

## Certified Nurse Assistant Program

### Health Requirement Checklist available here: [stcc.edu/healthservices](https://stcc.edu/healthservices)

Health records (e.g. forms, vaccination, lab/imaging reports, etc.) may be submitted as follows:

In Person .....	Health & Wellness Center, Building 19, Room 177
Online .....	<a href="https://stcc.edu/workforce-dropbox">stcc.edu/workforce-dropbox</a> Direct link: <a href="https://tinyurl.com/2p8u4svy">tinyurl.com/2p8u4svy</a>
Fax .....	(413) 755-6045
Release Request .....	Complete a <u>Health Record Release Form</u> in person

### Due 2 Weeks Prior to the Start of Classes:

- CORI Acknowledgement Form** – Bring valid identification to office or have form notarized and submit online. Form and instructions: [tinyurl.com/stcc-cori](https://tinyurl.com/stcc-cori)
- Auth. to Release Info. to Fieldwork Sites Form** - Complete the form at [tinyurl.com/yhkr6whb](https://tinyurl.com/yhkr6whb)
- Technical Standards Acknowledgement Form** - Complete the form at [tinyurl.com/ye9v2o7b](https://tinyurl.com/ye9v2o7b)
- Multiple Policies Acknowledgement Form** - Complete the form at [tinyurl.com/yf5l56om](https://tinyurl.com/yf5l56om)
- Physical Exam Attestation Form** - Bring the required form ([click here to print](#)) to be completed by a licensed clinician within 1 year of the program start. *Your program's Physical Exam Form is the only form that can satisfy this requirement!*
- Tuberculosis Screening** - Results must be dated within 6 months of course start. Choose either...
  - Option A: Quantiferon-TB Gold Plus or T-SPOT blood test (Recommended for BCG-vaccinated individuals)
  - Option B: **Two** Tuberculin Skin Tests
    - First PPD is planted and read 48-72 hours later **AND then**
    - A 2<sup>nd</sup> PPD is planted 7-21 days after the 1<sup>st</sup> and read in 48-72 hours (to rule out a false negative)
 Screened positive for tuberculosis? Submit the positive result, a chest x-ray report completed at the time of the positive result and complete the [Positive TB Screening Questionnaire](#).

### Immunization/Immunity Records:

- COVID-19** vaccine dose(s). The updated vaccine (defined by CDC) may be required for fieldwork.
- tetanus, diphtheria and pertussis (TDaP)** - vaccine must have been administered within the past 10 years
- measles, mumps, rubella (MMR)** - 2 dose vaccine series OR titer results showing immunity
- hepatitis B** - 3-dose vaccine series (or 2-dose if HEPLISAV-B™)
  - OR titer (surface antiBODdy, anti-HBs) results showing immunity
- varicella (chickenpox)** - 2 dose vaccine series OR titer results showing immunity
- influenza** – If fieldwork is to occur during the flu season (Oct 1-March 31) one vaccine dose is required
- meningitis** - For students age 21 who are taking 12 credits or more, 1 dose MenACWY(formerly MCV4) vaccine administered on/after 16<sup>th</sup> birthday; OR submit a Meningitis Waiver at [tinyurl.com/y6svra7b](https://tinyurl.com/y6svra7b)

## Health Requirement Checklist Certified Nurse Assistant Program (WCNA)

(continued from the previous page)

