Western Technical College

Contract CNA Checklist

- ☐ Read the description of the Nursing Assistant Program
- ☐ Western Paper Application
- ☐ NA Essential Functions Form
- ☐ ViewPoint
  - ○ Background Check ($40)
  - ○ Immunization Portal ($20)
    - ▪ Two Step TB test

Western Technical College

CNA (Contract) Application

PLEASE PRINT CLEARLY IN INK

Legal name:

Last   First   Middle

Current mailing address:

City: State: Zip Code:

Permanent address (if different):

City: State: Zip Code:

Primary phone number (   )

E-mail address:

High School:

Current Grade (Circle one): 9   10   11   12

Graduation Year:

Social Security Number:

Date of Birth (MM/DD/YY):

Gender: ☐ Male ☐ Female

I am a legal resident of (circle one): City / Village / Township

City/Village/Township   County   State

Semester you wish to begin ☐ Fall ☐ Spring ☐ Summer (if applicable)

Year:

Select any other group or groups that apply to you.

☐ **American Indian or Alaska Native.** *A person whose ancestors include native peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.*

☐ **Asian.** *A person whose ancestors include native peoples of the Far East, Southeast Asia or the Indian subcontinent (including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam).*

☐ **Black or African American.** *A person whose ancestors include any of the black racial groups of Africa.*

☐ **Native Hawaiian or other Pacific Islander.** *A person whose ancestors include the native peoples of Hawaii, Guam, Samoa or other Pacific Islands.*

☐ **White.** *A person whose ancestors include native peoples of Europe, the Middle East or North Africa.*

I certify that the information on this application is true and complete to the best of my knowledge

_____
Signature/Date

Western Technical College

Health & Public Safety Division Technical Standards Criteria

The Nursing Assistant Program is highly regulated by state and federal law. OBRA, 1987 and State of Wisconsin, DHS 129, 2009 offer specific criteria for how the program will be run, what is taught, how it is taught, mandated hours needed to be completed and ability of the nurse aide to do the work required. It is the intent of Western Technical College to fully comply with Section 504 of the Rehabilitation Act of 1974 and the Americans with Disabilities Act (ADA) of 1990.

In order to assist students to successfully complete our programs, Western Technical College has developed a set of objective technical standards criteria. Students will be asked to review the technical standards for the program of choice, and then sign a form stating whether or not they are able to meet the technical standard abilities, with or without accommodations, as stated in this document. **If a student enters a program with falsification of records related to their ability to meet these requirements, he/she may face disciplinary action.** All documents will be kept on file with the College.

For students with a disability, reasonable accommodations are available. Reasonable accommodations allow individuals with disabilities to gain equal access and have equal opportunities to participate in Western Technical College courses, services, activities, and use of the facilities. An accommodation is not reasonable if it poses a direct threat to the health or safety of self and/or others, if making it requires a substantial modification in an essential element of the curriculum/clinical site, if it lowers academic standards, or poses an undue administrative or financial burden. To be eligible for disability-related services/accommodations, students must have a documented disability. This documentation must be provided by a licensed professional, qualified in the appropriate specialty area.

In accordance with ADA and Section 504 requirements, accommodation requests require the approval of Western's Access and Language Services, and the Department of Health Services Office of Caregiver Quality. All requests for special accommodations must be approved as soon as possible. In some programs, accommodations must be approved by an outside agency or clinical site. Delays in beginning a course/program may occur while this process is arranged. The prospective student must provide documented proof of the need for the special accommodation.

Accommodations allowed, without disability documentation: supportive back brace or other supportive brace that does not impede required movement or interfere with infection control policies, hearing aids, glasses, and/or contacts. Other student-suggested accommodations will require the approval of the Access and Language Services Manager, and the Department of Health Services.

If you are a person with a documented disability and would like to request accommodations, please contact Kris Follansbee, Manager of Access and Language Services, accessservices@westerntc.edu or (608) 785-9875. It is recommended that you contact Kris at least three weeks prior to the start of the course so an accommodation plan can be made. However, programs with clinical components may take longer than three weeks for accommodations to be in place.

