



Nursing Assistant Training Program

Student Information Packet

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San Joaquin Delta College Health Sciences Division

5151 Pacific Avenue, Locke Center, Room 203

Stockton, CA 95207 (209) 954-5454

Dear Nursing Assistant Candidate,

Congratulations on your conditional acceptance to the Nursing Assistant Training Program! We are pleased to welcome you to the program. Please note that your acceptance is contingent upon the successful completion of all required documentation and compliance with the clinical site requirements.

Please review all the materials provided and follow the instructions carefully. This document includes important details regarding your program registration and the clinical requirements you must fulfill.

Be sure to check your Delta College student email account daily for critical announcements, updates, and communication from the Health & Fitness TrAC. All future correspondence will be sent exclusively to your Delta College student email account.

Please pay close attention to all deadlines. All requirements and associated due dates are strictly enforced, and no exceptions will be made.

We look forward to your enrollment in the Nurse Assistant Training Program and wish you success as you complete the necessary steps to join our program.

Sincerely,

Charlene Lovelace MSN-Ed, RN, DSD, PHN

Nurse Assistant Program Director

Student Checklist for the Nurse Assistant Training Program

Please complete all tasks by the specified deadlines.

Pre-Program Requirements

☐ 1. Read through the entire packet

The NATP Student Information Packet is available on the [CNA webpage](#) under the “Program Acceptance” tab. Please review all materials carefully to ensure you understand the program requirements and expectations. If you have any questions, feel free to contact our office:

Phone: (209) 954-5454

Email: healthscienceapps@deltacollege.edu

☐ 2. Accept or Decline Your Spot in the Program

Due:

To secure your place in the program, you must accept your spot by the provided deadline. Please complete the Program Acceptance form and the Student Personal Information form (Page 7 and 8).

Save the forms as “**ACCEPTANCE FORM_ LAST NAME, FIRST NAME**”

Once saved, email the forms to raquel.romero@deltacollege.edu from your Delta College email account.

☐ 3. Complete Background Check and Drug Screening

Due:

To create your student account visit <http://castlebranch.com>. A fee is required, which can be paid using Visa, MasterCard, or Money Order. Detailed instructions are provided on page 12 of the Student Information Packet.

After completing the registration, you will receive an E-chain of Custody form for the drug test. Take this form to the designated lab for a urine sample. Your results will be posted directly in Castle Branch—there is no need to print the report.

☐ 4. Complete Live Scan Fingerprinting

Due:

After submitting your background check, download the required Live Scan forms from CastleBranch and complete the Live Scan process. Once finished, upload your completed Live Scan form to CastleBranch under the Live Scan requirement

Once this requirement is approved and the Live Scan deadline has passed, you will receive access to register for the program.

Registration and Medical Requirements

☐ 5. Register for Classes

- Log in to **MyDelta** on the San Joaquin Delta College homepage.
- Click on the “**Manage Classes**” tab.
- Use the “**Class Search and Enroll**” function. Search for H S 70 (Health Science 70) and choose the appropriate section.
Note: Before you can receive permission to register, you must complete the Live Scan requirement. Afterward, you will receive an email with instructions on how to register.
- Please refer to our detailed guide, [How to Register in MyDelta](#) for a step-by-step walkthrough on the entire registration process.

☐ 6. Complete Immunizations and Physical Examination

Due:

Schedule appointments to complete immunizations and physical examination as soon as possible. Be sure to print and bring Appendix A, Appendix B, Appendix C, and Appendix D from the packet to your appointment. For further details, please refer to pages 13 through 16.

☐ 7. Purchase Professional Liability Insurance

Due:

All students enrolled in the San Joaquin Delta College Nursing Assistant Training Program must carry current professional liability insurance. For further details, please refer to page 17.

Need Help with Your CastleBranch Account?

If you're experiencing difficulties with your CastleBranch account, we've got you covered. Start by visiting the [CastleBranch FAQ page](#) for helpful video tutorials on topics such as:

- Obtaining and entering a package code
- Order placement and payment options
- Forgot username or password

Log into your [myCB account](#) and select the orange “Need Help” button to access helpful video tutorials covering topics including:

- Account details

- To-Do list requirements
- Background checks or drug testing
- Document center or message center

If you still need assistance, you can chat with a representative directly through your myCB account or call CastleBranch's User Experience Specialists at 888-723-4263.

Have Questions Regarding Immunizations, Physical Examination, or Professional Liability Insurance?

For assistance, contact:

Raquel Romero, Administrative Assistant

- Phone: (209) 954-5454
- Email: Raquel.romero@deltacollege.edu
- In-Person: Visit the Health and Fitness Office in Locke 203, Monday through Friday from 8:00 am- 4:30 pm

Charlene Lovelace, Program Director

Email: Charlene.lovelace@deltacollege.edu

Need Additional Assistance? Contact Your Resource Specialist!

If you need help with registering for the program or additional resources, feel free to reach out to our Resource Specialist, Taryn Sanders.

You can contact Taryn through the following methods:

- Phone: (209) 954-5413
- Email: hfrac@deltacollege.edu
- In-Person: Visit Taryn's office in Locke 213, Tuesday through Friday from 7:00 am- 5:00 pm

Taryn is ready to assist you!