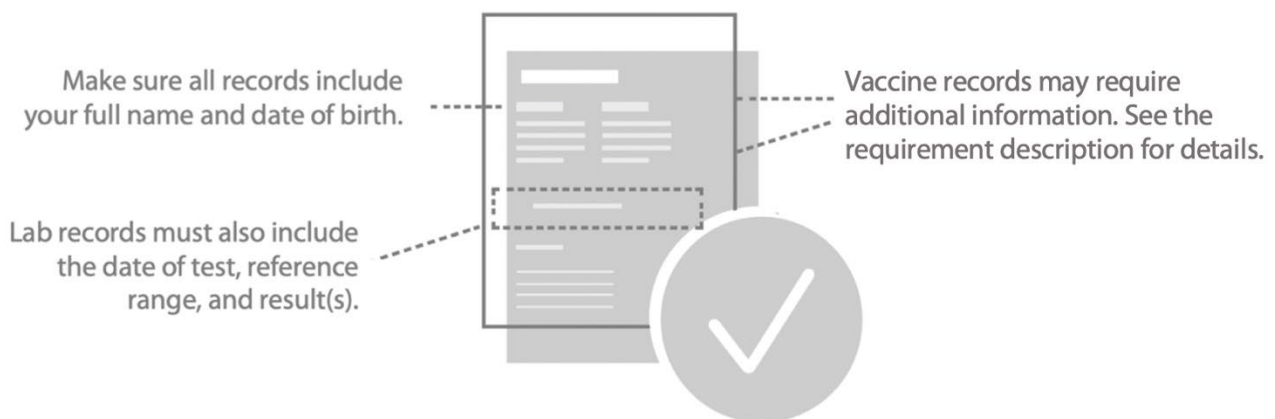
- All submitted documentation must include full name, date of birth, date administered or date of exam or date of test. Lab reports must include the date of test, reference range and result.

- Dynamic forms are submitted automatically upon completion.

To submit your health record documentation to the [Workforce Dropbox, https://tinyurl.com/2p8u4svy](https://tinyurl.com/2p8u4svy), you must first create a Dynamic Forms account using your personal email address. If you do not have access to your student ID you may use (0000000) or contact the Workforce Development Center at 413-755-4225 or our office for assistance by phone (413)755-4230 or by [LIVE CHAT](#).

- Parking, textbook and class information inquiries may be directed to the Workforce Development Center at (413) 755-4225.

**For more information (office hours, physical exam and tuberculin skin test appointment availability), contact the Health & Wellness Center at [stcc.edu/healthservices](https://stcc.edu/healthservices).**



### Understanding your titer blood test results

- Positive/Reactive means you have immunity.
- Negative/indeterminate/equivocal means you are not immune.
  1. Submit lab report
  2. Obtain vaccination and submit documentation
  3. Submit a [Health Requirement Deadline Extension Request](#). Provide a dated plan for revaccination (series or booster) and forecasted second titer date (if applicable) via email to: [compliance@stcc.edu](mailto:compliance@stcc.edu).

Deadlines for record submission are set by the Workforce Development Center and must be submitted on time. Failure to meet the requirements set above may result in removal from the program. Extensions to deadlines are granted in certain situations such as when the student is in the midst of completing a certain vaccination series. Deadline extension requests must be submitted in writing to Health Compliance. All requests will be reviewed on a case by case basis. Submission of a deadline extension request does not guarantee an extension will be granted. Students may be excluded from fieldwork or clinical affiliations until requirements are met.

*End of checklist*

**Health and Wellness Center** · Building 19, Room 177 · Phone (413) 755-4230 · Fax (413) 755-6045

## Student Physical Exam Attestation – Certified Nursing Assistant

(This form is required for students in the Certified Nursing Assistant program. Other majors and student athletes need to complete a separate form.)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ STCC ID#: \_\_\_\_\_

Please review the Programmatic Technical Standards (listed on the reverse side of this form), prior to performing the physical exam. These list the essential functions of practical work on campus and fieldwork off campus. It should be noted that under the Americans with Disabilities Act, "A qualified person with a disability is one who can perform the essential function of a job with or without reasonable accommodation."

**Programmatic Technical Standards – Certified Nursing Assistant** (see reverse side for Programmatic Technical Standards)

<b>STUDENT DISPOSITION</b>	<p><b>Based on your examination findings and the Programmatic Technical Standards please indicate the disposition of the student:</b></p> <p><input type="checkbox"/> <b>Cleared for all classroom/lab/fieldwork participation without restriction</b> I have examined the above-named student and reviewed the Programmatic Technical Standards. The student does not present apparent clinical contraindications to fully participate in the program as outlined on this form.</p> <p><input type="checkbox"/> <b>Cleared for participation with the following restrictions/recommendations</b> Note: Any listed restrictions/recommendations will be reviewed by the College to determine whether there are accommodations that can be made to assist in meeting the technical standards. Students with a qualifying disability under the Americans with Disabilities Act are encouraged to register with the STCC Office of Disability Services (ODS) to determine their eligibility for reasonable accommodations under the law. ODS is located in Building 19, Room 141 and can be reached at (413) 755-4785:  _____</p> <p><input type="checkbox"/> <b>Not Cleared</b> Reason: _____</p> <p><b>Examination Date:</b> ____/____/____</p> <p><b>Clinician:</b> _____</p> <p style="text-align: center;"> <span>(print)</span>                      <span>(signature)</span>                      <span>(date)</span>                      <span>(office phone)</span> </p> <p><i>Please return completed form to student.</i></p>
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## **Certified Nursing Assistant (CNA) Programmatic Technical Standards**