Western Technical College
THE ESSENTIAL EXPERIENCE

The following is a list of Technical Standards the student must have in order to participate in the *Nursing Assistant Program* at Western Technical College.

- **GROSS MOTOR SKILLS:**
    - Ability to move in confined spaces, maintain balance in standing position, move body from one side to the other, reach below the waist and to the front of the side of the body to the level of the top of head (examples: adjust overhead lights, plug electrical appliance into wall outlet)
    - Ability to push, pull, stabilize, and freely move arms to allow movement of 50 pounds as in moving an object or transferring a client from one place to another

- **FINE MOTOR SKILLS:**
    - Ability to grasp, twist, squeeze, pinch, and manipulate fire equipment for at least 5 seconds (example: operate fire extinguishers)
    - Ability for eye-hand and eye-hand-foot coordination

- **TACTILE ABILITY:**
    - Ability to distinguish subtle vibrations through the skin (pulse)
    - Ability to identify the subtle difference in surface characteristics (feel a raised rash)
    - Ability to detect temperature (skin, liquids, environment)

- **MOBILITY:**
    - Ability to squat or modified squat (one knee on floor) for at least one minute Ability to move quickly in case of emergency situations
    - Ability to climb and descent a flight of stairs
    - Ability to walk independently without the assistance of a cane, walker, crutches, wheelchair or the assistance of another person

- **ENVIRONMENT & PHYSICAL ENDURANCE:**
    - Ability to have stamina sufficient to maintain physical activity for a period of time from 5 – 8 hours
    - Ability to tolerate exposure to common allergens such as pets, body lotions and soaps, cleaning products
    - **NOTE:** Student must inform Nursing Assistant Instructor **in advance** of class to assess if a pet resides in the clinical environment, attempts will be made to place student in a clinical site without a pet.
    - Ability to tolerate working in confined areas Ability to work indoors for five to eight hours
    - Ability to tolerate exposure to slippery or uneven walking surfaces
    - Ability to be able to wear safety glasses, face shield, face mask and other protective clothing Ability to tolerate heat and humidity as high as 90 degrees for up to ½ hour (shower and spa rooms)

- **SPEECH AND COMMUNICATION:**
    - Ability to interact with others to report observations and advocate for the needs of clients
    - Ability to speak, write and understand English in order to be able to communicate with clients as well as report and document client information

- **SENSES: SMELL, HEARING AND VISION:**
  - Ability to detect differences in body and environmental odors
  - Ability to hear and understand voices spoken at a normal speaking volume at a distance of 10 feet (typical length of a room) (example: person to person conversation or telephone conversation)
  - Ability to hear faint noises such as whispers within a range of 4 feet (considered the typical comfort zone)
  - Ability to see objects clearly within a minimum of 20 feet
  - Ability to have depth perception and peripheral vision to allow identification of dangerous objects and client situations within the client room
  - Ability to read and interpret written data held at a reasonable distance

- **EMOTIONAL STABILITY:**
  - Ability to interact and support clients during times of stress and emotional upset
  - Ability to adapt to changing situations and emergency conditions while maintaining emotional control
  - Ability to cope with strong emotions and physical outbursts of clients while remaining in a reasonable state of calm
  - Ability to focus attention on client needs despite interruptions and multiple demands Ability to accept constructive feedback and accept responsibility for own actions

- **INTERPERSONAL SKILLS:**
  - Ability to apply knowledge gained in classroom to establish appropriate relationships with clients, families and coworkers
  - Ability to interact as a member of the health care team
  - Ability to show respect for diversity in culture, religion, sexual orientation, marital status, socio- economic status and abilities/disabilities

- **READING:**
  - Ability to read and understand at a minimum of an 8th grade level with ability to understand charts, graphs and worksheets
  - Ability to read and understand digital and computer displays 4 Reviewed 10/2015

