

Nursing Assistant Packet (Age 18+)

If you will be 18 years of age or older when the Nursing Assistant class begins, you will follow this guide.

Nursing Assistant applicants are required to provide documentation of immunizations and vaccinations prior to enrolling in the Nursing Assistant class. NWTC has partnered with CastleBranch, an online background check and compliance management company that processes the required forms. There are several items required for admission. It is important to get started on them right away.

ITEM	COMPLETED
Apply to the Nursing Assistant Program nwtc.edu/Apply	<input type="checkbox"/>
Create a CastleBranch Account Visit www.castlebranch.com and select "Place Order" to enter the package code: NF14 <i>There is a \$66 fee due at registration. If you are unable to pay the fee, please contact start@nwtc.edu</i>	<input type="checkbox"/>
Complete TB testing (see included testing instructions) The medical report must include date, time and result (actual measurement) of each test when you upload your results to CastleBranch	<input type="checkbox"/>
Complete the Nursing Technical Standards Form (included in packet) Upload the completed form to CastleBranch	<input type="checkbox"/>
Complete the Background Information Disclosure Form (included in packet) Upload the complete form to CastleBranch	<input type="checkbox"/>
Immunizations Obtain a copy of your immunizations. There are two common ways to obtain them: <ol style="list-style-type: none">1. Wisconsin Immunization Registry – visit www.dhs.wisconsin.gov/immunization.wir.htm to obtain an online copy of your immunization record (WI residents only).2. Contact your primary caregiver (or log on to their website)3. Complete attached Hepatitis B Form4. Proof of COVID-19 Vaccination Required- Copy of vaccination card is NOT approved documentation.	<input type="checkbox"/>

WHEN THE ABOVE STEPS ARE COMPLETED YOU CAN ENROLL

Enroll in the Nursing Assistant Course <ol style="list-style-type: none">1. Go to www.nwtc.edu/mynwtc, navigate to "enroll in classes" and select "class search". Select the term and enter the catalog number: 30543300	<input type="checkbox"/>
Purchase Supplies and Uniforms Needed (included in packet)	<input type="checkbox"/>
What to Expect in Your Nursing Assistant Course (included in packet)	<input type="checkbox"/>

Download the myCB (CastleBranch) app to easily upload your documents on your mobile device.



Contact CastleBranch

For additional assistance with CastleBranch call 888-723-4263 or visit <https://mycb.castlebranch.com/help>

Contact Northeast Wisconsin Technical College

For additional assistance with applying, enrolling or questions regarding your NWTC account please contact the 920-498-5444 or email nursing.assistant@nwtc.edu



NORTHEAST

WI Technical College

TUBERCULIN SKIN (TB) TESTING INSTRUCTIONS

What is TB Skin Testing:

- TB Skin Testing is done to screen and monitor for Tuberculosis. It is required for all Nursing Assistant students to be eligible for attending clinical.
- If you have never had a TB Skin Test, you will need to complete the **2-step process**.
 - This consists of 2 complete TB skin tests. Each TB skin test requires 2 appointments.
- If you already have TB Skin testing each year.
 - If you have TB skin testing results for the past 2 consecutive years. This will be accepted with written results of the last 2 years.

What to Expect:

This process takes a minimum of 2 weeks to complete. You must provide the date of each visit.

- The TB test is a two-step process (two tests).
- You will visit the medical provider a total of 4 times.
 - The first appointment is when you receive your first TB test.
 - The second appointment (48 hours later) the TB results are read.
 - A min. of 7 days after your first appointment you will return for a 2nd TB test.
 - A fourth appointment (48 hours later) is required for the results of the 2nd TB test.

Where to send results:

- **BEST METHOD:** Use a scanner to scan the results and save as a PDF. Upload the PDF to your www.Castlebranch.com account. DO NOT EMAIL to CastleBranch.
- **Fax:** Results can be faxed to CastleBranch. You will need to include the fax cover sheet from your CastleBranch account in order to identify the correct account for uploading.
- **Photo:** At times students take pictures to upload. This is not always the best as photos can be blurry and easily rejected.