San Joaquin Delta College
Health Sciences Division
5151 Pacific Avenue, Stockton, CA 95207
(209) 954-5454

Nursing Assistant Training Program Acceptance Form

Please complete the Acceptance Form and the Student Personal Information Form, and save the file using the following format: "Acceptance Form_ Last Name, First Name". Once saved, upload the file (PDF or image) and send it to Raquel Romero via your Delta College email address.

I wish to accept the space offered to me in the San Joaquin Delta College Nurse Assistant Training Program.

Initials: _____

I understand that my acceptance is conditional upon meeting and maintaining all clinical requirements, as outlined in the program.

Initials: _____

Name (Please Print): _____

Initials: _____

Signature: _____

Date: _____

Student Personal Information Form

Please complete this form and submit it along with your Program Acceptance Form.

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Alternate Phone: _____

Emergency Contact Information

In case of emergency, please notify:

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Alternate Phone: _____

Permission for Release of Information

During the nurse assistant training program, local hospitals/facilities may request student names and addresses for recruitment purposes. Please indicate your preference below:

☐ I **give permission** for my name and address to be released for recruitment purposes.

☐ I **do not** want my name and address released for recruitment purposes.

Student Signature: _____ Date: _____

Reporting Prior Convictions or Disciplinary Actions

The Following are policies of the State Department of Health Services:

1. Nurse Assistant students who have a problem caused by alcoholism, drug abuse or emotional illness, should be informed that these conditions, if left unattended, could lead to disciplinary action and may prevent a student from being certified.
2. Failure to report prior conviction(s) or disciplinary action is considered falsification of application and is grounds for denial of certification. The reporting of prior convictions, other than minor traffic violations, is required by law. All disciplinary action against an applicant for the state certification examination must be reported to the Department of Health Services.

Any prior conviction or disciplinary action against you must be reported to the Department of Health Services prior to registering for the training program. Reporting of prior conviction(s) or disciplinary action, other than minor traffic violations, is required by law for public safety purposes. Since it takes eight to ten weeks to process such reports, it is important to request clearance before the start of the training program.

The Department of Health Services has a registry that lists all individuals with prior convictions. Students who are not cleared by the State Registry are not allowed to apply for the State Certification Exam. See Appendix E for list of convictions, which constitute automatic denial of certification as a Nurse Assistant.

Clearances take eight to ten weeks. Once a clearance has been completed, the "Application for Nurse Assistant Certification" form will be returned to Delta College. If you are not cleared, the application is not returned, but a letter will be sent to you stating why the State cannot clear you for certification.

The clearance letter is a very important piece of paper - keep it in a safe place! When you complete the training program you will need to send a copy of your clearance when you apply to take the state certification test. You will also need to provide the Health Sciences Office, Locke 203, with a copy of this clearance to be placed in your student file.

Falsification of the application is grounds for denial or revocation of certification. If you have any questions regarding this procedure, you are urged to contact the Department of Health Services, Licensing and Certification at (916) 327-2445.

Social Security Number (SSN) Disclosure

Failure to provide your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) will result in the return of your CDPH application. Your SSN or ITIN will be used by the California Department of Public Health (CDPH) for internal identification purposes and may also be used to:

- Verify information on your application.
- Confirm certification with another state's certification authority.
- Identify you during examinations.
- Facilitate identification in national disciplinary databases.
- Serve as the basis for any disciplinary action, if applicable.

Uniform and Accessory Guidelines

Uniform

- Pewter scrub top and pewter scrub pants

Shoes

- Black Tennis Shoes: Comfortable, clean, and standardized. Shoes must be solid black leather with black laces and rubber soles, without any color accents or logos. Both toes and heels must be fully enclosed, and the heels should be low. No cloth shoes are allowed.

Warm-Up Scrub Jackets (Optional)

- Jackets must be of the standard uniform design in Pewter

Note: Uniforms must be worn during both lecture and clinical, starting on the first day of class.

Required Accessories

Students must have the following items:

- Analog watch with a second hand
- Stethoscope
- Aneroid sphygmomanometer (manual blood pressure cuff)

Recommended Uniform Shops

The following stores carry uniforms for the Nurse Assistant Training. This list is provided for informational purposes only and does not represent an endorsement of any specific merchant:

- Fashion Health Care Apparel
305 E. Yosemite Avenue, Manteca, CA
Phone: (209) 239-2254
- Scrubs
1083 E. March Lane, Stockton, CA 95210
Phone: (209) 477-8000

Inappropriate Clothing in Clinical Areas

The following items are prohibited in any clinic area:

- Sport jeans, blue jeans, and/or denim jeans of any color.
- Leggings, capris, pedal pushers, mid-calf fitted pants, shorts, skirts, or culottes.
- Torn, unkempt, or inappropriate clothing.
- Sweats, sweatshirts, and T-shirts.
- Unkempt, unsafe, or inappropriate footwear, including thongs, wooden clogs
- Short, tight, low-cut, or suggestive clothing.
- Patient gowns/robes or surgical scrub wear.

CastleBranch Background Check and Drug Screening Instructions

CastleBranch.com is a secure service that allows students to order their background checks and drug screenings online. All information collected through CastleBranch is kept confidential and tamper-proof. The services are tailored to meet the requirements set by your school, ensuring you receive everything necessary.

