

Certified Nurse Assistant Mandatory Requirements

- Physical
- Background Check
- PPD Shot I
- PPD Shot II (Or TB Gold Test)
- Proof of CPR/AED Certification
- Proof of Immunizations (MMR, Hepatitis B, Varicella, Flu Shot)
- Proof of Health Insurance
- Online HIPPA Course – Link - <http://cf.rcgc.edu/hipaa>
- Proof of COVID Vaccinations

I understand that all of the above documentation must be submitted to Career & Technical Education in order to be eligible for Clinical Placement.

Student Print _____ Sign _____ Date _____

Instructor Print _____ Sign _____ Date _____



Gloucester Campus
1400 Tanyard Road, Sewell, NJ 08080

Physical Examination Form for Certified Nursing Assistant Students

To be completed by Health Care Provider

Instructions: This Physical Examination Form is to verify the health status of this student who has been accepted into the Certified Nursing Assistant Program at Rowan College of South Jersey upon verification of adequate health status.

Pt. Last Name: _____ First Name _____ M.I. _____

Pt. DOB: _____ Pt. E-mail address _____

Pt. Home Phone () _____ Pt. Cell Phone () _____

Date of Exam: _____

HT _____ WT _____ BP _____ P _____ Vision _____ Urine Dip _____ IIb _____

NL ABNL Findings

- Head/Neck _____
- Eyes _____
- ENT _____
- Lungs _____
- Cardiac _____
- Breasts _____
- Abdomen _____
- GU (as indicated) _____
- Rectal (as indicated) _____
- Back Strenght/Exremities _____

Yes No

- Ability to lift and carry up to 50 lbs. _____
- Ability to exert up to 100 lb. force or push/pull _____
- Ability to bend/stoop/squat/crawl _____

NL ABNL

- Neuro _____

- Reflexes _____
- Lymph's _____
- Skin _____

Remarks:

 Student is sufficiently free of disease and able to perform duties. He/she does not have any health condition that would create a hazard for him/herself, fellow students, facility employees, residents, or visitors.

MD Signature _____ Date _____

Tuberculin Skin Test Requirements	Date/Results	Date /Result
2 Step TB Skin Test (PPD) 2 TB Skin Test; a minimum of 1 week apart or a max of 3 weeks apart *Results must be negative	1 st Step Date: _____ Results _____ *In positive PPS result, see Chest Xray & Letter	2 nd Step Date _____ Results _____
Chest Xray & Letter from Physician *Only required if positive TB Skin test *Negative Chest Xray (within last 5 years) * <u>A letter from your physician stating you are free of any symptoms of TB</u>	Date _____ Results _____ INH Treatment- 9 Mos Date began: Date Ended:	

TB Symptoms Review:

1. Are you currently exhibiting any of the following symptoms of tuberculosis?

- Hoarseness/Cough lasting longer than 3 weeks _____ yes _____ no
- Coughing up Blood _____ yes _____ no
- Fever _____ yes _____ no
- Weight Loss _____ yes _____ no
- Night Sweats _____ yes _____ no
- Excessive Fatigue _____ yes _____ no

Have you had any of the above TB Symptoms within the last 12 months? _____

If Yes, explain

2. Have you ever been told by a doctor other health care provider that you had active TB? _____ Yes or No

3. Have you ever been told by a doctor or health care provider that your immune systems is not working right or that you cannot fight infection? _____ Yes or No

4. Have you had pneumonia in the past year? _____ Yes or No

5. Have you ever lived with had close contact with someone who has/had active TB with symptoms listed above? _____ Yes or No. If yes, list symptoms: _____

6. Is any person living in your household exhibiting any symptoms of TB that are listed above _____ Yes or No. If yes, list symptoms _____

7. Have you ever been told that you have an abnormal chest x-ray or had a chest x-ray to rule out TB? If yes, where was the chest x-ray done; physician's name and number: _____

8. Have you ever received medication for active tuberculosis disease or preventative treatment for TB injections? If yes, list medication, date started, and date completed: _____

9. Have you ever worked where patients with active tuberculosis disease receive care? _____

10. Have you ever worked, volunteered, or lived in any institution such as jail, group home, or homeless shelter? _____

11. Have you ever traveled outside of the United States? _____ If yes, where: _____

12. Where you born in the United States? _____ If no, where were you born? _____

Student Signature: _____ Date: _____



STATE OF NEW JERSEY

DEPARTMENT OF HEALTH AND SENIOR SERVICES

Criminal Background Investigation (CBI) Application

INSTRUCTIONS FOR COMPLETING APPLICATION

THESE INSTRUCTIONS MUST BE FOLLOWED EXACTLY.