Alternate options:

- QuantiFERON Gold Blood Test or T-Spot Test annually.
- If TB Skin Test is positive, a negative QuantiFERON Gold Blood Test or T-Spot Test is required.
- If the results of the QuantiFERON Gold Blood Test or T-Spot Test are positive, a clear Chest X-Ray PLUS TB Questionnaire is required.

TB Test Locations:

- Your health care provider
- Your school Nurse Practitioner

- *Bellin Occupational Health Solutions* offers reduced prices.
Bellin Occupational Health can provide your physical examination within 48 hours.
Call 920-430-4560 to find the provider closest to you and schedule an appointment.
NOTE: Bellin will not accept insurance for these services.
TB Skin Test is \$16 each (two total required).

- *N.E.W. Clinic at NWTC* located in Room HS211.
Call 920-498-5436 to make an appointment.
Appointments are available on Mondays and Tuesdays only.
Cost is \$5 per test. (two total required)

- Your County Public Health Division
 - Brown County: 920-448-6400
 - Marinette County: 715-732-7670
 - Door County: 920-746-2234
 - Shawano County: 715-526-2822
 - Kewaunee County: 920-388-7160
 - Oconto County: 920-834-7000

Castlebranch Contact: 888-723-4263 or servicedesk.cu@castlebranch.com

Students enrolled in NWTC Nursing programs should be able to meet the established technical standards identified below with or without reasonable accommodation(s). The technical standards for the Nursing programs are representative of those found in the Nursing profession.

NAME _____ NWTC ID# _____

Area	Functions (not inclusive) with or without reasonable accommodations
Physical Skills	<ul style="list-style-type: none"> • Bend, stretch, twist, reach with your body above shoulders, below waist, and in front • Transfer and position patients applying principles of safe body mechanics • Provide direct patient daily cares (feeding, bathing, etc.) • Manipulate, assemble, and move equipment • Document patient condition • Maintain physical activity for several hours
Sensory Skills	<ul style="list-style-type: none"> • Detect differences in body and environmental odors • Understand and respond to patient requests and needs • Detect environmental hazards • Detect warning signals on equipment displays • Detect subtle changes or differences (e.g. pulse, rash, temperature)
Communication Skills	<ul style="list-style-type: none"> • Speak, read, and write English • Listen and comprehend spoken and written English • Collaborate with others • Respond to others in an accepting and respectful manner
Critical Thinking Skills	<ul style="list-style-type: none"> • Apply knowledge and skills learned in the classroom to a clinical setting • Comprehend and follow instructions • Follow processes from start to finish; sequence information • Adapt decisions based on new information • Maintain focus in an environment with distractions • Making safe judgements
Professionalism	<ul style="list-style-type: none"> • Establish a professional working relationship with the health care team, peers, instructors, patients, and families • Demonstrate positive interpersonal skills • Demonstrate impulse control and professional level of maturity • Maintain appropriate boundaries in relationships with patients and peers • Handle demanding and stressful situations • Maintain confidential health care information (including by refraining from posting any confidential patient information on social media)
Safety	<ul style="list-style-type: none"> • Wear personal protective equipment for safe practices (gloves, masks, eyewear, gown) • Tolerate heat and humidity • Work in an environment that may contain common allergens • Adhere to safety/emergency protocols • Recognize and respond to hazardous conditions • Maintain health care requirements • Carefully handle supplies and equipment throughout the course

_____ **I have read the Technical Standards specific to a student in the Nursing programs.**

(Initials of student and parent or guardian if student under 18.)

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 her or his disability. In keeping with these laws, colleges of the Wisconsin Technical College System make every effort to insure a quality education for students. The purpose of completing the Nursing Technical Standards is to ensure that students acknowledge that they have been provided information on the technical standards required of a student in the Nursing programs. And to assure all students can meet the technical standards requirements of this program.

_____ **I understand I must contact the NWTC Disability Services office for information concerning accommodations or special services and/or career evaluation.**

(Initials of student and parent or guardian if student under 18.)

