Class confirmation steps (in order):

1. Clear the prerequisites
2. Confirm enrollment (or waitlist) to the CNA class
   - Reach out the Admission and Records if you need support
3. Enroll to the portal (Different from course canvas)
   - Being on the enrolled student list does not guarantee the registration to the course confirmation without required paperwork submission completed related to the clinical requirement/arrangement
   - While on the wait list, continue process the steps and submit the complete paperwork to increase the chance of taking the course
4. Complete and submit the required paperwork to the portal by the due date
   - Due date is Monday 11:59 pm, one week prior to the course start day
   - Clear date and time are listed on the CNA program website
5. Once cleared, you will receive an email from Michelle

Prerequisites:

1. ACE 150, ESL 150, or equivalent
2. BLS Provider active CPR card by American Heart Association (AHA)

Before you are eligible to enroll into CNA course, you must apply to MiraCosta College, clear the English requirement, and submit your AHA BLS Provider CPR card to the Admissions & Records Office (OC 3300). Prerequisites can take 24-48 hours to process.

Required paperwork submission:

1. One-page CNA application form (page #2)
2. One-page CNA physical evaluation form (page #3-4)
3. Active BLS provider certificate file (page #5)
4. Flu vaccination document (details on page 6)
5. COVID vaccination document (details on page 7)
6. TB (Tuberculosis) clearance document (details on page 8)

   - Government issued photo ID (No need to submit but required for state exam and background check on day
   - Valid Social Security Card (No need to submit but required for state exam)

MiraCosta College (MCC)
Certified Nursing Assistant (CNA) Program
Application Form

Name: _____ Student ID Number: W _____

           Last   First   Middle

Please complete for statistical purposes only:

_____ American Indian or Alaskan Native

_____ African American

_____ Asian or Pacific Islander

_____ Hispanic

_____ Filipino

_____ White

_____ Other

Check the language(s) in which you are fluent:

_____ American Sign

_____ Spanish

_____ Tagalog

_____ Arabic

_____ Chinese

_____ Farsi

_____ Russian

_____ Various languages of Indian Subcontinent and Southeast Asia

_____ Other (Please describe)_____

Gender (   ) Male   (   ) Female _____

Social Security Number _____

Phone number _____

Email address _____

Home address _____

(Make it readable) _____

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Student's/Patient's name: _____ Date of Birth:_____

Date of this physical examination: _____ (It must be within 90 days from the course start date)

Medical History

Do you have or have had in the past:

Condition	Yes	No	If yes, please explain
Seizures or neurological disorder(s)			
Eye, ear, nose or throat disorder(s)			
Diabetes, thyroid or other endocrine disorder(s)			
Muscle, bone or joint disorder(s)			
Asthma or respiratory disorder(s)			
Heart or circulation disorder(s)			
Skin disorder(s)			
Gastrointestinal disorder(s)			
Psychiatric disorder(s)			

Previous Hospitalization(s) or Surgical History (date and reason):

_____

Current Medications:

_____

Negative T.B. is required. Please submit lab results.

Is patient currently pregnant? Yes___ No ___

Allergies:_____

Physical Examination:

This is a physical evaluation for occupational ability and is not to be interpreted as a diagnostic medical examination. The Essential Functions Required of Nursing Students (next page) must accompany this form.

Height:_____ Weight:_____ B/P:_____ Resp. rate:_____HR:_____ Temp:_____

Ears, nose, and throat: _____

Neck:_____Lymph nodes:_____

Skin:_____

Heart:_____ Lungs:_____

Abdomen: _____

Extremities: _____

Neurological:_____

Can this student perform the essential motor and sensory functions (see reverse side of form) required of nursing students? Yes___ No ___ If no, please explain__

Physician's name: _____

Physician's signature: _____

Address:_____

ESSENTIAL FUNCTIONS
REQUIRED OF NURSING STUDENTS

MOTOR CAPABILITY:

1. Move from room to room and maneuver in small places.
2. Transfer patients who may require physical assistance.
3. Guard and assist patients with ambulation.
4. Lift and carry up to 35 pounds.
5. Squat, bend/stoop, reach above shoulder level, kneel, use standing balance, and climb stairs.
6. Use hands repetitively; use manual dexterity.
7. Adjust, apply, and clean therapeutic equipment.
8. Perform CPR
9. Travel to and from academic and clinical sites.
10. In the average clinical day, students sit 1-2 hours; stand 6-7 hours, travel 1-2 hours.