Before Placing Your Order:

1. Required Personal Information:

You will need to enter the following details during the ordering process:

- Full Name
- Date of Birth
- Social Security Number
- Current Address
- Phone Number
- Email Address

2. Payment Information:

- Multiple payment types are accepted including debit or credit cards, electronic checks and money orders.
- Money orders will incur a \$10 fee and may result in a longer processing time.

Placing Your Order:

1. Go to: www.CastleBranch.com
2. To begin your order, click "Place Order" at the top of the page and enter the code provided in your Conditional Acceptance Packet, found under item 3 on the Student Checklist.
3. Complete the order by following the prompts to complete your background check and drug screening order.
4. Once payment information is entered select "Submit"

Note: Payment authorization may take several minutes DO NOT EXIT THE PAGE.

5. From the order confirmation page, select "Next" to be directed to your CastleBranch dashboard.
 6. Select the MyCB tile to view your To-Do list and complete the requirements.
- Note: You will also receive an order confirmation email with directions on how to log in.

Drug Test:

After placing your CastleBranch order, you must schedule your drug test. CastleBranch will

register you with a local laboratory. Within 24-28 hours after placing your order, you will receive an email directly from the lab containing your electronic chain of custody form (E-chain) along with instructions and location details for completing the drug test.

Note: The email will have the subject line: **"Form Fox."**

Accessing Your Results:

1. After placing your order, use the password provided in your confirmation email to access your results.
2. Go to **CastleBranch.com**, enter the password, and click on "View."
3. On the next screen, enter the last four digits of your Social Security Number to access your information.

Live Scan Instructions

- Choose your location:
 - **Lodi Location:**
 - Live Scan Lodi (No appointment, walk in only)
Address: 201 S. Guild Ave. Lodi, CA 95240
 - **Stockton Locations:**
 - Postal Plus
Address: 2339 W. Hammer Ln. Ste. C Stockton, CA 95209
 - Postal Center
Address: 6333 Pacific Ave. Stockton, CA 95209
- Download the required forms from CastleBranch
 - Live Scan Cover Sheet
(This form is necessary to bill SJDC and is specific to which site you visit.)
 - Request form Live Scan Service
(This form is needed to complete the Live Scan service)

Note: Be sure to bring the appropriate paperwork for your selected location.

- Bring the following to your Live Scan appointment
 - Live Scan Cover Sheet
 - Request for Live Scan Service
 - A current government-issued ID.

Note: Your name on your Live Scan must match the name on your government-issue ID exactly.

- Upload your completed Live Scan form to CastleBranch under the Live Scan requirement

Immunization and Physical Examination Requirements

To meet the clinical requirements for the program, you are required to complete the immunization and physical examination process as outlined below. The documentation must be submitted using the SJDC Immunization & Physical Examination Forms provided, or you may submit immunization and physical examination records provided by your physician and/or pharmacy. Once completed, please upload the forms to CastleBranch for review and verification.

Important:

- You must submit all Immunizations and Screening Forms by the deadline indicated on the CHECKLIST.
- Use the provided immunization record form included in this packet for submission.
- The form must be completed and signed by a healthcare provider (physician, nurse, nurse practitioner, or physician assistant).
- Keep the original form for your personal records.

Completion Requirements:

The Immunization and Screening Form must contain one of the following to be considered valid:

- **A facility/provider stamp** in the designated box for each test/vaccine administered.

OR –

- **Printed name, title, and signature** in the "Stamp and Signature" box next to the test/vaccine administered.

Before leaving the healthcare provider's office, ensure the form is correctly completed. Check that the "Stamp and Signature" boxes are filled out properly, as incomplete forms will not be accepted by the Nursing & Health Science Office.

Where to Complete Immunization and Physical Examination:

- **Physician's Office**

Immunizations and the physical examination can be administered by your primary care physician or any licensed healthcare provider.

- **Delta College Health Center**

Community Medical Centers at Delta College offers comprehensive services, including physical examinations. To schedule an appointment for your physical exam, call (209) 636-5000.

- **Pharmacy**

Any licensed pharmacy can administer the required immunizations. Please check with your local pharmacy for availability.

Tuberculosis (TB) Testing Requirements

Upon entry into the program, you must submit documentation of one of the following TB tests:

- One-Step PPD (Purified Protein Derivative)

OR

- QuantiFERON-TB Gold Test (QFT-G)

If you have a history of BCG vaccination:

- We recommend the QuantiFERON-TB Gold (QFT-G) or T-SPOT.TB test instead of the PPD.

If you have a positive TB test, positive chest X-ray, and positive symptom review:

- You must see a healthcare provider for treatment before entering the program.
- Documentation of TB treatment history must be recorded and submitted.

If you have new positive TB test results:

- Follow up with a healthcare provider for:
 - Chest X-ray
 - Symptom review
 - Possible TB treatment
- Chest X-rays must be completed within 90 days of entering the program and repeated every two years.

Tetanus, Pertussis, and Diphtheria (Tdap) Vaccination Requirement

You must provide proof of a Tdap booster within the last 10 years.

How to Get the Tdap vaccination:

- You may request the Tdap vaccination from your healthcare provider.
- You may purchase the Tdap vaccination from any pharmacy

COVID-19 Vaccination Requirement

You must submit proof that your COVID-19 vaccination status is up to date before or no later than the deadline.