Please review the instructions carefully before completing the application. Take time completing the application, and **PRINT ALL INFORMATION LEGIBLY IN BLACK INK**. If the application is NOT properly completed, it will be returned to you without being processed. You will need to make the required corrections and re-submit the application. **THIS WILL DELAY THE PROCESS FOR OBTAINING YOUR CERTIFICATION.**

APPLICATION TYPE (*located on upper right corner of the application*)

- Certified Nurse Assistant or Personal Care Assistant candidates: check the CNA/PCA Box
- Certified Assisted Living Administrator candidates: check the CALA box.
- All others: write the 3 character ID code that appears in Box 22 on the fingerprint form.

NAME, DATE OF BIRTH, SOCIAL SECURITY NUMBER*, TELEPHONE NUMBER, ADDRESS, AND LONG-TERM CARE EMPLOYER OR TRAINING PROGRAM.

Complete the fields for Name, Date of Birth, Social Security Number*, Telephone Number, Address, and Long-Term Care Employer or Training Program

*Privacy Act NOTICE (PL 93-579): Submission of Social Security Number is mandatory for certified nurse aides, personal care assistants, and certified assisted living administrators pursuant to N.J.S.A. 2A:17-56.44(e), as authorized by 42 U.S.C. 666, and are used to uniquely identify candidates for certification, coordinate criminal history information with the required criminal history registries, and to comply with child support enforcement laws.

SCREENING QUESTIONS FOR ALL APPLICANTS

1. Answer BOTH screening questions.
2. If you answer YES to either or both questions, you must provide the items listed on the reverse side of these instructions with this application. NOTE: Answering YES does NOT necessarily prevent an individual from obtaining certification. However, answering NO if the person has been convicted of disqualifying offenses will result in disqualification from certification for at least two years.
3. State law allows a person who has not been convicted of a disqualifying offense to work as a Nurse Aide, Personal Care Assistant, or Assisted Living Administrator for up to 120 days while the criminal history background check is being conducted. If you have answered NO to both questions, please provide a copy of the application to your employer as proof of this eligibility.
4. The completed application MUST be notarized or it will be returned. Remember, this application is a sworn affidavit. False statements are punishable by law. Please send all material to:

Criminal Investigation Unit
PO Box 359
Trenton, NJ 08625-0359

YOU MUST MAIL THE ORIGINAL APPLICATION TO THE CRIMINAL INVESTIGATION UNIT.

Please be sure to retain copies of any document you submit. You must allow at least 12 weeks for processing.

If you have convictions for any of the offenses listed on this application, please read "How to Request a Determination of Rehabilitation" of the reverse side of these instructions.



By MorphoTrust USA

New Jersey Universal Fingerprint Form

www.bioapplicant.com/nj

(1) Originating Agency Number (ORI #) N J 9 2 0 5 8 0 Z		(2) Category H C K	(3) Statute Number N.J.S.A. 26:2H-83			
(4) Reason for Fingerprinting CERTIFIED NURSE AIDE/CARE GIVER			(5) Document Type R B 2	(6) Payment Information NJDOH PAYS COSTS		
(7) Contributor's Case # (Unique Identifier) C N A			(8) Miscellaneous			
(9) First Name		(10) MI	(11) Last Name			
(12) Daytime Phone Number ()		(13) Social Security Number *		(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US Citizen; Country for all others)			(19) Country of Citizenship	
(20) Home Address						
Address		City		State	Zip	
(21) Gender (Select one) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both		(22) Hair Color	(23) Eye Color	(24) Race (Select One) <input type="checkbox"/> A Asian/ Pacific Islander (includes Asian Indian) <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian / Alaska Native <input type="checkbox"/> W White (Includes Hispanic/ Spanish Origin) <input type="checkbox"/> U Unknown		
(25) Occupation / Position (with respect to Requirement)		(26) Employer / Organization Name (with respect to Requirement)				
		Employer Address		State	Zip	
		City				

Identification Requirement - Acceptable identification must be presented at the time of printing. Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria: Photo, Name, Address (home/employer), Date of Birth. Acceptable ID must be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2010).