Services for learners with disabilities at all campuses are coordinated through the Disability Services office on the Green Bay campus. To obtain information concerning accommodations or special services, call (920) 498-6904 or (800) 442-NWTC, extension 6904 or email to disability.services@nwtc.edu. Counselors/Advisors at the Sturgeon Bay or Marinette campuses and staff at the Regional Learning Centers can also arrange services at the Green Bay office. *NWTC reserves the right to request additional information which may include a medical examination.* For more information related to the reasonable accommodation process, please visit: <https://www.nwtc.edu/student-experience/disability-services>.

Student/Parent or Guardian initials and signature confirms the student has read and understands the *Technical Standards* specific to a student in the Nursing programs and how to access the Disability Services office in the event accommodations are needed at this time.

Student Signature

Date

Student - Print Name

Student ID

Parent or Guardian Signature (if student under 18 years of age)

Date

By checking this box, I acknowledge that the above signature(s) can be used electronically.

BACKGROUND INFORMATION DISCLOSURE (BID)

- **PENALTY: Knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000 and other sanctions as provided in Wis. Admin. Code § DHS 12.05(4).**
- Completion of this form is required under the provisions of Wis. Stat. § 50.065. Failure to comply may result in a denial or revocation of your license, certification, or registration, or denial or termination of your employment or contract.
- Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.
- Refer to DQA form F-82064A, *BID Instructions*, for additional information.

Check the box that applies to you.

- | | |
|--|--|
| <input type="checkbox"/> Employee / Contractor (including new applicant) | <input type="checkbox"/> Household member (lives on premises, but is not a client) |
| <input type="checkbox"/> Applicant for a license, certification, or registration (including continuation or renewal) | <input type="checkbox"/> Other – Specify: _____ |

NOTE: If you are an owner, operator, board member, or non-client resident of a facility regulated by the Division of Quality Assurance (DQA), complete the BID, F-82064 and the [Appendix, F-82069](#), and submit both forms to the address noted in the Appendix Instructions.

Full Legal Name – <i>First</i>		<i>Middle</i>	<i>Last</i>	
Position Title (Complete only if a prospective or current employee or contractor.)			Birth Date (<i>MM/dd/yyyy</i>)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Any Other Names By Which You Have Been Known (Including Maiden Name)				
Race / Ethnicity (Check ONLY one.) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown				Social Security Number
Home Address		City	State	Zip Code
Business Name and Address – Employer or Care Provider (Entity)				

A “NO” answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.

Note: The areas below that are designated for responses are expandable.

SECTION A ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION

1. Do you have any criminal charges pending against you, including in federal, state, local, military, and tribal courts?
 If **Yes**, list each charge, when it occurred or the date of the charge, and the city and state where the court is located.
 You may be asked to supply additional information, including a copy of the criminal complaint or any other relevant court or police documents.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

2. Were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts?
 If **Yes**, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located.
 You may be asked to supply additional information including a certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

3. **IMPORTANT: Read before completing item 3.**
Wis. Stat. § 48.981 Abused and neglected children and abused unborn children. (7)(a) CONFIDENTIALITY. “All reports made under this section, notices provided under sub. (3) (bm), and records maintained by an agency and other persons, officials, and institutions shall be confidential.” Reports and records may be disclosed only to the persons identified in this section.
 If you are the employer or prospective employer of the person completing this form and are entitled to obtain this information per the above, check this box.
 Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect?
 If the above box has been checked, provide an explanation below, including when and where the incident(s) occurred.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

- | | | |
|---|---|--|
| <p>4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?
If Yes, explain, including when and where it happened.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client?
If Yes, explain, including when and where it happened.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>6. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person?
If Yes, explain, including when and where it happened.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients?
If Yes, explain, including credential name, limitations or restrictions, and time period.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |

SECTION B – OTHER REQUIRED INFORMATION

- | | | |
|---|---|--|
| <p>1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services?
If Yes, explain, including when and where it happened.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility?
If Yes, explain, including when and where it happened and the reason.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>3. Have you been discharged from a branch of the US Armed Forces, including any reserve component?
If Yes, indicate the year of discharge: _____
Attach a copy of your DD214, if you were discharged within the last three (3) years.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>4. Have you resided outside of Wisconsin in the last three (3) years?
If Yes, list each state and the dates you resided there.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>5. If you are employed by or applying for the State of Wisconsin, have you resided outside of Wisconsin in the last seven (7) years?
If Yes, list each state and the dates you resided there.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>6. Have you had a caregiver background check done within the last four (4) years?
If Yes, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |
| <p>7. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS-designated tribe?
If Yes, list the review date and the review result. You may be asked to provide a copy of the review decision.</p> | <p>Yes
<input type="checkbox"/></p> | <p>No
<input type="checkbox"/></p> |

Read and initial the following statement.