- Submit documentation of the flu vaccination as outlined in APPENDIX C.

OR

- If you choose to decline the COVID vaccination, you must submit a Signed Waiver.
 - Submit the Declination of COVID Vaccination as outlined in APPENDIX F.

How to Get the COVID vaccination:

- You may request the COVID vaccination from your healthcare provider.
- You may purchase the COVID vaccination from any pharmacy.

Influenza Vaccination Requirements

Proof of Annual Influenza Vaccination is required for students during the flu season (Fall and Spring semesters).

- Submit documentation of the flu vaccination as outlined in APPENDIX C.

OR

- If you choose to decline the Influenza vaccination, you must submit a Signed Waiver.
 - Submit the Declination of Influenza Vaccination as outlined in APPENDIX H.

How to Get the Influenza vaccination:

- You may request the influenza vaccination from your healthcare provider.
- You may purchase the influenza vaccination from any pharmacy starting in September.

Pre-Entrance Health Self and Physical Examination Instructions

Instructions for Completion:

1. Required Forms:

- It is preferred that you use the medical forms provided in this packet.
- You may choose your own healthcare provider, but the healthcare provider cannot be a relative.

2. Pre-Entrance Health Self-Assessment (Appendix A):

- Complete the Pre-Entrance Health Self-Assessment regarding your health history before your physical examination.
- Sign the form to confirm your information.

3. Physical Examination (Appendix B):

- Complete both Part 1 and Part 2 of the physical examination.
- Part 3 must be filled out by your healthcare provider.
- Your healthcare provider must sign the form.
- Ensure all sections are completed fully, and answer all questions thoroughly.

4. Important Note:

- If you have had a physical examination within the last three months, you do not need to repeat it. Simply submit the existing documentation.

Professional Liability Insurance Requirement

All students enrolled in the San Joaquin Delta College Nursing Assistant Training Program must carry current professional liability insurance. This insurance is required for clinical practice and must meet the following coverage limits:

- \$1,000,000 per occurrence
- \$3,000,000 aggregate

Why is this required?

The affiliating hospitals and San Joaquin Delta College are not responsible for any negligent acts of student nurses. Malpractice, or negligence in healthcare, is defined as an act performed by someone with specialized training and education. Therefore, proof of current Student Certified Nursing Assistant (CNA) Liability Insurance is mandatory.

Note: You will not be allowed to enter clinical practice without submitting proof of current malpractice insurance. A copy of your "Certificate of Liability" must be on file.

How to Obtain Insurance: If you do not currently have professional liability insurance, you can apply for coverage through the Nurses Service Organization (NSO). To apply, visit:

<https://www.nso.com/malpractice-insurance/individuals/nursing-students>

NSO provides liability insurance and risk management resources specifically for CNAs.

1. Application Process:

- To apply online, visit the NSO website, click on "Get a Quote," and proceed to checkout.
- The cost for CNA students is approximately \$28.00.
- For online applications, payment must be made via credit or debit card, and the payment must be in your name to ensure your actual signature is processed.
- You may also complete a paper application. Please note that it will take longer to process.

2. Payment:

- For online submissions, you will be prompted to pay via credit or debit card.
- For paper applications, you can submit either a check or credit/debit card information with your application.
- Be sure to allow sufficient processing time to meet the deadline

3. Submission of Insurance Coverage:

- After obtaining professional liability insurance, upload the "Certificate of Liability" to CastleBranch.

Note: Do not upload the receipt.

4. Coverage Start Date:

- The policy is issued for a period of one (1) year.

- It is strongly recommended that you set the coverage start for the first day of the CNA program.
 - However, please note that NSO requires the effective date of coverage to be within 60 days of your application date to process your insurance.
5. **Important Application Information:**
- Carefully review all application details to ensure you select the correct insurance for CNA students.
 - If you have any questions or need assistance with your malpractice insurance coverage, contact NSO at 1-800-247-1500.

Required Course Material

Required Textbook (eBook):

Lippincott CoursePoint for Nursing Assistants: A Humanistic Approach to Caregiving, 6th Edition
ISBN: 978-9752-1877-5

Online Code Required: The online access code for the eBook is required for course participation.

How to Purchase:

You can purchase the online eBook access code through the San Joaquin Delta College Bookstore by visiting the following link:

[San Joaquin Delta College Bookstore - Course Materials](#)

FERPA Consent to Release Education Records

Pursuant to the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, the College cannot disclose personally identifiable information contained in the student's education records without the student's written consent, except to the extent that FERPA authorizes disclosure without consent. A parent does not have the automatic right to view his/her child's records without the express written consent of the student, unless that parent can provide proof that the student is still a dependent for income tax purposes. See the SJDC Board Policy 3725 for further explanation of the student's privacy rights. Students may grant any third party (e.g. spouse, parent, and/or sponsor) permission to access his/her education records or any portion thereof by completing this form and returning it to the appropriate records custodian.

I authorize release of the portion of my records maintained by the Health Science Division of San Joaquin Delta College to the clinical agencies where I am assigned as a student.