- Must be able to participate in all classroom, laboratory and clinical discussions and activities.
- Use of fine motor skills and manual dexterity in providing treatments in the provision of safe patient care.
- Vision, color vision and hearing is normal or device corrected to meet patient care needs.
- Sufficient strength and mobility to assist with patient handling, (i.e. helping to lift patients who may be comatose, paralyzed, or otherwise disabled from wheelchairs or beds and vice versa, repeatedly).
- Relate in a caring manner to patients of all ages in varying stages of illness.
- Relate in a caring manner to patients and their families in varying stages of grief.
- Relate to the concerns of family members.
- Relate to other health care personnel and physicians in a professional manner that emphasizes teamwork.
- Must be able to speak and write clearly and effectively in English.
- Ability to adapt to changing demands of the workplace.
- Ability to perform basic arithmetic computations (additions, subtractions, multiplication and division).
- Ability to gather information through observation and questioning individuals.
- Ability to tolerate repeated bending, stretching and standing for long periods of time.
- Move and utilize large equipment such as Hoyer lifts, and lift small equipment (less than 50 pounds).
- Assist patients with mobility, which may include moving patients in and out of beds, gurneys, chairs and toilets.
- Assist patients with ambulation.
- Maintain intellectual and emotional stability and maturity under stressful conditions and emergent demands (i.e. "stat" test orders, post-mortem care and high noise levels).
- Rigorously follow infection control procedure using standard or organism specific infection control procedures.
- Ability to function effectively and maintain professional integrity under physically and mentally challenging workloads, even in stressful situations.
- Perform nursing assistance care in a timely and safe manner including the provision of life saving interventions.
- Capable of exercising discretion and professionalism.
- Willingness to maintain all immunizations and health screenings.

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## Authorization to Release Information to Fieldwork Sites

This form is available online at: <https://tinyurl.com/yhkr6whb>

**Name:** \_\_\_\_\_ **STCC ID#:** \_\_\_\_\_  
(please print)

I hereby authorize Springfield Technical Community College (STCC) to release information from my educational records to third-parties (e.g.: another college or university, supervising fieldwork facility, etc.) for the specific purpose of coordinating my fieldwork participation (clinical rotations and off-campus educational training). Such information may include, but is not limited to, the following:

- STCC RamCard I.D. photo or other I.D. Image
- Records of immunity, such as: measles, mumps, rubella, hepatitis B, varicella and tetanus-diphtheria-and-pertussis, and meningitis
- Tuberculosis screening (Mantoux testing and IGRA-testing) Chest x-ray date and result, as well as Positive PPD Questionnaire, if tuberculin test is positive
- Medical Certificate (documentation of physical examination)
- N95 Mask fitting clearance
- Drug Screening clearance
- Background record check clearance: Such checks include data provided by the Massachusetts Department of Criminal Justice Information Services (DCJIS); the Office of Inspector General/General Services Administration (OIG/GSA); the Massachusetts Department of Children and Families (DCF); the Massachusetts Sex Offender Registry Board (SORB); the state and national fingerprint databases; as well as all relevant state and national criminal history, child welfare and sex offender registries, databases and repositories
- Medical licensing and certification clearance
- Health and liability insurance clearance
- Accommodation form where fieldwork site accommodations have been approved by STCC.

I understand that this authorization will be in effect for the duration of my enrollment at STCC, and I have the right to revoke this authorization, or limit the information released, at any time. However, I further understand that should I revoke this authorization, I may not be cleared for fieldwork placement.