_____ I have completed and reviewed this form (F-82064, BID) and affirm that the information is true and correct as of today's date.

Name – Person Completing This Form	Date Submitted
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**HEPATITIS B
DECLINATION FORM**

Hepatitis B is an infection of your liver. It's caused by a virus. Healthcare workers have the chance to be exposed to Hepatitis B. There is a vaccine that protects against it and the Hepatitis B vaccination is recommended for healthcare workers. Many healthcare employers provide the vaccination to their employees.

The Hepatitis B vaccination is a series of vaccinations. Many students are finished with class before they finish the series of vaccinations. Because of this, we do recommend you complete this declination form and pursue getting the vaccination after you gain employment at a healthcare facility.

Name _____ Student ID# _____

Program _____

HEPATITIS B VACCINATION DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at my expense. However, I decline the Hepatitis B vaccination at this time. I understand that by declining the Hepatitis B vaccine I continue to be at risk of acquiring Hepatitis B as a serious disease. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at that time.

Signature: _____ Date: _____

PARENT/GUARDIAN SIGNATURE: _____
(Required if student is under the age of 18)

By checking this box, I acknowledge that the above signature(s) can be used electronically.

NWTC NURSING ASSISTANT SUPPLIES NEEDED

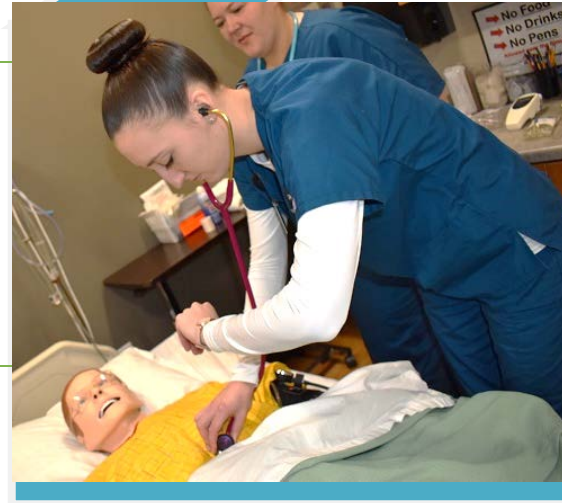
These supplies must be purchased and ready for use by your first day of class.

PURCHASE AT THE NWTC BOOKSTORE

- Hartman's Nursing Assistant Care 5th Edition (Textbook & Workbook)
 - Visit the NWTC Bookstore with your Student ID **OR**
 - Log in to your www.nwtc.edu/mynwtc,
 - Click on Academics > Booklist (to order)
- Name Badge

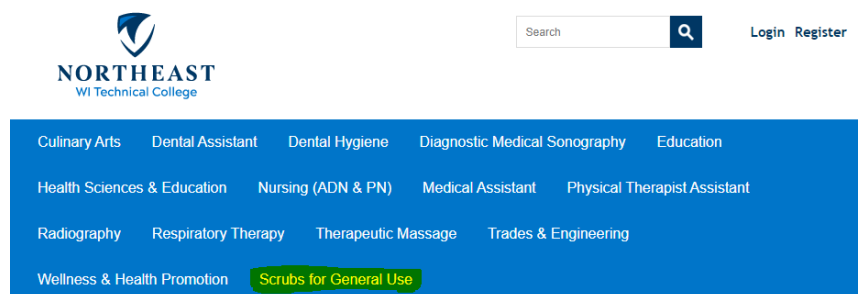
PURCHASE AND BRING TO CLASS

- Watch with a second hand.
- Pens with black ink
- Shoes – Clean athletic with laces
 - Worn at all times
 - No open toes, heels, clogs or cros
 - Shoes & Laces must be kept clean
- Uniforms
 - **You are required to wear uniforms during the entire program**
 - Uniform is worn in the classroom and clinical
 - The Uniform must not be worn outside of school or clinical
 - FEMALE: **TWO** sets of white, colored or subtle print uniforms or scrub tops/pants or dress.
 - MALE: **TWO** sets of white or colored scrub pants and shirt
 - Must have pockets