Description of Records to be Disclosed: Immunization records, clinical compliance forms, and biographical information

Purpose of Request: Clinical compliance

In giving this authorization, I knowingly and willingly waive all privacy and confidentiality rights to which I am entitled under Federal, State or Local law or under University rules, regulations, statutes or policies. I further agree to hold the Board of Trustees of San Joaquin Delta College, its officers, employees, representatives, agents and assigns free and harmless from any and all lawsuits or causes of action which may arise as a result of this authorization. I further understand that I may revoke this consent at any time upon written notice to the office/unit/department indicated above.

Student Name (Print): _____ Student ID: _____

Student Signature: _____ Date: _____

*Please note that this consent only permits the disclosure of records maintained in the office/unit/department indicated above. As such, records maintained in other offices will not be disclosed as a result of this authorization.



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APPENDIX A: Pre-Entrance Health Self-Assessment

To be filled out by applicant before physical exam

Physical Qualifications: All health science students must be able to demonstrate the following to successfully meet clinical objectives:

1) Transfer of adult patients from bed or gurney to chair or wheelchair; 2) Frequently lift at least 25 pounds and at times up to 50 lbs.; 3) Auscultate (hear) lung, heart, and bowel sounds with use of a stethoscope; 4) Verbally communicate with patients; 5) Visual ability to see drug labels and complete visual assessments of patients.

Student Name: _____ **Date of Birth:** _____
(Last Name) (First Name) (Middle Initial)

Family Medical History (Check disorders that apply)

☐ Cancer ☐ Diabetes ☐ High blood pressure ☐ Tuberculosis

Describe family history for disorders checked:

Student Medical History (Check disorders that apply)

☐ Emotional instability ☐ Chronic headaches ☐ Mental disorders ☐ Seizures ☐ Heart disease
☐ high blood pressure ☐ Tuberculosis ☐ Asthma ☐ Shortness of breath ☐ Chronic cough
☐ Irregular menstrual cycles ☐ Serious allergies ☐ Drug allergies ☐ Broken bones ☐ Back injury
☐ Venereal disease ☐ Any other serious illness, injuries or deformities ☐ Hospitalization

Describe student history of disorders checked:

Do you have any handicap(s) that may interfere with your student duties? _____

Are you currently taking any medications or drugs? _____

If yes, list name and reason: _____

Date of last physical exam: _____ Date of last dental exam: _____

Student Signature: _____



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Appendix B: Physical Examination

Student Name: _____ Date of Birth: _____

Part 1: Family History (Completed by Student)

Does/Has anyone in your immediate family (parent or sibling) have/had any of the following?

☐ Cancer ☐ Diabetes ☐ High blood pressure ☐ Tuberculosis

Part 2: Personal Health History (Completed by Student)

Do you have, or have you had any of the following?	Yes or No	Do you have, or have you had any of the following?	Yes or No
Chronic or frequent headaches, convulsions, or seizures		Sexually Transmitted Infections	
Chronic cough, shortness of breath, COPD, Asthma, Tuberculosis		Pain or Injury to any of the following: (Circle all that apply) Neck or Back; Shoulder or Elbow; Knee or Ankle	
Other serious illnesses or hospitalizations for any reason		Any other joint pain, injury, or physical condition	
Do you have any disabilities that may interfere with your student duties and the Essential Performance Standards? Student MUST present Essential Performance Standards for review by the medical examiner filling out this form.			
Explain all questions answered "Yes":			

Part 3: Physical Examination (Completed by Healthcare Provider)

Vital Signs:

HEENT
Neck
Heart
Chest/Lungs
Abdomen
Genitals/Hernia
Musculoskeletal
Neurological
Skin Conditions, Rashes
Psychiatric, Emotional, Intellectual Disabilities

Is the individual cleared to be fit tested for N95 respirator: ☐ Yes ☐ No

Healthcare Provided Name: _____

Healthcare Provider Signature: _____

Office Address: _____

Office Phone Number: _____

Office Stamp



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Appendix C: Immunizations

Student Name: _____ Date of Birth: _____

Tuberculosis (TB) Screening – Mandatory (Please complete appropriate TB screening)	
<input type="checkbox"/> Tuberculin Skin Test (TST)	Date Administered: _____ Date Read: _____ Induration (mm): _____ Results: _____
<input type="checkbox"/> QuantiFERON-Gold	Test Date: _____ Results: _____
<input type="checkbox"/> If positive or history of positive	Chest X-ray Date: _____ Results: _____ Free from communicable disease: <input type="checkbox"/> Yes <input type="checkbox"/> No

Tetanus, Diphtheria, Pertussis (Tdap) - Mandatory	
Tdap Vaccination History	Last Vaccination Date: _____ Is vaccination up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, administer vaccination)
Tdap	Administration Date: _____ Site: _____ Manufacturer: _____ Lot# _____ Exp: _____

COVID-19 Vaccination Complete vaccination or submit COVID declination (Appendix F)	
Administration Date: _____	Site: _____
Manufacturer: _____	Lot# _____ Exp: _____

Influenza Vaccination Complete vaccination or submit Influenza declination (Appendix H)	
Administration Date: _____	Site: _____
Manufacturer: _____	Lot# _____ Exp: _____

I certify that I have read the San Joaquin Delta College Nurse Assistant Training Program Clinical Requirements for Immunization listed above. I further certify and confirm that this student has completed all of the required immunizations.