- **MATH:**
  - Ability to do basic math including add, subtract, multiply, and divide **without** the use of a calculator
  - Ability to count and understand the meaning of numbers Ability to measure length by reading a tape measure or ruler Ability to tell time on a clock

- **COGNITIVE/MENTAL FACTORS:**
  - Ability to deal with abstract and concrete variables, define problems, collect and coordinate data, establish facts, and draw valid conclusions
  - Ability to perceive pertinent detail in objects or in pictorial or graphic material Ability to comprehend and follow instructions
  - Ability to perform simple and repetitive tasks
  - Ability to relate to other people beyond giving and receiving instructions Ability to influence people
  - Ability to perform complex or varied tasks
  - Ability to make generalizations, evaluations or decisions without immediate supervision Ability to accept and carry out responsibility for direction, control and planning

Health & Public Safety Division Technical Standards Criteria
Statement of Understanding

The Americans with Disabilities Act of 1990 (42 U.S.C. & 12101 *et seq.*) and Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. & 794) prohibits discrimination of persons because of his/her disability. In keeping with these laws, colleges of the Wisconsin Technical College System make every effort to ensure a quality education for students. The purpose of this document is to ensure that students acknowledge that they have been provided information on the Technical Standards required of a student in the chosen program.

Please complete this form and return to Admissions.

_____
(initials/date)

I understand that I must meet with Western's Access Services to arrange for any accommodations prior to class start.

I have read, understand, and can meet the *Technical Standards Criteria* specific to a student in the *Nursing Assistant Program.*

_____
(initials/date)   **_OR_**

_____
(initials/date)

I am unable to meet the Technical Standards Criteria presented and am requesting accommodations at this time (please complete page 6).

_____
Name of Student (Please Print)

_____
Student ID or DOB

_____
Signature of Student

_____
Date

Return to:
Western Technical College
Attn: Admissions
400 7th Street North
PO Box C-0908
La Crosse, WI 54602
(608) 785-9553
Fax (608) 785-9148

1. To find the links to the ViewPoint Portals go to: https://www.westerntc.edu/nursing-assistant
   a. Once on the Nursing Assistant page, scroll to the "Admission Items"

▼ **Admission Requirements**

Additional Requirements

To enroll in the Nursing Assistant program, first apply for admission to the College, then read the program's Essential Functions, complete a background check, and provide proof of immunization (including a TB Test). Please see the details below.

- Nursing Assistant Essential Functions
- Background Check
- COVID-19 Vaccination Status & TB

2. Click on the link for the Background check AND the COVID-19 Vaccination Status a& TB

Background Check Ordering Steps:

Once you have clicked on the Background check link:

To Get Started:

Visit https://www.viewpointscreening.com/westerntc

Important *Please make sure you are entering your correct email address. You will be unable to log in or receive communications from Viewpoint Screening if your email address is not valid.*

Once your order is submitted, you will receive a confirmation email containing a password. Use this info to log into your account to review other instructions you may have. You will also need this password to view your background check report.

Click "START YOUR ORDER"

Western Technical College

Western Technical College has partnered with Viewpoint Screening to provide your background check and immunization management. Failure to submit an order will delay the entrance into an experiential rotation and/or school setting.

