years prior to the application.
- Terminated for cause from Florida Medicaid Program (unless the applicant has been in good standing for the most recent five years).
- Terminated for cause by any other State Medicaid Program or the Medicare Program (unless the termination was at least 20 years prior to the date of the application and the applicant has been in good standing with the program for the most recent five years).

Upon notification of admission, you are required to complete the following prior to the start of the program course:

- Physical health exam and a record of immunizations from a licensed physician or nurse practitioner (form to be provided upon notification of admission).
- Florida Department of Law Enforcement fingerprinting to be scheduled before classes begin.
- Drug screen, information provided upon notification of admission.



Lively Health Education Student Information Sheet

PERSONAL INFORMATION

Date _____

Date of Birth _____

Last Name _____ First Name _____ MI _____

Address _____ City/State _____ Zip _____

Home # _____ Work # _____ Cell # _____

Email Address _____

Emergency Contact _____ Phone# _____

EDUCATION

High School _____ City/State _____

Highest grade completed _____ Year _____ Choose one: High School Diploma GED

Previous Nursing School _____ City/State _____

College _____ Degree awarded _____ City/State _____

Military _____

Education as Certified Nursing Assistant, Patient Care Assistant, Patient Care Technician or Medical Assistant

Name of School _____

Certification Awarded Yes No Date the Certificate Awarded _____
Proof required at time of application.

EMPLOYMENT RECORD

Present _____ Title/Position _____

Dates of Employment: From _____ to _____

Previous _____ Title/Position _____

Dates of Employment: From _____ to _____

Previous _____ Title/Position _____

Dates of Employment: From _____ to _____

The information on this application is true and factual.

Signature: _____ Date: _____

Completed required enrollment application to Lively Tech. Advisor Initials: _____



Student Health Assessment Record

THIS FORM MUST BE COMPLETED BY YOUR HEALTH CARE PROVIDER. Any falsification of this record will result in immediate dismissal from the program (if accepted).

NAME (please print): _____
Last First MI

DATE OF BIRTH: _____ Male Female

1. **MMR** (Need proof of two MMR vaccines or one mumps, two measles, and one rubella. Any person born before 1/1/57 will need proof of rubella immunization or positive titer.)
Date of MMR #1: _____ Date of MMR #2: _____
OR
Antibody titers:
Mumps titer date: _____ Results: Immunity Not immune
Rubeola titer date: _____ Results: Immunity Not immune
Rubella titer date: _____ Results: Immunity Not immune
If not immune, will require MMR x2.

2. **Tetanus** (Td or Tdap with the last ten years): Date: _____

3. **Hepatitis B series:**

Hepatitis B #1 date Hepatitis B #2 date Hepatitis B #3 date
OR
Antibody titer date: _____ Results: Immunity Not immune

4. **Varicella:** History of having Chicken Pox is not accepted.
Date of 1st dose: _____ Date of 2nd Dose: _____
OR
Varicella titer date: _____ Results: _____ (Lab value)

5. **PPD** (TB Skin Test): Date taken: _____
Results: _____ Positive _____ Negative
Chest x-ray, if positive PPD: Date: _____ Results: _____

6. **Seasonal Flu Vaccine:** Date of Vaccine: _____ Injection Site: _____
(August-March) Lot Number Expiration: _____ Examiner's Initials: _____

Verified by:

Name of Physician's Office/Health Center

Healthcare Provider Signature

Address of Office

Date

Level 2 Background Screening Instructions

Level 2 screening standards (Fingerprints) return criminal history results on arrests (including juvenile) nationwide. Under Florida Statute 1012, persons with specified access require level 2 screening. Offences outlined in Florida State Statute 435.04 (crimes of moral turpitude) can be disqualifying when persons have been found guilty of or entered a plea of nolo contendere (no contest). FDLE Level 2 Background Screenings must be done for prospective students who wish to enroll in any of the following Health Education Programs:

- Medical Assisting
- Nursing Assistant
- Patient Care Technician
- Phlebotomy
- Practical Nursing

Instructions:

1. Go to the Fingerprinting Office at the Leon County Schools District main office, located at 2757 W. Pensacola St., Building 1 (to the right of the main district office). The hours for the Fingerprinting Office are: Monday-Friday, 8:00 am-5:00 pm - Take this form with you.
2. Submit payment for screening. Payment can be via credit card or money order.
3. Obtain a **receipt** for the screening.

Submit the receipt of the background screening along with the Health Education program application.

If your background screening does not come back "clear," you will be notified. Additional information may be required.



LEVEL 2 Background Screening Request Form

The following individual needs to obtain a Level 2 Background Screening, per Florida Statute 1012:

IMPORTANT:
The ORI number for the screening is V37020031

PLEASE PRINT

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

DRIVER LICENSE NUMBER: _____ PHONE: _____

The above individual will be at Lively Technical College/Externship/Clinical Site for the following purpose:
__ Student

Entity/Individual from Lively Technical College making this request: Lively Administration

Please submit print results to:

ATTENTION:
Shelly Bell, CTE Director
Lively Technical College
500 North Appleyard Drive, Tallahassee, Florida 32304 Fax: 850.487.7478
Any questions regarding this request, should be directed to Health Education Director: 850.487.7443

Electronic Fingerprinting

Take this form with you to the Livescan service provider. Please check the service provider's requirements to see if you need to bring any additional items.

- Background screening results are obtained from the Florida Department of Law Enforcement and the Federal Bureau of Investigation by submitting to a fingerprint scan using the Livescan method;
- You can find a Livescan service provider at:
<http://www.flhealthsource.gov/background-screening/>
- Livescan screenings done by a Florida Police or Sheriff's Department require that you login to the FDLE Civil Applicant Payment System (CAPS) at <https://caps.fdle.state.fl.us> and pay a fee before results will be released to our office.
- Out of State/Country Livescan directions are included in the electronic fingerprinting section of this application.
- If you do not provide the correct Originating Agency Identification (ORI) number to the Livescan service provider the Board office will not receive your background screening results;
- You must provide accurate demographic information to the Livescan service provider at the time your fingerprints are taken, **including your Social Security number (SSN)**;
- The ORI number for the Board of Nursing is: **EDOH0380Z**.
- Typically background screening results submitted through a Livescan service provider are received by the Board within 24-72 hours of being processed.
- If you obtain your Livescan from a service provider who does not capture your photo you may be required to be reprinted by another agency in the future.

Name: _____

Aliases: _____

Date of Birth: _____ Place of Birth: _____
(MM/DD/YYYY)

Citizenship: _____ Race: _____ Social Security Number: _____
(W-White/Latino(a); B-Black; A-Asian; NA-Native American; U-Unknown)

Sex: _____ Weight: _____ Height: _____
(M=Male; F=Female)

Eye Color: _____ Hair Color: _____

Address: _____ Apt. Number: _____

City: _____ State: _____ Zip Code: _____

Transaction Control Number (TCN#): _____
(This number will be provided to you by the Live Scan Vendor.)

You will need to keep this form for your records. Do not send this form to the Board Office.