Healthcare Provided Name: _____
Healthcare Provider Signature: _____
Office Address: _____
Office Phone Number: _____

Office Stamp



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Appendix D: Essential Performance Standards

San Joaquin Delta College Nurse Assistant and Home Health Aide Program

Read this form in its entirety

Health Regulations and Policies:

To enter into and to complete the Nurse Assistant and Home Health Aide Program, students must be able to meet the emotional, cognitive, and physical requirements of the essential performance standards listed below as required by the Program. The Director of Disability Support Program Services will have the authority to make the final determination regarding the physical fitness, cognitive capacity, or emotional stability of a particular student to enter and/or continue in the program.

Emotional Requirements:

The student must have sufficient emotional stability to perform under stress produced by both academic study and the necessity of performing nursing care in real patient situation while being observed by the instructors and other health care professionals.

Cognitive Requirements:

The student must have sufficient cognitive ability to listen, speak, read, write, reason and perform essential mathematical functions (addition, subtraction, multiplication, division, percentages and fractions without a calculator) at a level that allows processing and understanding of materials and information presented either verbally or in written format.

Physical Requirements:

In order to participate in San Joaquin Delta College Nurse Assistant and Home Health Aide Program, students are required to travel to agencies and hospitals, and to homes with unpredictable environments. Students need to have the endurance to adapt to a physically demanding program.

General Health:

Nursing is considered to be a high-risk profession for exposure to Hepatitis B and other contagious disease. Immunizations required by the Health Sciences Division reduce this risk for nursing students, but do not eliminate it entirely. The following students need a physician's note to participate in the program: student with impaired or deficient immune systems; and, pregnant women. Such students must have physician approval prior to participation in clinical courses, and must discuss their situation with the clinical instructor.

Essential Performance Functions:

The following physical, emotional, and cognitive requirements would be necessary to participate in the clinical application courses in nursing:

1. **Strength:** Sufficient strength to lift, move, and transfer most patients; to restrain and carry children; to move and carry equipment; and to perform CPR which requires sufficient body weight and adequate lung expansion.
2. **Mobility:** Sufficient to bend, stoop, bend down to the floor; combination of strength, dexterity, mobility and coordination to assist patients; ability to move around rapidly; and to move in small, confined areas.
3. **Fine Motor Movements:** Necessary to assist patients with feeding and hygiene; to write in charts and other skilled procedures.
4. **Speech:** Ability to speak clearly in order to communicate with staff, physicians, and patients; need to be understood on the telephone.
5. **Communication:** Able to communicate in English both verbally and written format so that students can communicate nursing actions, interpret client responses, initiate health teaching, document and understand nursing activities, and interact with clients, patients, staff and faculty supervisors.
6. **Vision:** Sufficient to make observations of patients and equipment.
7. **Hearing:** Sufficient to accurately hear on the telephone; to be able to hear through the stethoscope to discriminate sounds; to hear cries for help; to hear alarms on equipment and emergency signals; and various overhead pages.
8. **Touch:** Ability to palpate superficially and to discriminate tactile sensations.

Temporary Disabilities:

Although ADA guidelines and California State Law do not require that campuses provide accommodations to students with temporary disabilities (disabilities less than 3 months) campuses may decide on a case-by-case basis to provide accommodations and support to temporarily disabled students.

Note: If you have any questions regarding the above form, please feel free to contact Disability Support Program Services at 209-954-5151 ext. 6272.

Appendix E: Background Clearance Information

San Joaquin Delta College Nursing and Health Science Programs

Guidelines used to determine a student's eligibility to participate in hospital- and agency-based courses

- **Non-Conviction:** Any disposition other than a plea of guilty, no contest or a finding of guilt. Non- Convictions can be one of three categories.
 - **Passing:** Non-Conviction leading to charge being dismissed, Nolle Prose, Nolle Prosequi, Expunged, Not Guilty verdict or acquittal of defendant.
 - **Failing:** Any adjudication withheld/deferred where the charge was not dismissed, expunged, Nolle Prose or Nolle Prosequi.
- **Passing Disposition:** Any Non-Conviction disposition leading to the case being dismissed, Nolle Prose, Nolle Prosequi, Expunged, Not Guilty verdict or acquittal of defendant.
- **Failing Disposition:** Any disposition resulting in a Conviction or Non-Conviction (adjudication differed/withheld) that has **not** led to the case being dismissed.

Healthcare Related Misdemeanor: Any Misdemeanor crime related to the following categories:		
Theft Embezzlement Forgery Fraud Misuse of Credit Card Unauthorized Use Shoplifting Receiving Stolen Property Unemployment or Worker's Compensation Fraud Worthless Check	Assault and/or Battery Simple Assault Domestic Violence Resisting Arrest Obstructing Officer Evade Officer/Lawful Arrest Weapons Charges Stalking Menacing Child Abuse/Neglect Child Endangerment	Contributing to Delinquency Any child-related sexual activity Any nonconsensual sexual activity with child or adult Sale and/or possession of a controlled substance Public intoxication/drunkenness Driving while Under the Influence Elder abuse/neglect

Score all candidates as "Fail" for the following conditions:

- Any case with a Failing Disposition for Misdemeanor or Felony violent crimes, nonconsensual sexual crimes, and crimes against children regardless of elapsed time from disposition date.
- Any other Felony crime with a Failing Disposition within the last 7 years.
- Any Healthcare Related Misdemeanor crime with a Failing Disposition within the last 7 years (except in California, exclude misdemeanor marijuana convictions more than two years old).
- Any Controlled Substance Offense with a Failing Disposition within the last 7 years (except in California, exclude misdemeanor marijuana convictions more than two years old).