SENSORY CAPABILITY:

1. Coordinate verbal and manual instruction.
2. Assess a patient 10 feet away to observe patients posture and response to treatment.
3. Respond to a timer, alarm, or cries for help.
4. Monitor vital signs.
5. Auditory, visual, and tactile ability sufficient to assess patient status and perform treatments (Example: color changes in skin, hear heart and lung sounds).
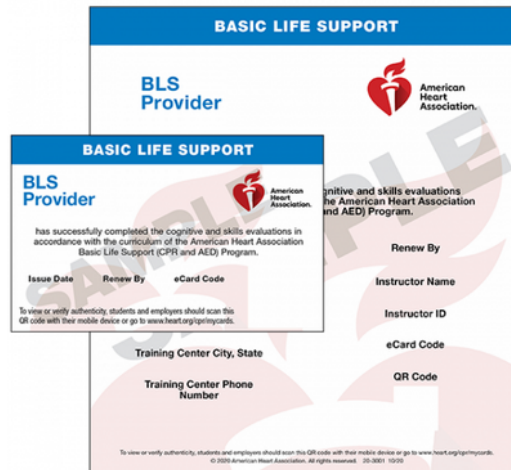
COMMUNICATION ABILITY:

1. Communicate effectively in English with patients, families, and other health care providers, both verbally and in writing (Example: explain treatment procedures, teach patient and families, document in charts).
2. Effectively adapt communication for intended audience.
3. Interact and establish rapport with individuals, families, and groups from a variety of social, emotional, cultural and intellectual backgrounds.
4. Assume the role of a health care team member.
5. Function effectively under supervision.

PROBLEM SOLVING ABILITY:

1. Function effectively under stress.
2. Respond effectively to emergencies.
3. Adhere to infection control procedures.
4. Demonstrate problem-solving skill in patient care (measure, calculate, reason, prioritize, synthesize data).
5. Use sound judgment and safety precautions.
6. Address problems or questions to the appropriate person at the appropriate time.
7. Organize and prioritize tasks.
8. Follow policies and procedures required by clinical and academic settings.

Sample →

Please attach your active BLS certificate issued by AHA below;

Information to include:

1. Full name
2. Date of birth
3. Date received vaccination
4. Name of manufacturer of vaccination
5. Expiration date of vaccination
6. Location (Ex. Right arm, Left arm) and amount (Ex. 0.5 mL) you received vaccination
7. Provider (Ex. CVS, Kaiser) and injection giving person's signature (Ex. Jane, LVN)

Fall first quarter (August)	Not required (keep it blank)
Fall second quarter (October)	Required, of the current year's vaccination
Spring first quarter (January)	Required, of the current year's vaccination
Spring second quarter (March)	Required, of the current year's vaccination
Summer (June)	Not required (keep it blank)

Example) October 2024 starters need 2024-2025 flu vaccination
January 2025 starters need 2024-2025 flu vaccination
March 2025 starters need 2024-2025 flu vaccination

Attach your document below:

Information to include:

1. Full name
2. Date of birth
3. Date received vaccination
4. Name of manufacturer of vaccination
5. Expiration date of vaccination
6. Name (Ex. Moderna), location (Ex. Right arm) and amount (Ex. 0.5mL) you received vaccination
7. Provider (Ex. CVS, Kaiser) and injection giving person's signature (Ex. Jane, LVN)

Attach your document below:

Options:

1. 2-step PPD skin test with negative result: 1st injection and 1st reading, 2nd injection and 2nd reading
2. Chest X-ray with impression documented for TB clearance
3. QuantiFERON blood test with result negative

Information to include:

1. Full name
2. Date of birth

2-step PPD skin test specific:

3. Test dates: Dates received the test (1st and 2nd)
4. Result dates: Dates being read the result (1st and 2nd)
5. Results: (Ex. Negative)
6. Dose: (Ex. 0.1 ml)
7. Site: (Ex. Left arm)
8. Provider (Ex. CVS, Kaiser, Health Services MiraCosta College)
9. Person who prepared document's name, time, date

Attach your document below:

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