Click "Start Your Order" below and you will be directed through the application process. Once your order is submitted, you will receive a confirmation email containing a password to log into viewpointscreening.com. When your background check is completed, you can view/print a copy at viewpointscreening.com by entering your email address and password. Results are typically completed within 3-5 business days and will also be available to your school.
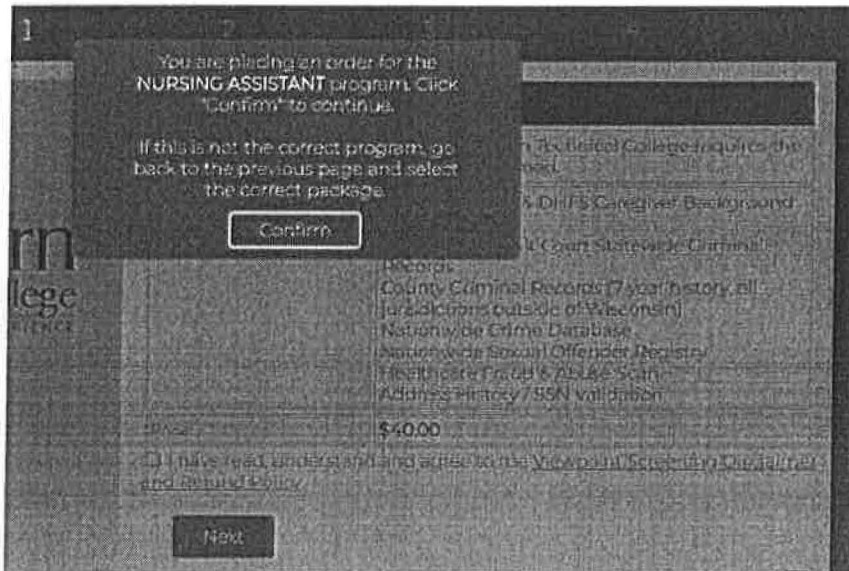
Start Your Order →

Find NURSING ASSISTANT, then click BACKGROUND CHECK

Background Check
Completed once every 4 years. Please be advised that if you select this package in lieu of what the college requested you will not be reimbursed.

This message will pop up: VERIFY THAT IT IS NURSING ASSISTANT

After you click "confirm", you will check the box that says you have read the terms and click next

Before you get to the "APPLICANT INFORMATION", you must UPLOAD THE RELASE FORM.

Upload Release Form

In order to obtain Wisconsin background check information, it is required that *this form* be:

FILLED OUT (fill the form out completely, including your initials)

SAVED TO YOUR COMPUTER

UPLOADED (upload this form back onto site)

You cannot/will not be able to proceed with your order until this form has been completed and uploaded here.

BOTH pages must be provided
If the 2 pages are not provided or filled out correctly, your Wisconsin background check will be cancelled and you will be required to place a new Wisconsin order at the cost of $5.00.

Use this link to combine PDF files
OR
use this link to combine image files into a PDF file.

[Choose File] No file chosen

Please make sure that you have initialed and dated this document.

It looks like this when you click on "THIS FORM"

DEPARTMENT OF HEALTH SERVICES
Division of Quality Assurance
F-82064 (01/2022)

STATE OF WISCONSIN
Wis. Stat. § 50.065
Wis. Admin. Code § DHS 12.05(4)
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BACKGROUND INFORMATION DISCLOSURE (BID)
FOR ENTITY EMPLOYEES AND CONTRACTORS

- PENALTY: A person who provides false information on this form may be subject to forfeiture and sanctions, as provided in Wis. Stat. § 50.065(6)(c) and Wis. Admin Code § DHS 12.05(4).
- Completion of this form to verify your eligibility for employment/service as a "caregiver" is required by Wis. Stat. § 50.065 and Wis. Admin Code ch. DHS 12. Failure to complete this form may result in denial or termination of your employment, contract or service agreement.

Refer to DQA form F-82064A, *Instructions*, for additional information.

[Reset]

Check the box that applies to you.

☐ Applicant / Employee   ☐ Student / Volunteer
☐ Contractor   ☐ Other – Specify:

NOTE: This form should NOT be used by applicants for *entity operator approval* (license, certification, registration or other DHS approval) or by entities requesting approval for an individual to reside in entity facilities as a *non-client resident*. Applicants for *entity operator approval* or for a *non-client resident* background check must request an *entity background check* from the Division of Quality Assurance.

Save the completed BID to your computer then use "CHOOSE FILE" to upload it.