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Health Sciences Division, Locke 203 Stockton, CA 95207
(209) 954- 5454

Appendix F: Declination of COVID Vaccination

Agency policy and CA state law require that I either receive a vaccination or sign a declination form. COVID vaccination is recommended by the Centers for Disease Control and Prevention (CDC) for all health care workers to prevent infection from and transmission of COVID and its complications. Due to the San Joaquin County Public Health Services mandate students will be required to be up to date with COVID vaccination before reporting for their clinical assignment. If you choose not to have the vaccination, you must sign the declination form, upload to your CastleBranch account, AND be prepared to wear a mask at your clinical site.

I acknowledge that I am aware of the following facts:

- Although COVID-19 vaccines remain effective in preventing severe disease, recent data suggest their effectiveness at preventing infection or severe illness wanes over time, especially in people ages 65 years and older.
- The emergence of the Omicron variant further emphasizes the importance of vaccination, boosters, and prevention efforts needed to protect against COVID-19.
- Data from clinical trials showed that a booster shot increased the immune response in trial participants who finished a Pfizer-BioNTech or Moderna primary series 6 months earlier or who received a J&J/Janssen single-dose vaccine 2 months earlier. With an increased immune response, people should have improved protection against getting infected with COVID-19. For Pfizer-BioNTech and J&J/Janssen, clinical trials also showed that a booster shot helped prevent severe disease.”

I acknowledge the risks associated with not receiving the COVID-19 vaccination. Despite the information outlined above, I decline the COVID-19 vaccination at this time for the following reason:

- ☐ I decline the COVID vaccination because of sincerely held religious belief
- ☐ I decline the COVID vaccination due to disability or medical condition
- ☐ Other: _____

If I choose to decline the COVID vaccination I agree to complete further education to ensure that I understand the benefits of the vaccine as well as the non-vaccination prevention strategies in acquiring and transmitting the disease. I may change my mind and accept vaccination later, if vaccine is available. I have read and fully understand the information on this declination form.

Student Name: _____

Student Signature: _____ **Date:** _____

Appendix G: About Influenza and Influenza Vaccination

Why should people get vaccinated against the flu?

Influenza is a serious disease, and people of any age can get it. In an average year, the flu causes 36,000 deaths (mostly among those aged 65 years or older) and more than 200,000 hospitalizations in the United States. The “flu season” in the United States is usually from November through April each year. During this time, flu viruses are circulating in the population. An annual flu vaccine (either the flu shot or the nasal-spray flu vaccine) is the best way to reduce the chances that you will get the flu and lessen the chance that you will transmit to others. Due to the recent San Joaquin County Public Health Services mandate, all nursing students will be required to receive an annual influenza vaccination prior to going to clinical. If you choose not to have the vaccination, you must sign the Influenza Declination Form, upload to your Certified Background tracker AND be prepared to wear a mask at your clinical site for the duration of the influenza season. The influenza season is defined as October 1st to March 31st. If during this time the influenza surveillance data demonstrate an unusually late peak and continued widespread influenza activity in the spring, the period during which the masking program shall apply may extended. For the purposes of this order, "health care workers" are persons, paid and unpaid, working in health care settings who have direct patient contact or who work in patient care areas.

When should I get a flu vaccination?

CDC recommends that people get their flu vaccine as soon as vaccine becomes available in their community. Vaccination before December is best since this timing ensures that protective antibodies are in place before flu activity is typically at its highest. CDC continues to encourage people to get vaccinated throughout the flu season, which can begin as early as September and last as late as May.

Over the course of the flu season, many different influenza viruses can circulate at different times and in different places. As long as flu viruses are still spreading in the community, vaccination can provide protective benefit. Once you get vaccinated, your body makes protective antibodies in about two weeks. However, children younger than 9 years old who are being vaccinated for the first time still need a second dose 4 or more weeks later in order to be protected.

Vaccine Side Effects (What to Expect)

The viruses in the flu shot are killed (inactivated), so you cannot get the flu from a flu shot. Some minor side effects that could occur are: soreness, redness, or swelling where the shot was given, fever (low grade) and aches. If these problems occur, they begin soon after the shot and usually last 1 to 2 days. Almost all people who receive influenza vaccine have no serious problems from it.

However, on rare occasions, flu vaccination can cause serious problems, such as severe allergic reactions. As of July 1, 2005, people who think that they have been injured by the flu shot can file a claim for compensation from the National Vaccine Injury Compensation Program (VICP).

Why do I need to get vaccinated against the flu every year?

Flu viruses change from year to year, which means two things. First, you can get the flu more than once during your lifetime. The immunity (natural protection that develops against a disease after a person has had that disease) that is built up from having the flu caused by one virus strain doesn't always provide protection when a new strain is circulating. Second, a vaccine made against flu viruses circulating last year may not protect against the newer viruses. That is why the influenza vaccine is updated to include current viruses every year.