**For any questions regarding this release of information, please contact the Health and Wellness Center at (413) 755-4230. The signed and dated form must be returned to the Health and Wellness Center in Building 19, Room 177.**

**I have read the above statements and agree to the same.**

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

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## Technical Standards Acknowledgement Form - Certified Nursing Assistant

This form is available online at: <https://tinyurl.com/ye9v2o7b>

The attached list of Technical Standards has been prepared to assist you in understanding the essential physical and behavioral requirements for participating in and successfully completing the CNA program. These standards must be satisfied by all students in all aspects of the program, with or without a reasonable accommodation, including in the classroom, laboratories, and externship (if applicable.)

Please note that you must carefully review these technical standards. Once reviewed, please complete all of the information below and submit it to the **HEALTH AND WELLNESS CENTER PRIOR TO THE START OF CLASSES**. If you are an individual with a disability who seeks reasonable accommodation, please contact the Office of Disability Services, Building 19, Room 141, (413)755-4785 for information concerning the College's accommodation process.

Your signature below shall confirm and verify that you have reviewed the program's technical standards and are capable of performing those standards, with or without a reasonable accommodation. Failure to perform the program's essential technical standards shall result in a student's removal from the program.

1. \_\_\_\_\_  
Print your full name

2. \_\_\_\_\_  
Sign your full name

3. \_\_\_\_\_  
Student ID number (found on your acceptance letter)

4. \_\_\_\_\_  
Date of signature

***You must return this form to the Health and Wellness Center, Building 19, Room 177  
PRIOR TO THE START OF YOUR COURSE.***

## Student Background Record Check Policy

Background record checks are required for College programs involving potentially unsupervised contact with children, the disabled, or the elderly, including fieldwork (a clinical affiliation, internship, externship, or field placement) with a private or public healthcare provider or daycare provider. Such checks include data provided by the Massachusetts Department of Criminal Justice Information Services (DCJIS); the Office of Inspector General/General Services Administration (OIG/GSA); the Massachusetts Department of Children and Families (DCF); the Massachusetts Sex Offender Registry Board (SORB); the state and national fingerprint databases; as well as all relevant state and national criminal history, child welfare and sex offender registries, databases and repositories. The purpose of the background check is to ensure a safe and protective environment for all clients, particularly members of vulnerable populations.

Students choosing not to consent to the required background checks will be ineligible to participate in fieldwork involving vulnerable populations. Ineligibility to participate in fieldwork may affect a student's ability to successfully complete the program.

Based upon the results of the background record check, a student may be deemed ineligible to participate in academic or fieldwork activities, which may impact a student's ability to successfully complete program requirements. Background record checks are reviewed by the College's CORI Board. The CORI Board determines eligibility to participate in academic and/or fieldwork activities. Students have the right to appeal the determination of the CORI Board by filing a written appeal with the Vice President of Student Affairs within 10 business days of receiving the CORI Board's determination.

Furthermore, please be advised that eligibility to participate in College academic and/or fieldwork activities following a background record check does not guarantee eligibility to sit for a professional credentialing examination(s) or for employment upon program completion. It is the student's responsibility to contact the certification or licensure board for a particular healthcare or other service profession to determine the standards that must be met for credentialing, licensing and/or employment in that field.

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## **CNA Program Policies Acknowledgement Form:** **Student Background Record Check, Latex, Health Insurance**

This form is available online: <https://tinyurl.com/yf5l56om>

Name: \_\_\_\_\_ STCC ID#: \_\_\_\_\_  
(Printed Name)

**Carefully read the information below to ensure you understand the program requirements before signing this document. Return this signed document to the Health and Wellness Center.**

> **Student Background Record Check Policy Acknowledgement:**

By signing this form, I have read the policy (online at [stcc.edu/resources/personal-support/health-compliance/background-checking-drug-screening/](http://stcc.edu/resources/personal-support/health-compliance/background-checking-drug-screening/)) and understand that my criminal background record check results, if required for my College program or course, may be submitted to the medical clearance officer of my fieldwork affiliation site(s) and the College's Director of Health Compliance. If required, I also understand that I must complete these requirements within the required time period.

> **Latex Policy Acknowledgement:**

I understand that the College, including its clinical labs, is not a latex free environment and therefore the risk of exposure to latex cannot be eliminated. I further understand that, due to my participation in a College program, I may be exposed to latex which may result in a worsening of my pre-existing condition and lead to potentially life threatening symptoms. I accept these risks knowingly and voluntarily and will take all reasonable precautions to prevent such exposure.