DISCOUNTED SCRUB/UNIFORM OPTIONS

- Discounted scrubs can be purchased through the Elite Group (nwtc.mybrightsites.com)
 - Click on “SCRUBS FOR GENERAL USE” (upper blue ribbon)
 - The first time you purchase, you will need to create a new account at checkout
 - Students should order ONE MONTH prior to the start of class.
 - Sample uniforms may be available to try on by going to the NWTC Health Sciences Office (HS310) on the Green Bay Campus.
- White t-shirts are optional, but are the only shirt allowed to be worn under the scrub top.
- Scrub pants are not to drag on the floor**
- Uniforms can also be purchased at Wal-Mart, Fleet Farm, Uniform Shoppe, ect.
- To be considered for borrowing uniforms, please contact Student Support Services
 - (920) 498-6258 or supportservices@nwtc.edu



Please feel free to contact Carolyn DeBaker, administrative assistant, with further questions.
E-mail carolyn.debaker@nwtc.edu Telephone 920-498-6985 or 1-800-422-NWTC Extension 6985

WHAT TO EXPECT IN YOUR NURSING ASSISTANT CLASS

SUMMARY OF COSTS

Application for Admission	\$30
CastleBranch.com Account	\$60
Course Fee/Tuition	\$491
Nursing Assistant Textbook & Workbook	\$65
Name Badge	\$5
Miscellaneous Items (scrubs, shoes, watch, ect.)	\$65
Competency Testing (to become Certified)	\$125
Total Approximate Costs	\$841 (does not include sales tax)

WHAT TO EXPECT IN YOUR NURSING ASSISTANT CLASS

- Nursing Assistant classes meet 2 or 3 days a week.
- Classes are offered during the day, the evening and on weekends.
- Class sessions may be 4,5,6 or 8 hours.
- Most clinical sessions are 8 hours.
 - Day clinicals are 6am – 2:30pm
 - Evening clinicals are 1-9:30pm
- The Nursing Assistant program is regulated and monitored by the Wisconsin Department of Health Services. Every student is **REQUIRED** to complete 60 hours of classroom time and 45 hours of clinical time.
 - It is **CRITICAL** that you attend **EVERY** session of the class you select. It is very difficult to make up missed time.
- Clinical is held in a local Nursing Home – you will actually provide personal care to Nursing Home Residents.
- There is a LOT of reading required. You will read almost the entire textbook in approximately 3 weeks.
- You will have homework after every class session.
- You will take quizzes and exams on a computer.
- There are four quizzes and four lab session exams and a final exam.
- You must have an average score of 80% to be eligible to attend clinical.
- You must pass both the classroom and clinical portion of the program to pass the program.
- You will be expected to demonstrate skills while being graded by an instructor.
- The Nursing Assistant program is not eligible for Financial Aid. If you are in need of financial assistance, please work with your local job center or Career Services.
- You are required to provide proof of current TB skin testing to be eligible to attend clinical.
- If you have a criminal record including things like theft, forgery or disorderly conduct of domestic violence nature, you may not be eligible for clinical thus not able to complete the program. Each clinical site accepts or denies students based on their criminal history. Repeated convictions and recent convictions also may prevent you from being eligible for clinical.
- Professional behavior is expected at all times in the classroom and clinical.
- Excessive piercings are not allowed and you will be asked to remove earrings.
- Tattoos must be covered during clinical.

Please feel free to contact Carolyn DeBaker, administrative assistant, with further questions.

E-mail carolyn.debaker@nwtc.edu Telephone 920-498-6985 or 1-800-422-NWTC Extension 6985