



Certified Nursing Assistant Training Program

Class Information

(Keep for your records)

CLASS SCHEDULE

- To Be Announced - Booneville - Monday & Thursday nights (5:00-9:00)
- August 9th – December 11th - Corinth - Monday night (6:00-10:00)
- To Be Announced - Ripley - Monday & Tuesday nights (5:00-9:00)
- 120 hours classroom instruction, lab, and clinical
- Saturdays will be scheduled with your instructor for clinicals

COST

- \$350.00 (fee includes tuition, books & CPR certification)
★ ★ Payment can be made by: Check – Money Order – Debit/Credit Card

CONTACT

- NEMCC Office of Continuing Education (662) 720-7296 (662)-720-7249 (662) 720-7277

SELECTION CRITERIA

- Completed packet (Refer to Page 2 Checklist) with **FULL** payment of registration fee to reserve class slot. **(First Come First Serve Basis)**

CLASS LOCATIONS

- NEMCC Campus - Booneville, MS - Holliday Hall
- Alcorn Career & Technology Center - Corinth, MS
- Tippah Career & Technology Center - Ripley, MS

CLINICAL LOCATIONS

- Booneville- Landmark Nursing and Rehab Center
- Corinth- MS Care Center
- Ripley- Tippah County Hospital and Nursing Facility

CLASS ATTENDANCE

- The **fourth** absence will result in dismissal from the class.
- **Clinicals can not be missed.**

OTHER INFORMATION

- One uniform (navy scrubs & white shoes) required
- One stethoscope, blood-pressure cuff, and watch with second hand required
- Black Pen and Pocket-Size Notebook
- Student registers and pays CNA exam fee (skills/written exam - \$101.00).
- Student responsible for transportation to/from testing center
- Potential employment with hospitals, nursing homes or home health agencies



Continuing Education

Workforce Training

CERTIFIED NURSING ASSISTANT TRAINING PROGRAM STUDENT REQUIREMENTS CHECKLIST

(Keep for your records)

You will be expected to attend class and clinical. Three absences are allowed, with a reasonable excuse, for the class instruction. **The fourth (4th) class absence will result in dismissal.**
All clinical sessions must be attended.

Items to be submitted before acceptance:

_____ Tuition (\$350.00 payable with Check, Money Order or Debit/Credit Card) will include your textbooks and liability insurance.

_____ Completed Trainee Application (Page 3)

_____ Proof of High School Diploma **or** G.E.D.

_____ Proof of ACT Score of **14** **or** Career Readiness Certificate (CRC) **Silver**

_____ “Why I want to be a C.N.A.” Paragraph

_____ Notarized Criminal Background Affidavit (Page 5)

_____ Completed Pre-Entrance Medical Examination form (Page 6)

_____ Vaccination Records (Shot Records) of the following:

- Hepatitis B Series (3 Injections)
- TB Skin Test (Current- within 12 months)
- Proof of MMR (Measles Immunity)

(NOTE: The vaccine is contraindicated with pregnancy or conception within 3 months of immunization.)

- a. Documentation of having received two (2) live Measles Containing Vaccinations after first birthday
- b. Documentation of physician diagnosed measles
- c. Laboratory evidence of measles immunity
- d. Birth before 1957 (Copy of Driver’s License)

If you have any questions/concerns, please feel free to contact us in Holliday Hall room 303 or call us at (662) 720-7296 or (662)720-7249.



Continuing Education

Workforce Training

ALLIED HEALTH PROGRAMS

Criminal Background Policy (Keep for your records)

The NEMCC Certified Nurse Aide Program and the State of Mississippi requires that all students validate no history of: “conviction of or pled guilty to or nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, any sex offence listed in Section 45-33-23(g), child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault, or felonious abuse and/or battery of a vulnerable adult or that any such conviction or plea was reversed on appeal or a pardon was granted for the conviction or plea.” (Mississippi Code of 1972, Section 43-11-13).

Students are required to sign and have notarized the enclosed affidavit provided that there are no offences as listed in the above underlined paragraph. (If you are unsure or unclear as to your legal history, please contact a legal advisor or appropriate law enforcement officials to obtain personal information.

Should a student be unable to sign the affidavit, he/she must comply with the State Board of Health fingerprinting procedure at his/her own expense. Please contact NEMCC immediately for information regarding this process. Falsification of the affidavit may result in expulsion from the Certified Nurse Aid program.

Admission to the program is incomplete until the affidavit is returned and/or other criminal background check required is satisfactory.



HealthCare Criminal History
Background Affidavit

State of Mississippi, County of _____

Before me, a Notary Public in and for the County and State aforesaid, and personally appeared the undersigned _____, who, after being by me first duly sworn did state upon his/her oath as follows:

That the affiant is currently a student in the Certified Nurse Aide Program at Northeast Mississippi Community College.

That the affiant has not been convicted of or pleaded guilty or nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offence listed in Section 45-33-23(f) Mississippi Code of 1972, child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault, or felonious abuse and/or battery of a vulnerable adult.

That the affiant has not been convicted of or pleaded guilty or nolo contendere to other crimes which his/her employer (1) has determined to be of a nature and/or frequency as to be disqualifying for employment; (2) has adopted such as part of its written policies; and (3) has fully disclosed of such to the affiant prior to his/her requirement during his/her employment, in addition to this affidavit.

Further, the affiant sayeth not.

Name of Affiant (printed)

Signature of Affiant

SWORN TO AND SUBSCRIBED BEFORE ME, this the ___ day of _____.

Signature of Notary of Public

My Commission Expires