Further, I understand that: it is my responsibility to be aware of potential exposure to latex in my learning environment and to avoid or minimize such exposure; it is my responsibility to notify each of my course instructors/clinical faculty or preceptors of my latex sensitivity/allergy in every situation where potential exposure may be present; it is my responsibility to follow up with my healthcare provider/allergist for services related to my latex allergy and follow their recommendations; it is my responsibility to assume any costs related to latex allergy screening and treatment.

By my signature, I release and discharge Springfield Technical Community College, its officers and employees from any and all responsibility and liability related to personal injury suffered by me as a result of exposure to latex in the College's lab or during a fieldwork rotation. All students with a latex sensitivity or allergy are required to satisfactorily complete all requirements and technical standards of the program to which they have been accepted.

> **Health Insurance Acknowledgement:** I understand that I am required to maintain personal health insurance coverage in order to participate in fieldwork that occurs on or off campus.

> The School of Health & Patient Simulation, Liberal Arts & Professional Studies and Workforce Development Center reserve the right to rescind the admission status of any student not meeting all pre- and post-admission and program requirements.

**I have read and been informed about the content, requirements, and expectations of the preceding student policies. I have reviewed the policies and agree to abide by the guidelines as a condition of my acceptance into the Program and/or Course.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



November 2023

*Dear School of Health & Patient Simulation, Workforce Development, Early Childhood Education and Behavioral Science Students:*

Background record checks are required for College programs involving potentially unsupervised contact with children, the disabled, or the elderly, including fieldwork (a clinical affiliation, internship, externship, or field placement) with a private or public institution or facility. Such checks include data provided by the Massachusetts Department of Criminal Justice Information Services (DCJIS); the Office of Inspector General/General Services Administration (OIG/GSA); the Massachusetts Department of Children and Families (DCF); the Massachusetts Sex Offender Registry Board (SORB); the state and national fingerprint databases; as well as all relevant state and national criminal history, child welfare and sex offender registries, databases and repositories. The purpose of the background check is to ensure a safe and protective environment for all clients, particularly members of vulnerable populations.

Students with certain convictions or pending court actions and/or those choosing not to consent to the required background checks will be ineligible to participate in fieldwork involving vulnerable populations. Ineligibility to participate in fieldwork may affect a student's ability to complete the program.

The College's CORI Board determines eligibility to participate in fieldwork activities. Students have the right to appeal the determination of the CORI Board by filing a written appeal with the Vice President of Student Affairs within 10 business days of receiving the CORI Board's determination.

Furthermore, please be advised that eligibility to participate in College academic and/or fieldwork activities following a background check does not guarantee eligibility to sit for a professional credentialing examination(s) or for employment upon program completion. It is the student's responsibility to contact the certification or licensure board for a particular healthcare or other service profession to determine the standards that must be met for credentialing, licensing and/or employment in that field.

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### **Instructions: Criminal Offender Record Information (CORI) Acknowledgement Form**

- Due WITHIN 10 DAYS OF ACCEPTANCE or deadline stated on Program Requirement Checklist at [stcc.edu/healthservices](http://stcc.edu/healthservices) > Health Forms > Programs with Fieldwork
- Annual renewal required thereafter in order to register/enroll in classes

**Complete the form on campus or remotely. Both options require presenting a valid ID to the Verifier.** Examples: government issued driver's license or identification card or passport with a photograph, military identification card, or Native American Tribal documents. Temporary ID not accepted. **Under 18 Years of Age?** Guardian must be present to sign form and provide their ID.

➤ **Choose one:**

1. **On campus at the Health and Wellness Center** [Building 19, Room 177 check website for office hours]. Bring a valid approved ID for staff verification purposes.
2. **Remotely via notarization.** Bring the form to a Notary Public for verification and then submit the notarized form to the Health and Wellness Center. Remote submissions via: [STCCNet DropBox](#) (STCC Account required) or [Workforce DropBox/no STCC Account](#) or Fax: (413) 755-6045.

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For more information regarding the College's CORI/SORI check process, please feel free to contact me directly.

Sincerely,

Maryellen Baker, RN, Background Record Check Review Officer  
School of Health and Patient Simulation | Director of Health Compliance | [mtbaker2001@stcc.edu](mailto:mtbaker2001@stcc.edu)