Please READ This Form Carefully:

Follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. **PLEASE PRINT LEGIBLY.** It is **required** that you **present** this completed Universal Fingerprint Form, IDG_NJAPP_020115_V2, at your scheduled appointment.

Appointment Scheduling:

Scheduling is available anytime at www.bioapplicant.com/nj. Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at 1-877-503-5981, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

Payment:

When an applicant is responsible for payment, payment is required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, prepaid debit cards, or electronic debit (ACH) from a checking account. Accounts will be debited immediately.

Cancel/ Reschedule:

Appointments may be canceled or rescheduled via the website or the call center before the deadline of 5PM EST the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$10.00 plus tax (\$10.70) will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

Unable to be Fingerprinted:

An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment, inability to present proper identification, inability to present this completed Universal Fingerprint Form IDG_NJAPP_020115_V2, or the information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$10.00 plus tax (\$10.70) appointment fee. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

PCN and Receipts:

Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. MorphoTrust will not provide duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.

Applicant ID Number:	Payment Authorization:	PCN:
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:
Agency Information:		

You **MUST** retain a copy of this form and the receipt of printing for your personal records.

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM

IDG_NJAPP_020115_V2



DIRECTIONS TO:

Shady Lane Nursing Home
256 County House Road
Clarksboro, NJ 08020

Take CR-536-SPUR exit - exit #38 toward Williamstown/US322/Berlin. Make sharp left onto Sicklerville Rd./Williamstown Rd. Continue on Williamstown Road to light, cross over Rt. 168. Continue through intersection and bear right onto US-322/Downer Glassboro Rd. At next intersection, US-322/NJ-47 turn right. Go to second light and make left onto US-322/West St. Continue to follow US-322. Make slight right onto Cedar Rd./Jefferson Richwood /CR-667. Continue to follow CR-667. Turn slight right onto County House Road. Shady Lane entrance approx. ½ mile on left.

From North: Take 295S towards Delaware Memorial Bridge. Exit at #18 A-B (CR-667/CR-678) toward Clarksboro/Mt. Royal/Paulsboro. Take exit #18B ramp towards Clarksboro(CR-667). At light make left continue thru intersection to next 6-point intersection. Go through light and bear right onto County House Rd. Shady Lane entrance approx. ½ mile on left.

From South: From Delaware Mem. Bridge take 295N to exit #18. At light turn right. Continue through next intersection to the 6-point intersection. Bear right onto County House Rd. Shady Lane entrance approx. ½ mile on left.

From West: Take Wall Whitman Bridge to 295S towards Delaware Mem. Bridge. Exit at exit #18A-B (CR-667/CR678) toward Clarksboro/Mt. Royal/ Paulsboro. Take exit #18B ramp towards Clarksboro (CR-667). At light make left, continue to 6-point intersection. Bear right onto County House Rd. Shady Lane Complex entrance approx. ½ mile on left.

From Downtown Woodbury: Follow Route 45 south through Woodbury. At the Sunoco station, bear right onto Route 551; Kings Highway. Follow Kings Highway for approximately 5 miles. At the 6-way traffic light, bear left onto County House Road. Shady Lane entrance will be on your left.

Classroom: CNA class is held in the Sullivan Room in the "old" Shady Lane building. The old building is the red brick building. Enter under the green awning. Please be at class on time as the doors to the building are locked on/about 5.00pm every day

Scrub Pro Uniform

1075 Delsea Drive

Westville, NJ 08093

Phone: 1-800-223-2378