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Appendix H: Declination of Influenza Vaccination

Agency policy and CA state law require that I either receive an influenza vaccination or sign a declination form. Influenza vaccination is recommended by the Centers for Disease Control and Prevention (CDC) for all health care workers to prevent infection from and transmission of influenza and its complications.

I acknowledge that I am aware of the following facts:

- I cannot get the influenza disease from the influenza vaccine.
- Influenza is a serious respiratory disease that kills an average of 36,000 people and hospitalizes more than 200,000 people in the United States each year.
- If I contract influenza, I may shed the virus for up to 48 hours before symptoms begin, allowing transmission to others.
- Up to 50% of people with influenza have no symptoms, allowing transmission to others.
- I understand that the influenza vaccine is recommended for all health care personnel to prevent infection from and transmission of influenza and its complications, including death, to my patients, my coworkers, my family, and my community.
- I understand that the strains of virus that cause influenza infection change almost every year, which is why a different vaccine is recommended each year. Immunity following vaccination is strongest for 2 to 6 months.
- In California, influenza usually arrives around New Year's through February or March.

I decline the Influenza vaccination:

- ☐ Because of religious reasons
- ☐ Because I am concerned with possible side-effects
- ☐ Due to a severe allergy to eggs or have a history of Guillain-Barre` Syndrome
- ☐ Other: _____

If I choose to decline the vaccination, I agree to complete further education to ensure that I understand the benefits of the vaccine as well as the non-vaccination prevention strategies in acquiring and transmitting the disease. I may change my mind and accept vaccination later, if vaccine is available. I have read and fully understand the information on this declination form. I further understand that I will be required to wear a mask at all times while I am at the facility during my clinical assignment.

Student Name: _____

Student Signature: _____ **Date:** _____

Appendix I: Course Information

Course Information:

HS 70: Nurse Assistant Training Program (7 units)

HS 170: Nurse Assistant Training Program (0 units)

Course Description:

This course is designed to prepare the student to qualify for certification as a nurse assistant and provides over 216 hours of lecture, skills lab, and clinical practice, which prepares students for work in skilled nursing facilities or residences. The program duration is 9 weeks, 4 days per week. The course content follows the statewide approved curriculum designed to meet both federal and state regulations. Clinical hours are held in a skilled nursing facility. The program prepares students to take the competency examination for the Nurse Assistant certificate issued by the California State Department of Health Services. Nurse Assistants, as important members of the health care team, assist the nurse with the care of the patient in skilled nursing facilities or hospitals. They perform such duties as changing bed linen, dressing, grooming, bathing, assisting in and out of bed, taking vital signs and feeding patients. This course focuses on the more common physical and psychological conditions found in the elderly and the nursing approach to caring of the elderly. Employment opportunities are available in skilled nursing and personal care facilities, hospitals, and residential care agencies. Many individuals find jobs through temporary staffing agencies and home health care services. The job outlook is very good for this field. Individuals interested in career advancement may pursue further study to become licensed vocational nurses, and then registered nurses.

Length of Course:

This is a nine-week course. During the first two weeks, students will have 16 hours of lecture. Starting in Week 3, students will have 8 hours of lecture per week for the remaining weeks.

Starting in Week 3, students will have clinical sessions on Tuesday and Wednesday at a skilled nursing facility, with each session lasting 8 hours.

Meeting Place and Times:

- **Lectures**
 - **Location:**
 - To Be Announced (TBA)
 - **Schedule:**

- Monday and Thursday: 9:00 AM – 1:00 PM
- **Lecture and Skills Lab** (Week 1 and 2)
 - Tuesday and Wednesday: 9:00 AM – 4:00 PM
- **Clinicals** (Week 3 through the end of the program)
 - **Location:**
 - Skilled Nursing Facilities
 - **Schedule:**
 - Tuesday and Wednesday: 8-hour shifts (time varies)
 - **Skilled Nursing Facilities:**
 - Vienna Nursing & Rehab
800 Ham Ln.
Lodi, CA 95242
 - Meadowood Health & Rehab Center
3110 Wagner Heights Rd.
Stockton, CA 95209

Note:

- You will not be able to register for the course until you have completed the background check process and submitted the completed Live Scan form on CastleBranch.
- You are required to register for both a course lecture section and a clinical section.

Appendix J: Estimated Expenses for Nurse Assistant Training Program

Item	Estimated Cost
Course	
HS 70: 7 units \$46.00 per unit	\$ 322.00
HS 170: 0 units *Non-Credit Course*	\$ 0.00
Required Fees and Materials	
Castle Branch	\$ 130.00
Physical and Immunizations	Varies
NSO Liability Insurance	\$ 28.00
Program Badge	\$ 10.00
Textbook	\$ 116.00
Student Handbook	\$ 4.00
Uniform and Equipment	
Uniform	\$ 60.00 +
Shoes	\$ 30.00 +
Analog watch with second hand	\$ 30.00
Stethoscope	\$ 30.00 +
Aneroid Sphygmomanometer (Manual Blood Pressure Cuff)	\$ 40.00
Gait Belt	\$ 10.00
State Exam Fee	
State Examination Fee	\$ 120.00

Note: Textbook and student handbook are available for purchase at the Delta College bookstore.