Then work on the APPLICANT INFORMATION

****Note: if you do NOT upload the BID form, you will be charged $5 to fix it.**

How to order the HEALTH PORTAL:

Click on the link in the ADMISSION ITEMS, COVID-19 Vaccination Status and TB

Start your order:


Select: health portal

▌ Nursing Assistant

Background Check
Completed once every 4 years. Please be advised that if you select this package in lieu of what the college requested you will not be reimbursed.

Health Portal (Immunization Tracker)
Order this package to upload Covid vaccination, Immunization, TB, and CPR Documentation. Please be advised that if you select this package in lieu of what the college requested you will not be reimbursed.

Confirm you are placing an order for NURSING ASSISTANT
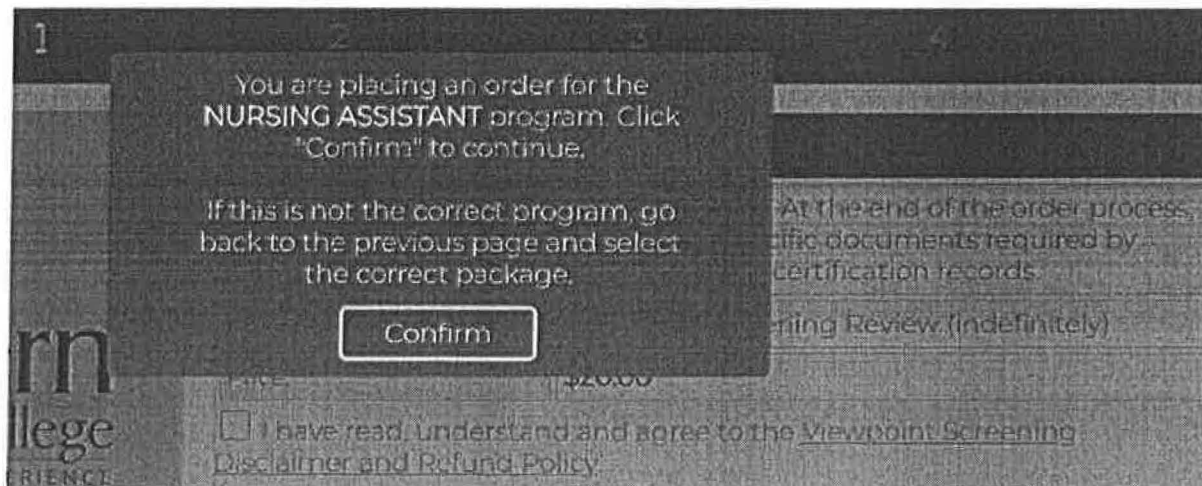
Begin typing in your information. At this time, there is nothing to upload yet like you did in your background check.

Applicant Information

First Name*:	[ ]
Last Name*:	[ ]
Middle Name:	[ ]
Date of Birth*:	[∨]/[∨]/[ ] (mm/dd/yyyy)
E-Mail Address*:	**IMPORTANT** Your email address will be your user name to log in. If you have placed a previous order, it is recommended to use the same email address to prevent separate logins. Separate logins will contain separate results / medical documents, and cannot be combined. [ ] Type E-mail address. [ ] Re-type E-mail address. Please make sure you are entering your correct email address. You will be unable to log in or receive communications from Viewpoint Screening if your email address is not valid.

Your email address will become your USERNAME for ViewPoint. They will prompt you to make a password.

When you log into Viewpoint screening: https://www.viewpointscreening.com/

    Log in with your Email and password you made

When you find the health portal in VIewPoint, you will get a screen that looks similar to this

Requirement	Upload	Uploaded Date	Review Date	Renewal
TDAP Current Document	Upload New Document	Uploaded 01/17/19	Approved 01/17/19	
MMR Current Document	Upload New Document	Uploaded 01/17/19	Approved 01/17/19	
Tuberculosis Current Document	Upload New Document	Uploaded 01/17/19	Approved 01/17/19	

By selecting "UPLOAD NEW DOCUMENT", you can choose files from your phone photo gallery (if you are logged into ViewPoint from your phone), or, if you save your results to your computer, you can upload them from your computer.